

## **Chapter 169. Reimbursement**

### **§16901. Reimbursement Methodology**

A. Reimbursement for the following services shall be a prospective flat rate for each approved unit of service provided to the waiver recipient. One quarter hour (15 minutes) is the standard unit of service, which covers both the service provision and administrative costs for these services:

1. respite care;
2. community living supports (CLS):
  - a. up to three recipients may share CLS services if they share a common provider of this service;

b. there is a separate reimbursement rate for CLS when these services are shared;

3. professional services furnished by a/an:

- a. psychologist;
- b. speech therapist;
- c. physical therapist;
- d. occupational therapist;
- e. social worker; or
- f. dietician/nutritionist;

4. nursing services;

5. intensive community supports; and

6. supported employment.

B. The following services are reimbursed at the cost of adaptation device, equipment or supply item:

1. environmental accessibility adaptations;

a. upon completion of the environmental accessibility adaptations and prior to submission of a claim for reimbursement, the provider shall give the recipient a certificate of warranty for all labor and installation work and supply the recipient with all manufacturers' warranty certificates.

2. assistive technology; and

3. specialized medical equipment and supplies.

C. The following services are reimbursed at a per diem rate:

1. host home;

2. companion care living services;

3. shared living services;

a. per diem rates are established based on the number of individuals sharing the living service module for both for shared living and shared living conversion services.

D. The following services are reimbursed at a per diem rate which may be billed either half-day (over 2 and up to 4 hours per day) or full-day (over 4 hours per day) based on time spent on-site by the recipient:

1. day habilitation; and

2. pre-vocational.

E. The reimbursement for transportation services is a flat fee based on a capitated rate.

F. Support coordination services shall be reimbursed at a fixed monthly rate in accordance with the terms of the established contract.

G. Installation of a personal emergency response system (PERS) is reimbursed at a one-time fixed rate and maintenance of the PERS is reimbursed at a monthly rate.

H. Transition expenses from an ICF/MR or nursing facility to a community living setting are reimbursed at the cost of the service(s) up to a one-time maximum rate.

I. Dental services are reimbursed at the Medicaid fee-for-service rate.

J. Reimbursement Exclusion. No payment will be made for room and board under this waiver program.

K. Reserved.

L. Effective for dates of service on or after July 1, 2012, the reimbursement for residential options waiver services shall be reduced by 1.5 percent of the rates in effect on June 30, 2012.

1. The following services shall be excluded from this rate reduction:

a. personal emergency response services;

b. environmental accessibility adaption services;

c. specialized medical equipment and supplies; and

d. transitional services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 33:2456 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 39:1049 (April 2013).

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