

## OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES

### New Opportunities Waiver Services and Limits

New Opportunities Waiver (NOW) participants may self-direct the following services, as approved in their Plan of Care:

- Individual and Family Support-Day
- Individual and Family Support-Night

Your Plan of Care identifies the time and days you are approved to receive Individual and Family Support (IFS) services under the Self-Direction option. Individual and Family Support services are termed “Attendant Care Services or ACS,” in your Plan of Care. It is important to note whether you have Individual and Family Support-Day and Individual and Family Support-Night hours listed on your approved Plan of Care as these are paid at different rates and have different codes, and must be coded correctly on your employees’ timesheet.

#### Individual and Family Support-Day

##### A. Definition

1. Individual and Family Support services are defined as direct support and assistance, which may take place in your home or community to:
  - Achieve and/or maintain your personal outcomes of increased independence, productivity, and enhanced family functioning;
  - Provide relief of your caregivers; and/or
  - Provide inclusion in your community.
2. Individual and Family support services are **not** intended to replace the natural and community supports available to you.
3. The cost of transportation is included in the hourly rate paid to your employee. If your employee provides transportation to you as part of his/her job duties then he/she must have a current driver’s license, current state inspection sticker, and minimum liability car insurance as required by the State of Louisiana.

##### B. Service Description

Individual and Family Support services include the following:

1. Assistance and prompting to help you with your personal hygiene, dressing, bathing, grooming, eating, toileting, ambulation or transfers, other personal care and behavioral support needs.
2. Assistance and training in the performance of tasks to help you maintain a safe, healthy, and stable home, such as: housekeeping; bed making; dusting; vacuuming; laundry; cooking; evacuating the home in an emergency situation;

shopping; and money management (including bill paying). (This does not include the cost of supplies needed or the cost of meals.)

3. Personal support and assistance to help you participate in community, health, and leisure activities.
4. Support and assistance in helping you develop relationships with your neighbors and others in the community and in helping you strengthen existing social networks.

### C. Place of Service

Individual and Family Support Services **cannot** be provided:

1. In your employee's home, unless your employee's home is a certified foster care home.
2. In licensed, congregated settings such as: Intermediate Care Facilities for Persons with Developmental Disabilities including community homes, Center-Based Respite facilities, and Day Habilitation programs.
3. During the same hours and on the same day as the following New Opportunities Waiver services: Day Habilitation, Supported Employment, Employment-Related Training, Transportation for Day Habilitation and Supported Employment services, Professional Services, Center-Based Respite, and Skilled Nursing.
4. Once you are admitted to the hospital. Your employee may accompany you to the hospital and remain with you until you are admitted to the hospital or until a responsible representative (i.e., your parent, legal guardian, other family members, etc.) arrives. Your employee will **not** be paid for providing services to you once you are admitted to the hospital. Your employee may begin providing services to you once you are discharged from the hospital.
5. Outside the state of Louisiana, unless approved in your Plan of Care. Individual and Family Support services may only be provided outside the state of Louisiana for a documented emergency or a time-limited period which must be pre-approved by the Local Governing Entity and be specified in your Plan of Care.
6. Outside of the United States or territories of the United States.

### D. Service Unit and Limitations

1. The employee and the participant must both be present in order for Individual and Family Support services to be provided. The participant must never be left alone when Individual and Family Support services are being provided.
2. The employee must be awake, alert, and available to respond to the participant's needs.
3. The employee may not work more than sixteen (16) hours in twenty-four (24) hour period, of combined Individual and Family Support Day and Night services, unless there is a documented emergency or a time-limited, non-routine need

documented in the participant's approved Plan of Care. Habitual patterns of an employee working sixteen (16) hours or more will be investigated.

4. Individual and Family Support-Day services may not exceed sixteen (16) hours in a twenty-four (24) hour period, unless an exception is documented in the participant's approved Plan of Care.
5. The billing unit is fifteen (15) minutes.

### Individual and Family Support-Night

#### A. Definition

1. Individual and Family Support-Night services are the availability of direct support and assistance provided to the participant while he/she is asleep.
2. Individual and Family Support-Night services are not limited to traditional night time hours. Night hours are considered to be the period of time when the participant is asleep and there is a reduced frequency and intensity of required assistance.
3. If a participant receives less than twenty-four (24) hours of paid support, the number of the Individual and Family Support-Night services he/she receives is based on his/her need and specified in his/her approved Plan of Care.
4. If a participant receives twenty-four (24) hours of paid support, the number of Individual and Family Support-Night services he/she receives must be at least eight (8) hours per day.
5. If your employee provides Individual and Family Support-Night services then he/she must be immediately available and in the same residence as you to be able to respond to your immediate needs. The level of support you need, which is based on frequency and intensity of your needs, is specified in your Plan of Care.
6. Your employee is expected to remain awake and alert while he/she is providing Individual and Family Support-Night services unless otherwise indicated in your approved Plan of Care.

#### B. Service Unit and Limitations

1. Your employee must be awake, alert, and available to respond to your needs, unless an exception is approved in your Plan of Care.
2. Individual and Family Support-Night must be a least eight (8) hours per day for participants who have twenty-four (24) hours of a combination of Individual and Family Support-Day and Night hours.

#### C. Other

All other elements of Individual and Family Support-Day apply to Individual and Family Support-Night services with the exception of the above service limitations.

## Children's Choice Waiver Services and Limits

Children's Choice Waiver participants may self-direct the following services, as approved in their Plan of Care:

- Family Support Services

Your Plan of Care identifies the time and days you are approved to receive Family Supports (Personal Care Attendant services or PCA) services under the Self-Direction option.

### Family Supports Services

#### A. Definition

1. Family supports services are services provided directly to the participant.
2. Services may be provided in the participant's home or outside the participant's home in such settings as after school programs, summer camps, or other places specified in the approved plan of care.
3. Family support includes assistance with participating in the community, including activities to maintain and strengthen existing informal networks and natural supports.
4. Providing transportation to these activities is also included.

#### B. Service Description

Family Support services include the following:

1. Assistance and prompting to help you with your personal hygiene, dressing, bathing, grooming, eating, toileting, ambulation or transfers, other personal care and behavioral support needs, and medical task which can be delegated as per Home and Community-Based Services Direct Service Worker (DSW) rules and policies.
2. Personal support and assistance to help you participate in community, health, and leisure activities.

#### C. Place of Service

Family Support Services cannot be provided:

1. In your employee's home, unless your employee's home is a certified foster care home.
2. In licensed, congregated settings such as: Intermediate Care Facilities for Persons with Developmental Disabilities including community homes, Center-Based Respite facilities, and Day Habilitation programs.

3. During the same hours and on the same day as the following Children's Choice Waiver Therapy Services: Aquatic Therapy, Art Therapy, Music Therapy, Hippo therapy/ Therapeutic Horseback Riding, Sensory Integration and Applied Behavioral Analysis (ABA)-based Therapy.
4. Once you are admitted to the hospital. Your employee may accompany you to the hospital and remain with you until you are admitted to the hospital or until a responsible representative (i.e., your parent, legal guardian, other family members, etc.) arrives. Your employee will not be paid for providing services to you once you are admitted to the hospital. Your employee may begin providing services to you once you are discharged from the hospital.
5. Outside the state of Louisiana, unless approved in your Plan of Care. Family Support services may only be provided outside the state of Louisiana for a documented emergency or a time-limited period which must be pre-approved by the Local Governing Entity and be specified in your Plan of Care.
6. Outside of the United States or territories of the United States.

#### D. Service Unit and Limitations

1. The employee and the participant must both be present in order for Family Support services to be provided.
2. Total number of services hours are dependent on Children's Choice capped budget. No limits on the amount/ frequency of services other than approved Plan of Care (POC) budget limit.
3. All request services are to be completed in the current approved POC year.
4. The employee may not work more than sixteen (16) hours in twenty-four (24) hour period unless there is a documented emergency or a time-limited, non-routine need documented in the participant's approved Plan of Care.
5. All available Medicaid State Plan and services provided through a program funded under the Individual with Disabilities Education Act (IDEA; 20 U.S.C. 1401 et seq.) must be utilized before accessing this service. All services must be outlined in the Plan of Care to prevent duplication of services.
6. The total Administrative Fee amount will be taken from annual budget cap for 12 month period. If the recipient wishes to discontinue services, administrative fee will be discontinued on the first (1<sup>st</sup>) date of the following month.
7. Total cost of all services and administrative fees cannot exceed waiver capped budget for POC year.
8. Exhausting available funds does not qualify as justification for crisis designation.
9. The billing unit is fifteen (15) minutes.

**Note:** It is understood that this schedule is flexible and an individual's daily routine may change based on need or preference. Support Coordinator will be required to monitor services self-directed services quarterly for Children Choice waiver participants.

## **Residential Option Waiver (ROW) Services and Limits**

Residential Option Waiver participants may self-direct the following services, as approved in their Plan of Care:

- Community Living Supports

Your Plan of Care identifies the time and days you are approved to receive Community Living Supports (CLS) services under the Self-Direction option. Services are to be selected based on recipient need/want and based upon the individual ROW acuity level/ROW Budget cap.

### **Community Living Supports**

#### **A. Service Definition (Scope)**

Supports provided include the following:

1. **Self-Help Skills:** Activities of daily living and self-care (i.e., bathing, grooming, dressing, nutrition, money management, laundry, travel training, and safety skills). Travel-training to community activities/locations (not intended to be used when the recipient is learning to go to and from a vocational setting).
2. **Socialization Skills:** Appropriate communication with others, both verbal and nonverbal (i.e., manners, making eye contact, shaking hands, and behavior). Intended to increase involvement in the community (i.e., church membership, voting, participation in sports, and volunteering).
3. **Cognitive and Communication Tasks:** Learning activities (i.e., attention to task, self-control, verbal/nonverbal communication, and interpersonal communication-verbal/nonverbal cues) intended to increase level of understanding and to communicate more effectively.
4. **Acquisition of Appropriate, Positive Behavior:** Appropriate behavior (i.e., non-aggression and appropriate social interaction). Intended to increase socially appropriate behavior.

When the self-directed option is utilized the recipient must have an individualized back-up plan and evacuation plan both of which must be submitted with the POC for review and approval. The direct support workers must meet minimum qualifications.

#### **B. Services Description**

Community Living Supports (CLS) is a residential option available to participants who either have natural supports and/or who need very little support on an on-going basis. Based on their need of supports, participants can either live with family members or reside independently in their own residence. The overall goal for each

recipient is to obtain or maintain their level of independence, level of productivity, and involvement in the community as outlined in each participant's approved POC. Individual specific goals are identified in the POC and provided by the participant's direct support worker.

### C. Place of Services

1. Community Living Supports are provided to a participant in his/her own home and in the community.
2. Community Living Support Services cannot be provided:
  - a. In your employee's home, unless your employee's home is a certified foster care home.
  - b. In licensed, congregated settings such as: Intermediate Care Facilities for the Developmentally Disabled, community homes, Center-Based Respite facilities, and Day Habilitation programs.
  - c. Community Living Supports are not available to individuals receiving Shared Living Services, Host Home Services, or Companion Care Services. (The same type of supports that Community Living Supports provides are integral to and built into the rate for these three services, and prevents duplication of services.)
  - d. Community Living Supports cannot be provided or billed for at the same time on the same day as Supported Employment, Day Habilitation, or Prevocational Services. Transportation-Community Access services may not be provided at the same time as Community Living Supports services.
  - e. Once you are admitted to the hospital. Your employee may accompany you to the hospital and remain with you until you are admitted to the hospital or until a responsible representative (i.e., your parent, legal guardian, other family members, etc.) arrives. Your employee will not be paid for providing services to you once you are admitted to the hospital. Your employee may begin providing services to you once you are discharged from the hospital.
  - f. Outside the state of Louisiana, unless approved in your Plan of Care. Individual and Family Support services may only be provided outside the state of Louisiana for a documented emergency or a time-limited period which must be pre-approved by the Local Governing Entity and be specified in your Plan of Care.
  - g. Outside of the United States or territories of the United States.

### D. Services Limitation

1. All ROW participants must receive a residential service (i.e., community living supports, companion care, host home, or shared living) and support coordination services.

2. Participants must receive a residential service and support coordination at least once every 30 days.
3. Payment will not be made for services provided by a relative who is the Parent(s) of a minor child; Legal guardian of an adult or child with developmental disabilities; Parent(s) for an adult child regardless of whether or not the adult child has been interdicted; or Spouse.
4. Payment will not be made for routine care and support that is normally provided by the participant's family or for services furnished to a minor by the child's parent or step-parent or by a participant's spouse.
5. Community Living Supports staff is not allowed to sleep during billable hours of Community Living Supports.
6. Payment does not include room and board or maintenance, upkeep and improvement of the provider's or family's residence.
7. Payment will not be made for transportation to and from Supported Employment, Day Habilitation, or Prevocational Services, as transportation for these services are included in each vocational service.
8. Services may not be billed at the same time on the same day as Transportation-Community Access, Day Habilitation, Prevocational Services, Supported Employment, and Respite Care Services-Out of Home.
9. Community Living Supports are not available to participants receiving any of the following services Companion Care, Host Home, Shared Living.
10. The cost of transportation is built in to the Community Living Services rate and must be provided when integral to Community Living Services. Payment will not be made for travel training to vocational services.
11. Annual costs are not to exceed the individual ROW acuity level/ROW Budget cap.
12. Service Unit is a per diem rate based on the participant's overall approved plan of care.
13. The Service Unit is 15 minutes.