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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. Work based learning experience assessment;
    - ii. Job placement and job development;
    - iii. Extended job supports; and
    - iv. Follow along job supports – virtual delivery.
  - b. Group employment:
    - i. Group employment job assessment, discovery, and development.
2. Day habilitation:
  - a. Community life engagement (1:2-4, 1:1); and
  - b. Onsite day habilitation (1:5-8).
    - i. Onsite day habilitation – virtual delivery.
3. Prevocational services:
  - a. Community career planning (1:2-4, 1:1); and
  - b. Onsite prevocational (1:5-8).
    - i. Onsite prevocational services – virtual delivery.

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4. Respite;
  - a. Center-based and/or in-home.
5. Habilitation;
6. Housing stabilization transition services;
7. Housing stabilization services;
8. Personal Emergency Response System (PERS);
9. Support coordination;
10. Expanded dental services;
11. Specialized medical equipment (incontinence supplies); and
12. Community Life Engagement Development.

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

**Supported Employment Services**

Supported employment (SE) services are services and supports provided to individuals with disabilities to support them in typical jobs in standard business, industrial, and community environments. Supported employment services must be provided in a manner that promotes workplace integration and encourages interaction between employees with and without disabilities, as well as with customers.

Supported employment services are broken into two overarching categories:

1. Individual supported employment (1:1); and
2. Group employment (1:2, 1:3-4, or 1:5-8).

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**Individual Supported Employment**

Individual SE services are broken into separate services designed to support a beneficiary throughout the entire employment process for competitive integrated employment.

Individual SE services expand the options available for to beneficiaries who require services to achieve and maintain integrated, competitive employment in the community. These services include:

1. Work based learning experience assessment;
2. Job development and job placement;
3. Initial job support and job stabilization;
4. Extended job supports;
5. Follow along job supports; and
6. Follow along job supports – virtual delivery.

Competitive integrated employment refers to work performed either full-time or part-time basis in a community setting where a beneficiary receives compensation 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. The company employing the beneficiary usually pays the person directly.

Integration extends beyond simply being physically present at a work site. An integrated work setting is a job site in the community where individuals with disabilities work alongside people without disabilities, perform typical job duties, share work breaks/break areas, and other social activities that may occur outside of work hours.

Unpaid natural supports such as co-workers, family, friends, and/or other comparable services as appropriate may be identified and used to support a beneficiary to maintain employment instead of or in addition to follow along supports. Beneficiaries who have the most significant support needs 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.

The individual SE process may also be used for customized employment or self-employment. However, there are not waiver services that pay for the start-up costs of a business. The beneficiary

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should obtain assistance through vocational rehabilitation services or other programs. The employment provider may assist with the beneficiary in locating funding. Waiver services may be used to support the beneficiary in learning the process, the same as for an individual job placement.

SE services do not support a beneficiary in a volunteer job/position.

The use of the EVV system is mandatory for all SE services.

Individual SE is conducted in a variety of settings, particularly at work sites in where individuals without disabilities are employed. When services are provided at a work site in where 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.

Prior to receiving individual SE services, the beneficiary must apply for, and exhaust any similar services available through vocational rehabilitation services, Louisiana Rehabilitation Services (LRS), or the Individuals with Disabilities Education Act (IDEA) if the beneficiary is still attending high school.

The following circumstances allows a beneficiary to use waiver services first:

1. Beneficiary applied for and was denied LRS services or was placed into ‘extended review services,’ therefore an eligibility was not made;
2. Beneficiary was determined eligible, but was placed on a ‘waiting list’; or
3. Beneficiary was determined eligible, but did not have an individual plan for employment (IPE) developed within 91 days.

If one of the instances listed above applies, documentation must be placed in the beneficiary’s file and waiver services can be authorized. We will not hold someone up from finding employment in a timely manner.

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.

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**Work Based Learning Experience Assessment**

The ‘Work Based Assessment’ phase is to allow the beneficiary opportunities to ‘try out’ jobs that have been identified in the areas of interest as expressed by the beneficiary after completing job exploration and discovery. Up to three areas of interests should be in the ‘Individual Profile’ that is on file. The ‘Individual Profile’ is a product of the ‘Discovery and Exploration’ phase completed in the ‘Community Career Planning (CCP)’ service which is addressed in the ‘Prevocational Services’ section below. It is not a requirement to complete the CCP service, therefore an ‘Individual Profile’ may not be on record. If a beneficiary has not established a job interest, the provider may spend time with the beneficiary to discover the areas of interest before identifying jobs in the community for the ‘Work Based Assessment’ phase.

After the assessment phase has been completed, a beneficiary will work with the employment specialist to determine the specific job or area of interest before the ‘Job Development and Job Placement’ phase begins.

**Documentation Requirements**

1. Provider must complete the ‘Work Based Assessment Form’ for each assessment that is completed. Up to three assessments are allowed;
2. Provider must provide a copy of the ‘Work Based Assessment Form’ to the support coordinator and LGE so the SC can authorize payment in LaSRS; and
3. If an Individual Profile is not available, the provider must also complete the ‘Work Based Assessment Profile Form’ and provide a copy to the support coordinator and LGE at the same time the ‘Work Based Assessment Form’ is submitted.

**Place of Service**

This service is delivered in the community at various business locations with both the employment specialist and beneficiary present. The assessments should be completed in businesses/companies related to the beneficiary’s interests.

**Restrictions with Other Services**

Each assessment should be at least three hours on each job site where the assessment is completed. This service cannot be billed at the same time on the same day as other services. The exception is Community Life Engagement Development is applicable.

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**Staffing Ratio**

This service is completed in a 1:1 ratio.

**Service Limits**

The standard unit is a ‘fee for each assessment’ completed.

1. Up to three assessments are allowed per POC year; and
2. Use of the EVV system is mandatory for all supported employment services. The EVV system requires the electronic check in/out in the LaSRS.

**Transportation**

Transportation is included in the rate.

**Provider Qualifications**

The staff who delivers this service must meet the following requirements:

1. Possess and maintain a 40-hour SE training certificate of completion from an approved program;
2. Maintain this certificate by completing 15 hours of employment related training and providing documentation to the local governing entity (LGE) office by December 31<sup>st</sup> each year; and
3. Provider agency must meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements and HCBS guidance as provided.

**Job Development and Job Placement**

The ‘Job Development and Job Placement’ phase is used to develop a successful job match for the beneficiary and assist the beneficiary with obtaining the job and making the initial placement on the job.

Job development requires the employment specialist to make contact with prospective employers to determine if they have needs that match the results of the ‘Individual Profile’ developed in the

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‘Community Career Planning’ phase and/or ‘Work Based Assessments’ and to facilitate the hiring of the beneficiary if it is a good match.

Once a beneficiary has accepted a job and there is a start date, the ‘Job Placement Form’ should be completed as the beneficiary is ready for the next phase, ‘Initial Job Supports and Job Stabilization’.

**Documentation Requirements**

1. Each time the employment specialist contacts an employer, they should make an entry on the ‘Job Development Employer Contact Activities Log’;
2. Provider must give a copy of the ‘Job Development Employer Contact Activities Log’ to the support coordinator and LGE for each month that the Job Development is taking place; and
3. ‘Job Placement Form’ should be completed once the beneficiary has a start date for their job and a copy should be provided to the support coordinator and LGE office.

**Place of Service**

This service takes place in the community in various businesses where the beneficiary has shown interest for employment. The beneficiary does not have to be present for this service to take place and be billed.

**Restrictions with Other Services**

This service may be billed at the same time as other services since the beneficiary does not have to be present for this service to occur.

**Staffing Ratio**

This service is completed in a 1:1 ratio.

**Service Limits**

1. Standard unit is a 15-minute increment;
2. 480 units are allowed per POC year; and

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3. 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.

**Transportation**

1. Transportation is a separate billable service and may be billed on the same day as this service;
2. Transportation rate is billed as a flat rate fee for each day this service is delivered;
3. Provider must provide transportation at least one way in order to be reimbursed;
4. Transportation cannot be provided at the same time as another service is being delivered, with the exception of Community Life Engagement Development (if applicable);
5. Staff providing transportation cannot also be providing another service at the same time as providing transportation;
6. In order to bill for transportation, the provider agency must provide the service, or may subcontract; regardless of who provides the service, they must meet the HHS regulations for transportation. The provider is ultimately responsible; and
7. Use of the EVV system is not mandatory for this service; however, **transportation must be entered into LaSRS to be reimbursed**. If EVV is not used, the provider is responsible for preparing and retaining documentation that identifies the person transporting, the person transported, the pick-up time and location, and the drop off time and location for each single transportation service.

**Provider Qualifications**

The staff who delivers this service must meet the following requirements:

1. Possess and maintain a 40-hour SE training certificate of completion from an approved program;
2. Maintain this certificate by completing 15 hours of employment related training and providing documentation to the LGE office by December 31<sup>st</sup> each year; and



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3. Provider agency must meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements and HCBS guidance as provided.

**Initial Job Support and Job Stabilization**

The ‘Initial Job Support and Job Stabilization’ phase is to provide the beneficiary with the initial job support at their new job, or job coaching, to allow the beneficiary time to learn and become adapted to their job duties and expectations of the job. The employment specialist will continue to work with the beneficiary to determine what is needed for the beneficiary to be as independent on the job as possible. The job coach may implement various strategies such as, assistive technology, and other employment supports found to work for the beneficiary. Natural supports that will allow the beneficiary to become less dependent on the job coach and still complete the job duties should be explored. The beneficiary may require other support not necessarily related to doing their job, but may be provided through the beneficiary’s DSP at the job site.

The employment specialist will determine the amount of ongoing support the beneficiary will require in order to maintain the job once it’s established that the beneficiary has understood the expectations of the job, is able to fulfill the expectations and demands of the job at the beneficiary’s highest independence level, including using natural supports, AT, or other employment supports. The job coach will have supported the beneficiary through the initial phase of learning the job and adjusting to the demands of the job and believes the beneficiary is stable on their job. At this time, the employment specialist will make a professional recommendation of the supports required and the next phase needed for the beneficiary to maintain the job to the team.

The beneficiary may require the use of the ‘Extended Job Supports’ service if it’s been determined that the beneficiary still requires the support of a job coach on the job more frequently than is allowed through the ‘Follow Along Job Supports’ service. The next phase determination will vary by beneficiary and will be discussed in a team meeting.

**Documentation Requirements**

1. The employment specialist will complete the ‘Initial Job Support Time Log’ during the times job coaching or meetings with the employer and staff are taking place, and submit the log for each month that job coaching is taking place and submit to the support coordinator and LGE.
2. The employment specialist will complete the ‘Initial Job Support Monthly Report Form’ each month that job coaching is taking place and submit to the support coordinator and LGE.

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3. The employment specialist will complete 'Natural Supports Plan' if able to be established and submit to the support coordinator and LGE.
4. The employment specialist will complete the 'Job Stabilization Report' and submit to the support coordinator and the LGE and request a team meeting from the support coordinator to discuss the next phase of the supported employment process.

**Place of Service**

This service takes place on the job in the community.

**Restriction with Other Services**

This service may not be billed at the same time on the same day as other services with the exception of Community Life Engagement Development (if applicable).

**Staffing Ratio**

This service is completed in a 1:1 ratio.

**Service Limits**

1. Standard unit is a 15-minute increment;
2. 1,920 units are allowed per POC year; and
3. Use of the EVV system is mandatory for all supported employment services. The EVV system requires the electronic check in/out in the LaSRS.

**Transportation**

1. Transportation is a separate billable service and may be billed on the same day as this service;
2. Transportation rate is billed as a flat rate fee for each day this service is delivered;
3. Provider must provide transportation at least one way in order to be reimbursed;
4. Transportation cannot be provided at the same time as another service is being delivered, with the exception of Community Life Engagement Development (if applicable);

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5. Staff providing transportation cannot also be providing another service at the same time as providing transportation;
6. In order to bill for transportation, the provider agency must provide the service or may subcontract; regardless of who provides the service, they must meet the HHS regulations for transportation. The provider is ultimately responsible; and
7. Use of the EVV system is not mandatory for this service; however, **transportation must be entered into LaSRS to be reimbursed**. If EVV is not used, the provider is responsible for preparing and retaining documentation that identifies the person transporting, the person transported, the pick-up time and location, and the drop off time and location for each single transportation service.

**Provider Qualifications**

The staff who delivers this service must meet the following requirements:

1. Possess and maintain a 40-hour SE training certificate of completion from an approved program;
2. Maintain this certificate by completing 15 hours of employment related training and providing documentation to the LGE office by December 31<sup>st</sup> each year; and
3. Provider agency must meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements and HCBS guidance as provided.

**Extended Job Supports**

Extended job supports service is provided to a beneficiary who is stable on a job, but still requires paid job supports in order to complete their job duties, as noted on the 'Job Stabilization Report' during the team meeting at the end of the 'Initial Job Support and Job Stabilization' phase. The purpose of this phase is to allow additional job coaching supports to the beneficiary with the plan to increase their independence level in completing their job duties. This service is not required in the supported employment process, but is available to those beneficiaries who require the additional time in order to possibly become more independent in completing their job duties. The amount of support will vary depending on the support needs of the beneficiary and the frequency of this service may change and should be evaluated on an ongoing basis by the employment specialist. The goal is to support the beneficiary to be as independent as possible on the job. The employment specialist should continue to try to increase the beneficiary's independence in their

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job by implementing new strategies. The team should be included as needed to discuss new strategies and get feedback.

This service may also be utilized for someone who was receiving follow along job supports service and experienced a change in their support needs on the job, whether it's learning new job duties, a promotion, or something that has changed with the beneficiary that has resulted in the need of additional supports that aren't currently met through the follow along job supports service.

**Documentation Requirements**

1. The employment specialist should make an entry on the 'Extended Job Supports Time Log' each time job coaching is taking place.
2. The employment specialist should turn in a copy of the completed 'Extended Job Supports Time Log' to the support coordinator and LGE for each month the extended job supports is taking place.
3. The employment specialist should complete the 'Extended Job Supports Monthly Report' form and submit a copy to the support coordinator and the LGE each month that extended job supports is taking place.
4. The beneficiary's quarterly meeting should include a discussion about the progress made over the last three months.

**Place of Service**

This service takes place on the job in the community.

**Restrictions with Other Services**

This service may not be billed at the same time on the same day as other services with the exception of Community Life Engagement Development (if applicable).

**Staffing Ratio**

This service is completed in a 1:1 ratio.

**Service Limits**

1. Standard unit is a 15-minute increment;

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2. 1,920 units are allowed per POC year; and
3. Use of the EVV system is mandatory for all supported employment services. The EVV system requires the electronic check in/out in the LaSRS.

**Transportation**

1. Transportation is a separate billable service and may be billed on the same day as this service;
2. Transportation rate is billed as a flat rate fee for each day this service is delivered;
3. Provider must provide transportation at least one way in order to be reimbursed;
4. Transportation cannot be provided at the same time another service is being delivered, with the exception of Community Life Engagement Development (if applicable);
5. Staff providing transportation cannot also be providing another service at the same time as providing transportation;
6. In order to bill for transportation, the provider agency must provide the service or may subcontract; regardless of who provides the service, they must meet the HHS regulations for transportation. The provider is ultimately responsible; and
7. Use of the EVV system is not mandatory for this service; however, **transportation must be entered into LaSRS to be reimbursed**. If EVV is not used, the provider is responsible for preparing and retaining documentation that identifies the person transporting, the person transported, the pick-up time and location, and the drop off time and location for each single transportation service.

**Provider Qualifications**

The staff who delivers this service must meet the following requirements:

1. Possess and maintain a 40-hour SE training certificate of completion from an approved program;
2. Maintain this certificate by completing 15 hours of employment related training and providing documentation to the LGE office by December 31<sup>st</sup> each year; and

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3. Provider agency must meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements and HCBS guidance as provided.

**Follow Along Job Supports**

The need for ‘Follow Along Job Supports’ service is determined once a beneficiary has stabilized on the job either after the ‘Initial Job Support and Job Stabilization’ service or the ‘Extended Job Supports’ service. ‘Follow Along Job Supports’ services consist of a ‘check-in’ by the employment specialist at the frequency that was determined during the team meeting discussion at the end of the previous phase. The check-in may include the employment specialist meeting with the beneficiary and/or employer to ensure a beneficiary is continuing to complete the job duties and meeting the requirements of the job. It may also include a check on the natural supports, the DSP support, and any other employment supports the beneficiary is using. This service may be utilized to provide short term job coaching if the beneficiary is needing support to learn a task or any other need that has arisen that can be accomplished short term. The employment specialist should ensure that no additional supports are needed by the beneficiary in order to continue success on the job.

If it is determined that the beneficiary requires employment supports that cannot be provided during the current ‘Follow Along Job Supports’ service, the employment specialist will contact the support coordinator and call a team meeting.

**Documentation Requirements**

At the time of the follow along visit, the employment specialist should complete the ‘Follow-Along Job Supports Progress Report’ and provide a copy should be provided to the support coordinator and the LGE office.

**Place of Service**

This service takes place on the job and in the community.

**Restrictions with Other Services**

This service may not be billed at the same time on the same day as other services with the exception of Community Life Engagement Development (if applicable). The choice between virtual delivery and in person follow along job supports services must be made. Both services cannot be on the POC at the same time.

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**Staffing Ratio**

This service is completed in a 1:1 ratio.

**Service Limits**

1. Standard unit is a fee for service;
2. 48 units are allowed per POC year; and
3. Use of the EVV system is mandatory for all supported employment services. The EVV system requires the electronic check in/out in the LaSRS.

**Transportation**

1. Transportation is a separate billable service and may be billed on the same day as this service;
2. If the provider is transporting the beneficiary to/from their individual community job, even on days that the provider is not delivering the service, the provider may bill for transportation. To do this, the POC must include H2026 U1 and T2002;
3. Provider must keep a record of the transports;
4. Transportation rate is billed as a flat rate fee for each day this service is delivered;
5. Provider must provide transportation at least one way in order to be reimbursed;
6. Transportation cannot be provided at the same time as another service is being delivered, with the exception of Community Life Engagement Development (if applicable);
7. Staff providing transportation cannot also be providing another service at the same time as providing transportation;
8. In order to bill for transportation, the provider agency must provide the service or may subcontract; regardless of who provides the service, they must meet the HHS regulations for transportation. The provider is ultimately responsible; and
9. Use of the EVV system is not mandatory for this service; however, **transportation must be entered into LaSRS to be reimbursed**. If EVV is not used, the provider

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is responsible for preparing and retaining documentation that identifies the person transporting, the person transported, the pick-up time and location, and the drop off time and location for each single transportation service.

**Provider Qualifications**

The staff who delivers this service must meet the following requirements:

1. Possess and maintain a 40-hour SE training certificate of completion from an approved program;
2. Maintain this certificate by completing 15 hours of employment related training and providing documentation to the LGE office by December 31<sup>st</sup> each year; and
3. Provider agency must meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements and HCBS guidance as provided.

**Follow Along Job Supports – Virtual Delivery**

The need for ‘Follow Along Job Supports - Virtual Delivery’ service is determined once a beneficiary has stabilized on the job either after the ‘Initial Job Support and Job Stabilization’ service or the ‘Extended Job Supports’ service. ‘Follow-Along Job Supports’ services, consists of a ‘check-in’ by the employment specialist at the frequency that was determined during the team meeting discussion at the end of the previous phase. The check-in is delivered virtually and includes the employment specialist meeting with the beneficiary and/or employer to ensure the beneficiary is continuing to complete the job duties and meeting the requirements of the job. It may also include a check on the natural supports, the DSP support, and any other employment supports the beneficiary is using. This service may be utilized to provide short term job coaching if the beneficiary is needing support to learn a task or any other need that has arisen that can be accomplished short term. The employment specialist should ensure that no additional supports are needed by the beneficiary in order to continue success on the job.

If it is determined that the beneficiary requires employment supports that cannot be provided during the current ‘Follow Along Job Supports’ service, the employment specialist will contact the support coordinator and call a team meeting.

Providers will ensure that the beneficiary understands the guidelines for participation in a virtual service delivery, HIPAA and the use of the technology. Written instructions and guidelines will be provided to the beneficiary on those items.



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

1. Confidentiality still applies for services delivered through virtual delivery. The session must not be recorded without consent from the beneficiary;
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. Verify beneficiary's identity;
4. Providers need the consent of the beneficiary prior to initiating a virtual service with the beneficiary;
5. Beneficiary must be informed of all persons who are present and the role of each person;
6. Beneficiary may refuse services delivered through virtual delivery; and
7. It is important for the provider, the beneficiary and the employer to be in a quiet, private space that is free of distractions during the session.

The beneficiary and employer will be instructed on the following:

1. Locating a space that allows for privacy while participating in the virtual delivery of the service;
2. Turning the camera off and muting 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 location;
3. Ensuring the beneficiary has access to technology and the operation of the technology that is required to participate in the virtual delivery of this service, including setting up the format and utilizing the specific format. The provider will also provide written instructions to the beneficiary/employer; and
4. Scheduling a meeting with the employment specialist.

The beneficiary's need for hands on/physical assistance on the job will already be established 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.

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**Documentation Requirements**

1. Must use some type of format that allows for face-to-face interaction between those participating in the meeting, including the beneficiary, provider, and employer (if applicable); and
2. At the time of the Follow Along visit, the employment specialist should complete the 'Follow Along Job Supports Progress Report' and provide a copy to the support coordinator and the LGE office.

**Place of Service**

This service takes place virtually with the beneficiary and/or employer.

**Restrictions with Other Services**

This service may not be billed at the same time on the same day as other services with the exception of Community Life Engagement Development (if applicable). The choice between virtual delivery and in person follow along job support services must be made. Both services cannot be on the POC at the same time.

**Staffing Ratio**

This service is completed in a 1:1 ratio.

**Service Limits**

1. Standard unit is a 15 minute increment;
2. 240 units are allowed per POC year; and
3. Use of the EVV system is mandatory for all supported employment services. The EVV system requires the electronic check in/out in the LaSRS.

**Transportation**

Transportation is not allowed for virtual delivery.

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**Provider Qualifications**

The staff who delivers this service must meet the following requirements:

1. Possess and maintain a 40-hour SE training certificate of completion from an approved program;
2. Maintain this certificate by completing 15 hours of employment related training and providing documentation to the LGE office by December 31<sup>st</sup> each year; and
3. Provider agency must meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements and HCBS guidance as provided.

**Group Employment**

Group employment services are provided in regular business, industry, and community settings for groups of beneficiaries in ratios of 1:1-2, 1:3-4, or 1:5-8. 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 typical business. Beneficiaries should not be working inside of a provider agency where other services are being delivered.

The outcome of this service could be sustained paid employment and work experience leading to further career development and individual integrated community employment 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.

Group employment is not a required service. A beneficiary can choose to leave group employment at any time and pursue individual employment if desired.

Group employment does not include:

1. Paid work inside of a provider facility; or
2. Volunteer work.

**NOTE: SHELTERED WORK, WHICH IS DEFINED AS WORK INSIDE OF A PROVIDER BUILDING WHERE OTHER SERVICES ARE DELIVERED AND BENEFICIARIES ARE PAID A SUBMINIMUM WAGE, IS NO LONGER ALLOWED.**

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Group employment services may be when a beneficiary has chosen to work for a business in the community or in a provider-owned business, so long as it's not attached to the building where other services are delivered, when the following occurs:

1. The waiver beneficiary has had documented conversations about their options for employment and it's documented that the beneficiary has chosen to work in the job and it's in the best interest for the beneficiary;
2. The waiver beneficiary earns at least minimum wage and/or the going rate for the job for people without disabilities and same benefits as people without disabilities;
3. The waiver beneficiary has the same or similar interactions and job duties with the public as people without disabilities in this job;
4. The waiver beneficiary participates in quarterly discussion about job satisfaction and individual job opportunities in the community;
5. The waiver beneficiary has an individual job description on file; and
6. A person without a disability could be hired for the same job and efforts to hire people without disabilities are made in order to integrate the mobile crew.

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 operate as a typical business in the community that provides a service to the community and not one 'created' to give a beneficiary a job (i.e. license to operate, etc.);
2. The building in which the business operates from must be a separate physical location from the rest of the provider building 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.

Career planning may be included as part of this service as well so that beneficiaries can further plan for individual employment. However, there is a community career planning service that may be used.

**Note: For beneficiaries choosing group employment services, the beneficiary does not have to apply for LRS, as LRS does not fund group employment.**

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**Place of Service**

This service takes place in the community at various businesses and industries. This service may be mobile and moves about the community, stationary in a business or industry, or provider owned/operated business.

**Restriction with Other Services**

This service may not be billed at the same time on the same day as other services except for Community Life Engagement Development (if applicable).

**Staffing Ratio**

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

**Service Limits**

1. The standard unit is a 15-minute increment;
2. 6,720 units are allowed per POC year; and
3. The use of the EVV system is mandatory for all supported employment services. The EVV system requires the electronic check in/out in the LaSRS.

**Transportation**

1. Transportation rate is a flat rate fee for each day this service is delivered;
2. Transportation must be provided by the provider at least one way in order to be reimbursed;
3. Transportation is a separate billable service and may be billed on the same day as this service;
4. Transportation between job sites is part of the service delivery;

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5. Transportation cannot be provided at the same time that another service is being delivered to the beneficiary, with the exception of Community Life Engagement Development (if applicable);
6. The staff providing transportation cannot also be providing another service at the same time as providing transportation;
7. Use of the EVV system is not mandatory for this service; however, **transportation must be entered into LaSRS to be reimbursed**. If EVV is not used, the provider is responsible for preparing and retaining documentation that identifies the person transporting, the person transported, the pick-up time and location, and the drop off time and location for each single transportation service; and
8. Transportation may be billed in the following circumstances:

First Transportation starts	First Transportation Ends	Second Transportation Starts	Second Transportation Ends
Beneficiary's home or pickup location	Provider agency building	Provider agency building	Beneficiary's home or pickup location
Beneficiary's home or pickup location	At beginning of first job location or community location (does not go to provider building)	At end of last job location or community location	Beneficiary's home or pickup location (does not go to provider building)

**Provider Qualifications**

The supervisory staff who delivers this service must meet one of the following sets of requirements:

1. Possess and maintain a 40-hour SE training certificate of completion from an approved program;
2. Maintain this certificate by completing 15 hours of employment related training and providing documentation to the LGE office by December 31<sup>st</sup> each year; and
3. Provider agency must meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements and HCBS guidance as provided.

**OR**

1. Be licensed as an adult day care provider (ADC) by the Louisiana Department of Health (LDH) with the Provider Type 98 module;

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2. Group employment supervisor receives 15 hours of employment related training annually and provides proof to the LGE office by December 31<sup>st</sup> each year; and
3. Provider agency must meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements and HCBS guidance as provided.

**Group Employment Job Assessment, Discovery, and Development**

The job assessment, discovery, and development process includes:

1. Documented evaluation of the beneficiary and identifying an appropriate job;
2. Identifying appropriate employment options that match information gained from the beneficiary's assessment, profile, and/or plan;
3. Documented discussion of group employment and individual employment with the beneficiary;
4. Identifying specific career interests of the beneficiary; and
5. Ensuring the beneficiary understands that they may leave group employment at any time and has a choice of jobs.

The job assessment, discovery, and development phase allows the provider to provide beneficiaries, who think they might want to work as part of group employment, an opportunity to experience group employment work and to 'try out' various job opportunities that might be available in the community.

Group employment is not a required service. A beneficiary can choose not to pursue group employment at the end of the assessment, discovery and development phase.

The outcome of job assessment, discovery, and development is to develop a job opportunity that the beneficiary has chosen to pursue.

**Place of Service**

This service takes place in the community in various businesses and industries where the provider has developed partnerships. This service may be mobile and move about the community, stationary in a business or industry, or provider-owned/operated business.

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**Restriction with Other Services**

This service may not be billed at the same time on the same day as other services except for Community Life Engagement Development.

**Staffing Ratio**

This service is completed in a 1:1 ratio.

**Service Limits**

1. Standard unit is a 15-minute increment; and
2. 480 units are allowed per POC year.

**Transportation**

1. Transportation rate is a flat rate fee for each day this service is delivered;
2. Provider must provide transportation at least one way in order to be reimbursed;
3. Transportation is a separate billable service and may be billed on the same day as this service;
4. Transportation cannot be provided at the same time another service is being delivered to the same beneficiary, with the exception of Community Life Engagement Development (if applicable);
5. Staff providing transportation cannot also be providing another service at the same time as providing transportation; and
6. Use of the EVV system is not mandatory for this service, however, **transportation must be entered into LaSRS to be reimbursed**. If EVV is not used, the provider is responsible for preparing and retaining documentation that identifies the person transporting, the person transported, the pick-up time and location, and the drop off time and location for each single transportation service.



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**Provider Qualifications**

The supervisory staff who delivers this service must meet one of the following sets of requirements:

1. Possess and maintain a 40-hour SE training certificate of completion from an approved program;
2. Maintain this certificate by completing 15 hours of employment related training and providing documentation to the LGE office by December 31<sup>st</sup> each year; and
3. Provider agency must meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements and HCBS guidance as provided.

**OR**

1. Be licensed as an ADC provider by the Louisiana Department of Health (LDH) with the Provider Type 98 module;
2. Group employment supervisor receives 15 hours of employment related training annually and provides proof to the LGE office by December 31<sup>st</sup> each year; and
3. Provider agency must meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements and HCBS guidance as provided.

**Day Habilitation**

Day habilitation services are focused on the beneficiary, and creating a meaningful day through the person-centered planning process. The process should support the beneficiary in how they choose to spend their time and what's most 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

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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 services may assist a beneficiary in exploring the community and in making community connections.

Volunteering for nonprofits in the community should be considered, is encouraged, and should be provided under the guidelines of the United States Fair Labor Standards Act of 1938 as amended. Volunteering is a great way for beneficiaries to become connected to their community and establish community relationships.

**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 to participate 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 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 beneficiary's residence and is not to be limited to a fixed-site.

**NOTE: 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 overarching service title of 'day habilitation', there are two distinct services that may be delivered. Both services may be delivered on the same day in order to support the beneficiary to 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 on a regular basis, but 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.

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**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 meaningful community engagement. It can also help the beneficiary figure 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.

Onsite day habilitation activities should be consistent with the beneficiary's interests, skills, and desires, and should assist the beneficiary to gain their desired meaningful day. Onsite day habilitation should be individualized with 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.

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Onsite day habilitation can also be offered in a variety of community settings in the ratio of 1:5-8, but should only 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 beneficiaries may continue to receive that service ratio even when participating in onsite day habilitation.

**Onsite Day Habilitation – Virtual Delivery**

Virtual delivery of onsite day habilitation should be used during times that do 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 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. The support coordinator and service provider will discuss virtual delivery of day habilitation with each beneficiary and will be included in the POC if chosen by the beneficiary.

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;

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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. Verify beneficiary's identity;
4. Providers need the consent of the beneficiary prior to initiating a virtual service with the beneficiary;
5. Beneficiary must be informed of all persons who are present and the role of each person;
6. Beneficiaries may refuse services delivered through virtual delivery; and
7. 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 muting the session if they leave the room while participating in the session, or if someone who is not part of the session comes into the room; and
3. Using 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 the beneficiary.

To ensure that virtual delivery of onsite day habilitation facilitates community integration, the provider agency will continue to incorporate already established community partners into the virtual delivery of onsite 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.

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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 onsite 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 delivery of onsite 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 virtual delivery of onsite day habilitation:

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

**Place of Service**

Community life engagement is delivered in the community and outside of the day habilitation center and the beneficiary's residence.

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.

Virtual delivery of onsite day habilitation must be delivered using a format that allows for face-to-face interactions.

**Restrictions with Other Services**

Beneficiaries receiving onsite day habilitation/community life engagement services may also receive other services on the same day, but not at the same time. The exception is that 'Community Life Engagement Development' may be billed at the same time, as the beneficiary is not required to be present for the CLED service to be delivered.

Onsite 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.

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**Staffing Ratios**

Community life engagement activities may occur with the following staff ratios:

1. One staff to one beneficiary (1:1);
  - a. Community life engagement 1:1 may be delivered for the following reasons:
    - i. Physical/medical needs that do not allow the beneficiary to participate in a 1:2-4 ratio; or
    - ii. Individual interests that the beneficiary chooses such as a leisure class, specific interest club, or something that has individual membership.
  - b. Community life engagement services share the overall units, but are not flexed. This service should be listed on the POC.
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 beneficiaries may continue to receive that service ratio even when participating in onsite day habilitation.

**Service Limits**

1. Standard unit is a 15-minute increment;
2. 6,720 units are shared and may be flexed across community life engagement and onsite day habilitation; and

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3. 1:1 community life engagement share the overall total number of units, but the units are not part of flexing with 1:2-4 or 1:5-8 service; therefore, 1:1 should be listed as a separate service on the POC or alternate schedule.

**Transportation**

1. Transportation is a separate billable service and may be billed on the same day as long as this service is delivered;
2. Transportation rate is billed as a flat rate fee for each day this service is delivered;
3. Provider must provide transportation at least one way in order to be reimbursed;
4. Transportation may be billed if the following circumstances occur:

First Transportation starts	First Transportation Ends	Second Transportation Starts	Second Transportation Ends
Beneficiary's home or pickup location	Provider agency building	Provider agency building	Beneficiary's home or pickup location
Beneficiary's home or pickup location	At beginning of first job location or community location (does not go to provider building)	At end of last job location or community location	Beneficiary's home or pickup location (does not go to provider building)

5. Use of the EVV system is not mandatory for this service; however, **transportation must be entered into LaSRS to be reimbursed**. If EVV is not used, the provider is responsible for preparing and retaining documentation that identifies the person transporting, the person transported, the pick-up time and location, and the drop off time and location for each single transportation service;
6. In order to bill for transportation, the provider agency must provide the service or may subcontract; regardless of who provides the service, they must meet the HHS regulations for transportation. The provider is ultimately responsible;
7. Transportation cannot be provided at the same time another service is being delivered to the same beneficiary, with the exception of Community Life Engagement Development (if applicable);
8. The staff providing transportation cannot also be providing another service at the same time as providing transportation; and

Transportation is not billable for virtual delivery of onsite day habilitation.



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**Provider Qualifications**

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

1. Be licensed as an ADC provider by the LDH with a provider type 14; and
2. Meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements, and other HCBS guidance as provided.

**Prevocational Services**

The overarching service title of ‘Prevocational’ are services 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. The beneficiary may or may not have been employed or may currently be employed and wanting to change careers. 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.

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;

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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 interest 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;
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

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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 in the career path determination. Volunteering offers a beneficiary, especially someone who has never worked, an opportunity to gain insight into being a responsible employee and deciding what type of job they desire. It also gives them valuable knowledge, skills, and experience to add to their resume. Volunteer activities are to be provided under the guidelines of the United States Fair Labor Standards Act of 1938 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 beneficiary is receiving the supports they need and to develop the profile to assist in going to work.

The two services available under the overarching service title of Prevocational Services are described below.

### **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 used 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,

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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. Virtual job related classes/workshops;
2. Making contact with businesses via phone or email that might have opportunities for internships, mentoring programs, etc.;
3. Research via the internet for opportunities to volunteer positions;
4. Preparing/planning for job related activities; and
5. 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.

**Onsite Prevocational – Virtual Delivery**

Onsite prevocational services may be delivered virtually. 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 not to 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, such as in-home supports. The beneficiary must have the means necessary to participate in the virtual service (i.e., laptop, tablet, etc.).

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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 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. The support coordinator and the service provider will include a discussion about virtual delivery with each beneficiary and will only be included in the POC if chosen by the beneficiary.

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

1. An initial assessment of the beneficiary and their 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 their 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;
5. Providers need the consent of the beneficiary and the beneficiary's authorized representative if applicable (and their contact information) prior to initiating virtual delivery of a service with the beneficiary;
6. The beneficiary must be informed of all persons who are present and the role of each person;
7. Beneficiaries may refuse services delivered virtually; and

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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 muting the session if they leave the room while participating in the session, or if someone who is not part of the session comes into the room; and
3. Using 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 the beneficiary.

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.

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;

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2. Must utilize EVV to check in and out of virtual delivery; and
3. Must utilize an approved activity log to track the days, times and activities that the beneficiary is using virtual delivery.

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 outcome of all prevocational services, is that the beneficiary will pursue individual community employment. These services are time limited to four years, however the goal should be to complete the services. The beneficiary should be within one year of wanting to find employment. The outcome of this service is an individual career profile and the beneficiary is prepared to move into the next phase of the career path in finding employment.

**Place of Service**

All community career planning 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
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 beneficiaries may continue to receive that service ratio even when participating in onsite prevocational.

**CHAPTER 43: SUPPORTS WAIVER****SECTION 43.4: COVERED SERVICES****PAGE(S) 57****Transportation**

1. Transportation is a separate billable service and may be billed on the same day as long as this service is delivered;
2. Transportation rate is billed as a flat rate fee for each day this service is delivered;
3. Provider must provide transportation at least one way in order to be reimbursed;
4. Transportation may be billed if the following circumstances occur:

First Transportation starts	First Transportation Ends	Second Transportation Starts	Second Transportation Ends
Beneficiary's home or pickup location	Provider agency building	Provider agency building	Beneficiary's home or pickup location
Beneficiary's home or pickup location	Beginning of first job location or community location (does not go to provider building)	End of last job location or community location	Beneficiary's home or pickup location (does not go to provider building)

5. The use of the EVV system is not mandatory for this service; however, **transportation must be entered into LaSRS to be reimbursed.** If EVV is not used, the provider is responsible for preparing and retaining documentation that identifies the person transporting, the person transported, the pick-up time and location, and the drop off time and location for each single transportation service;
6. In order to bill for transportation, the provider agency must provide the service or may subcontract; regardless of who provides the service, they must meet the HHS regulations for transportation. The provider is ultimately responsible;
7. Transportation cannot be provided at the same time another service is being delivered to the same beneficiary, with the exception of Community Life Engagement Development (if applicable);
8. The staff providing transportation cannot also be providing another service at the same time as providing transportation; and
9. Transportation is not billable for virtual delivery of onsite prevocational.



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**Restrictions with Other Services**

Beneficiaries receiving onsite prevocational/community career planning services may also receive other services on the same day, but not at the same time. The exception is that ‘Community Life Engagement Development’ may be billed at the same time, as the beneficiary is not required to be present for the CLED service to be delivered if applicable.

This service is typically for beneficiaries 18 years and older and are not in school.

The beneficiary's file must contain documentation indicating 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), as well as any applicable provisions under the State Plan.

**Service Limits**

1. Standard unit of service is a 15 minute increment;
2. 6,720 units are allowed per POC year;
3. Total units are shared and flexed across CCP 1:2-4 and Onsite PV 1:5-8.
4. CCP 1:1 shares the total units but the service is listed separate on the POC, as it is not ‘flexed’ with CCP 1:2-4 or Onsite PV 1:5-8.

**Provider Qualifications**

The supervisory staff who delivers this service must meet one of the following sets of requirements:

1. Possess and maintain a 40 hour SE certificate of completion from an approved program and;
2. Maintain this certificate by completing 15 hours of employment related training annually and provide documentation to the local LGE office by December 31<sup>st</sup> each year; and
3. Provider agency must meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements, and other HCBS guidance as provided.

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**OR**

1. Provider is licensed as an ADC provider by LDH with the provider type 13 module;
2. Staff who provides this service receives 15 hours of employment related training annually and provides documentation to the local LGE office by December 31<sup>st</sup> each year; and
3. Provider agency must meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements, 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/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 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**

1. A standard unit of service is a 15 minute increment; and
2. 428 units are allowed per POC year.

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**Provider Qualifications**

Respite service providers must meet the following requirements:

1. Be licensed as a center-based respite care service provider by LDH; 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*, HCBS Setting Rule requirements, 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 designed to assist the beneficiary in becoming more independent in their home and community, and assisting the beneficiary in creating their meaningful day. Goals may cover a wide range of opportunities such as learning how to clean house, do laundry, wash dishes, grocery shop, bank, cook meals, shop for clothing and personal items, as well as, become involved in community recreational and leisure activities, do personal yard work, and use transportation to access community resources. Goals should be incorporated into the POC.

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 while also learning how to get about in their community including getting to their own individual job;
4. Participation in clubs or organizations that 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 by washing dishes, laundry, vacuuming, mopping and other household tasks;

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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 that 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 receiving habilitation services are reasonably expected to independently achieve the goal(s) identified on their POC. The goals should be consistent with the beneficiary's desires and preferences and revised as needed throughout the POC year.

**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 following the requirements outlined in the family as a paid caregiver.

**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 with the

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exception of community life engagement development, as the beneficiary does not have to be present for this service.

**Service Limits**

1. A standard unit of service is a 15 minute increment; and
2. 285 units are allowed per POC year.

**Provider Qualifications**

Providers of habilitation services must meet the following two requirements:

1. Be licensed by the LDH as one of the following service providers:
  - a. Center-based respite care;
  - b. Personal care attendant;
  - c. Occupational therapist in Louisiana;
  - d. Physical therapist in Louisiana;
  - e. Therapeutic recreation as a therapeutic recreational specialist; or
  - f. Licensed ADC - provider type 14.

**AND**

2. The provider agency must meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements and HCBS guidance as provided.

**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 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

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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.
3. Developing an individualized housing support plan based upon the housing assessment that:
- a. Includes short and long term measurable goals for each issue;

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- 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 must 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 Limits**

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 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).

**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.

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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
  - h. Understanding and meeting the obligations of tenancy as defined in the lease terms.
2. Participating in the development of the POC, 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;



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- 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. Beneficiary's disability;
  - b. Accommodations needed; and
  - c. Components of emergency procedures involving the landlord or property manager.

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 must 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.

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**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 Limits**

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 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.

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.

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**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
2. Quarterly face-to-face visits.

At a minimum, all initial and annual POC meetings and one additional visit must be delivered face-to-face in the beneficiary's home during each POC year. If a beneficiary participates in day service and/or employment service, the SC should observe the beneficiary in the environment during at least 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 the beneficiary runs, which include whomever the beneficiary chooses to invite.

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Examples 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 FOC 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;
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

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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;
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 ensuring 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 month.

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**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*, HCBS Settings Rule requirements, and other HCBS guidance as provided.

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

**Expanded Dental Services for Adult Waiver Beneficiaries**

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)

**Specialized Medical Equipment**

This service is for the delivery of incontinence supplies and related items as outlined in the Incontinence Product Manual and itemized list. This service is for beneficiaries, ages 21 and older, who require the use of incontinence supplies and related supplies. Supports provided through this service will allow the beneficiary to remain engaged in community related activities.

This service is intended to be a supplement for incontinence supplies and is not intended to supply the entire need for this service.

Beneficiaries, ages 20 and younger, will receive their incontinence supplies through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.

For additional information, please refer to the OCDD Incontinence Products Manual.

**Requirements**

1. Beneficiary must be at least 21 years old to receive incontinence supplies; and
2. Beneficiary must have a physician's order and updated annually for incontinence supplies.

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**Service Limits**

Incontinence supplies are capped at \$2,500 per POC year per beneficiary.

If the beneficiary requires additional incontinence supplies beyond the \$2,500 limit, the support coordinator will assist the beneficiary in obtaining the supplies needed through other funding sources.

**Provider Qualifications**

Incontinence product providers must meet the following requirements:

1. Be licensed as an assistive devices provider (provider type 17) by the LDH; and
2. Meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements and other HCBS guidance as provided.

**Community Life Engagement Development**

Community Life Engagement Development (CLED) is a service that allows a provider staff, or a 'community life engagement developer', to connect beneficiaries with organizations and businesses in the community in an effort to align activities with the beneficiaries' interests, foster the development of meaningful relationships and increase membership in their community. The connections should reflect the beneficiary's choices, interests, and values. The outcome of this service is increased participation and involvement for the beneficiary in community activities as an expressed interest by the beneficiary. This could include civic involvement, volunteering, recreational activities, or clubs. The activities should be integrated in the community alongside people without disabilities.

The community life engagement developer's responsibility is to create tailored activities, memberships, and volunteer opportunities based on each beneficiary's person-centered plan and expressed interests. The individual engaging with community organizations and businesses must possess strong communication skills, be comfortable in discussions, and clearly articulate the mission of the service. Proficiency in person-first language is essential for effective interaction with all stakeholders. The person should be well versed in person-first language and can effectively communicate with people.

The goal of CLED is to increase community connections and memberships that reflects the beneficiary's interest and choices.

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**Place of Service**

This service is provided in typical community businesses and organizations, where individuals may be looking for volunteering positions or activities that align with the interests expressed by beneficiaries.

**Restrictions with Other Services**

This service may be provided concurrently on the same day as day habilitation, prevocational, and or supported employment services, provided that day habilitation is included in the beneficiary's POC.

**Documentation Requirements**

1. CLED is available only to beneficiaries who also receive day habilitation services on the POC.
2. This service can be billed at the same time the beneficiary is receiving another day or employment service, as the beneficiary does not have to be present in order for this service to be billed.
3. For every contact made with a beneficiary, the 'Community Life Engagement Development Form' must be filled out and a copy forwarded to both the support coordinator and the LGE office.

**Staffing Ratios**

Community life engagement development may occur with one of the following staff ratios:

1. One staff to one beneficiary (1:1);
2. One staff to two beneficiaries (1:2); or
3. One staff to three beneficiaries (1:3).

**Transportation**

Transportation cost is included in the rate paid to the provider.

**Service Limits**

1. Standard unit of services is a 15-minute increment;



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2. 240 units are allowed per POC year (60 hours);
3. Total units are shared amongst the three different ratios; and
4. The use of the EVV system is mandatory for all services. The EVV system requires the electronic check in/out in the LaSRS.

**Provider Qualifications**

The provider agency delivering this service must meet the following requirements:

1. Be licensed as an ADC provider by the LDH with a provider type 14; and
2. Meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*, HCBS Settings Rule requirements and other HCBS guidance as provided.