

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. State: Louisiana

B. Waiver Title(s):

New Opportunities, Residential Options, Supports, and Children's Choice Waivers

C. Control Number(s):

LA 0401. R04.02
LA 0472. R02.14
LA 0453.R03.13
LA 0361.R04.13

D. Type of Emergency (The state may check more than one box):

<input checked="" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected

changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

This Appendix K is an addition to the previously approved Appendix K documents and has the same start date as the other previously approved Appendix K documents.

This Appendix K request includes activities in the State's approved HCBS Spending Plan authorized under Section 9817 of the American Rescue Plan Act.

The following activities are included in this document:

- Effective January 1, 2022 through March 31, 2025 or until the state's funding authorized under Section 9817 of the American Rescue Plan is exhausted: One time rate increase for Support Coordination services (LA.0472, LA.0453 and LA.0361). The State will amend the three waivers prior to the expiration of the PHE/Appendix K to include the new rates.
- Effective April 1, 2021 through March 31, 2025 or until the state's funding authorized under Section 9817 of the American Rescue Plan is exhausted: Funding to Support Coordination Agencies and Direct Support Providers to stabilize the direct support workforce, recruitment and retention. The State will amend the waivers prior to the expiration of the PHE/Appendix K to include the new rates.
- Effective July 1, 2022: Modifying the Specialized Medical Equipment and Supplies and Assistive Devices service definitions to include Technology Supports with Remote Features (LA.0401 and LA.0472). The State will amend the two waivers prior to the expiration of the PHE/Appendix K to include the new modifications.
- Effective July 1, 2022: Modifying the service definition for Assistive Devices (LA.0472) to add Remote Technology Consultation. The State will amend the waiver prior to the expiration of the PHE/Appendix K to include the new modifications.
- Effective July 1, 2022: Modifying the service definition for the Personal Emergency Response System service (LA.0401 and LA.0472). The State will amend the two waivers prior to the expiration of the PHE/Appendix K to include the new modifications.

This Appendix K also increases the number of individuals that may be served in LA.0361, LA.0472 and LA.0453 with effective date July 1, 2021.

F. Proposed Effective Date: Start Date: January 27, 2020 Anticipated End Date: 6 months after the conclusion of the Public Health Emergency

G. Description of Transition Plan.

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

N/A

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. ___ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. X Services

i. X Temporarily modify service scope or coverage.

- Effective July 1, 2022: Modifying the Specialized Medical Equipment and Supplies and Assistive Devices service definitions to include Technology Supports with Remote Features (LA.0401 and LA.0472). The State will amend the two waivers prior to the expiration of the PHE/Appendix K to include the new modifications.
- Effective July 1, 2022: Modifying the service definition for Assistive Devices (LA.0472) to add Remote Technology Consultation. The State will amend the waiver prior to the expiration of the PHE/Appendix K to include the new modifications.

- Effective July 1, 2022: Modifying the service definition for the Personal Emergency Response System service (LA.0401 and LA.0472) The State will amend the two waivers prior to the expiration of the PHE/Appendix K to include the new modifications.

ii. **Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.**

[Explanation of changes]

iii. **Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).**

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. **Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Explanation of modification, and advisement if room and board is included in the respite rate]:

v. **Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]**

c. **Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.**

d. **Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

i. **Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ii. Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the .provider type for each service].

iii. Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e. Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

f. X Temporarily increase payment rates.

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

Increase rates for Support Coordination services under LA.0472, LA.0453 and LA.0361. These provider payments are aimed at strengthening and stabilizing the HCBS workforce serving the intellectual and developmental disability population. The rate development methodology for these services is not different from the current approved waiver. The rate unit remains monthly.

Effective January 1, 2022 through March 31, 2025 or until the state's funding authorized under Section 9817 of the American Rescue Plan is exhausted, providers will be reimbursed at the below rates for Support Coordination services.

LA.0361 – increase from \$125.00 to \$162.50 monthly

LA.0453 – increase from \$155.00 to \$201.50 monthly

LA.0472 – increase from \$135.99 to \$176.79 monthly

The State will amend the waivers prior to the expiration of the PHE/Appendix K to include the new rates.

g. Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

h. Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

i. Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

k. Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

l. x Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

Increases to the unduplicated counts effective July 1, 2021 are needed to provide additional waiver opportunities as follows:

LA.0361

-WY4-increase from 2900 to 3,057

LA.0453

-WY3-increase from 2400 to 2,491

-WY4-increase from 2500 to 2,587

LA.0472

-WY 4-increase from 1125 to 1,377

-WY 5- increase from 1225 to 1,653

The State will amend the waivers prior to the expiration of the PHE/Appendix K to include the increases in Factor C.

m. x Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. Explanation of changes

Supplemental payments will be paid to Support Coordination providers (LA.0361, LA.0472 and LA.0453) and Direct Support providers (LA.0361, LA.0472, LA.0401, LA.0453), in the amount of \$150 per month for every month worked by the direct support worker or support coordinator, of which \$125 must be paid directly to the direct support staff or support coordinator and the provider retains \$25. The effective date for these supplemental payments is April 1, 2021 through March 31, 2025 or until the state's funding authorized under Section 9817 of the American Rescue Plan is exhausted. The State will amend the waivers prior to the expiration of the PHE/Appendix K to include the new rates.

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. ☐ Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. ☐ Add an electronic method of service delivery (e.g. telephonic) allowing services to continue to be provided remotely in the home setting for:
 - i. ☐ Case management
 - ii. ☐ Personal care services that only require verbal cueing
 - iii. ☐ In-home habilitation
 - iv. ☐ Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
 - v. ☐ Other *[Describe]*:

- b. ☐ Add home-delivered meals
- c. ☐ Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d. ☐ Add Assistive Technology

3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.

- a. ☐ Current safeguards authorized in the approved waiver will apply to these entities.
- b. ☐ Additional safeguards listed below will apply to these entities.

4. Provider Qualifications

- a. ☐ Allow spouses and parents of minor children to provide personal care services
- b. ☐ Allow a family member to be paid to render services to an individual.
- c. ☐ Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- d. ☐ Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

5. Processes

- a. ☐ Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b. ☐ Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c. ☐ Adjust prior approval/authorization elements approved in waiver.
- d. ☐ Adjust assessment requirements
- e. ☐ Add an electronic method of signing off on required documents such as the person-centered service plan.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Brian
Last Name: Bennett
Title: Medicaid Section Chief
Agency: Bureau of Health Services Financing
Address 1: P.O. Box 91031 Bin #24
Address 2: Click or tap here to enter text.
City: Baton Rouge
State: Louisiana
Zip Code: 70821
Telephone: 225-342-9846
E-mail: Brian.Bennett@la.gov
Fax Number: 225-342-9168

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Julie
Last Name Hagan
Title: OCDD Assistant Secretary
Agency: Office for Citizens with Developmental Disabilities
Address 1: 628 North Fourth Street
Address 2: Click or tap here to enter text.
City Baton Rouge
State Louisiana
Zip Code 70821
Telephone: 225-342-0095
E-mail Julie.Hagan@la.gov
Fax Number

8. Authorizing Signature

Signature: /S/

Date: May 16, 2022

State Medicaid Director or Designee

First Name: Patrick
Last Name Gillies
Title: Medicaid Executive Director
Agency: Bureau of Health Services Financing
Address 1: 628 North Fourth Street
Address 2: Click or tap here to enter text.
City Baton Rouge
State LA
Zip Code 70821
Telephone: 225-342-0327
E-mail Patrick.Gillies@la.gov
Fax Number Click or tap here to enter text.

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification				
Service Title:	Personal Emergency Response System (LA.0472)			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				
<p>Personal Emergency Response System service is an electronic device connected to the participant's phone, which enables him/her to secure help in an emergency. The service also includes an option in which the participant would wear a portable help button. The device is programmed to emit a signal to the Personal Emergency Response System Response Center where trained professionals respond to the participant's emergency situation.</p> <p>Personal Emergency Response System service is most appropriate for participants who are able to identify when they are in an emergency situation and are then able to activate the system requesting assistance. This service would be beneficial to participants who are unable to summon assistance by dialing 911 or other emergency services available to the general public.</p> <p>Installation, participant training, a monthly monitoring fee, rental of the electronic help button and the cost of maintenance are included in the Personal Emergency Response System service. Cell phone service is not included and is not a covered waiver service.</p> <p>In addition to the current system that plugs into a landline, a system that uses cellular service may be used and the landline is not required; this system will have a fall detection pendant.</p>				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Not available to participants who receive 24-hour direct care supports.				
Provider Specifications				
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Personal Emergency Response System</div>	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
			Providers must comply with all applicable federal, state, county (parish) and local laws and regulations and meet manufacturer's specifications, response requirements, maintenance records, and enrollee education.	

Service Specification				
Service Title:	Personal Emergency Response System (LA.0472)			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
			<p>The provider's Response Center shall be staffed by trained professionals.</p> <p>Qualifications for staff working in the response centers: Certified Emergency Medical Dispatcher</p> <p>The term Emergency Medical Dispatcher is a certification level and a professional designation, certified through the National Academies of Emergency Dispatch. The Emergency Medical Dispatcher is a professional telecommunicator who will fill a number of critical functions, including the identification of basic call information, including the location and telephone number of the caller, the location of the patient, the general nature of the problem, and any special circumstances. The Emergency Medical Dispatcher will then use an approved set of protocols to provide first aid and pre-arrival assistance and instructions by voice to the subscriber and/or bystander prior to the arrival of Emergency Medical Services.</p>	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
	Medicaid Fiscal Intermediary		Initially, annually and as needed	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	



Service Specification			
Service Title:	Personal Emergency Response (LA.0401)		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<p>Personal Emergency Response System (PERS) is an electronic device which enables individuals to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals.</p> <p>PERS services are available to individuals who have a demonstrated need for quick emergency back-up, are unable to use other communication systems as they are not adequate to summon emergency assistance, or do not have 24 hour direct supervision.</p> <p>In addition to the current system that plugs into a landline, a system that uses cellular service may be used and the landline is not required; this system will have a fall detection pendant. Waiver funds do not cover the purchase of a cellular phone or cell phone service.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Coverage of the PERS is limited to the rental of the electronic device. PERS services shall include the cost of maintenance and training the recipient to use the equipment. Reimbursement will be made for an installation fee for the PERS unit. A monthly fee will be paid for the maintenance of the PERS.			
Provider Specifications			
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Personal Emergency Response System
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
	Not applicable	Qualifications for those working in the response centers are certified Emergency Medical Dispatcher. Job qualifications include: A certified Emergency Medical Dispatcher is a professional	Agency must be enrolled in Medicaid to provide personal emergency response system. The provider shall install and support PERS equipment in compliance with all applicable federal, state, county (parish) and local laws and regulations and meet manufacturer's specifications, response requirements, maintenance records, and enrollee education.

		<p>telecommunicator, tasked with the gathering of information related to medical emergencies, the provision of assistance and instructions by voice, prior to the arrival of Emergency Medical Services, and the dispatching and support of EMS resources responding to an emergency call. The term Emergency Medical Dispatcher is a certification level and a professional designation, certified through the National Academies of Emergency Dispatch. The Emergency Medical Dispatcher will fill a number of critical functions, including the identification of basic call information, including the location and telephone number of the caller, the location of the patient, the general nature of the problem, and any special circumstances. The EMD Dispatcher will then use an approved set of protocols to provide first aid and pre-arrival assistance to</p>	
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		the subscriber and/or bystander.	
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
	Medicaid Fiscal Intermediary City or Parish issuing business license		Initially and annually As required per the City and/or Parish
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Service Specification	
Service Title:	Specialized Medical Equipment and Supplies (LA.0401)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Specialized medical equipment and supplies are specified devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.</p> <p>This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design and installation. This service may also be used for routine maintenance or repair of specialized equipment. Some examples would include sip and puffer switches, other specialized switches, voice activated, light activated, or motion activated devices to access the participant's environment. Routine maintenance or repair of specialized medical equipment is funded under this service.</p> <p>Case managers shall pursue and document all alternate funding sources that are available to the participant, and alternate funding sources the participant may be eligible, before submitting a request for approval to purchase or lease Specialized Medical Equipment and Supplies.</p> <p>To avoid delays in service provisions/implementation, the Support Coordinator should be familiar with the process for obtaining Specialized Medical Equipment and Supplies or durable medical equipment (DME) through the Medicaid State Plan.</p>	

Excluded are those specialized equipment and supplies that are not of direct medical or remedial benefit to the participant. Support coordinators shall pursue and document all alternate funding sources that are available to the participant before submitting a request for approval to purchase or lease specialized medical equipment and supplies.

Technology Supports with Remote Features:

Mobile Emergency Response System- an on-the-go mobile medical alert system, used in and outside the home. This system will have cellular/GPS technology, two-way speakers and no base station will be required

Medication Reminder System- an electronic device programmed to remind individual to take medications by a ring, automated recording or other alarm. The electronic device may dispense controlled dosages of medication and may include a message back to the center if a medication has not been removed from the dispenser. Medications must be set up by RN.

Other equipment used to support someone remotely may include: electronic motion door sensor devices, door alarms, web-cams utilized in a HIPAA compliant manner that assures privacy, telephones with modifications (large buttons, flashing lights), devices affixed to wheelchair or walker to send alert when fall occurs, text-to-speech software, intercom systems, tablets with features to promote communication or smart device speakers.

Remote Technology Service Delivery: covers monthly response center/remote support monitoring fee and tech upkeep (no internet cost coverage)

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

A cap of \$5,000 for a 3-year period for this service will be per individual. On a case by case basis, with supporting documentation and based on need, an individual may be able to exceed this cap with the approval of OCDD and with the limits beyond the capped prior authorized.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Assistive Devices
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
			Must meet all applicable vendor standards and/or requirements for manufacturing, design and installation of technological equipment and supplies. Enrolled as a Medicaid provider.

Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
	Medicaid Fiscal Intermediary		Initially and Annually
Service Delivery Method			
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Service Specification	
Service Title:	Assistive Technology/Specialized Medical Equipment and Supplies (LA.0472)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Assistive Technology/Specialized Medical Equipment and Supplies service includes providing specialized devices, controls, or appliances which enable a participant to increase his/her ability to perform activities of daily living, ensure safety, and/or to perceive, control, and communicate within his/her environment. This service also includes medically necessary durable and non-durable equipment not available under the Medicaid State Plan and repairs to such items and equipment necessary to increase/maintain the independence and well being of the participant. All equipment, accessories and supplies must meet all applicable manufacture, design and installation requirements. The services under the Residential Options Waiver are limited to additional services not otherwise covered under the state plan.</p> <p>This service includes:</p> <ul style="list-style-type: none"> • Items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; • Necessary medical supplies not available under the State Plan. • Repair of all items purchased, • The evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant; • Services consisting of purchasing, leasing or otherwise providing for the acquisition of assistive technology devices for participants; • Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; • Coordination of necessary therapies, interventions, or services with assistive technology devices; • Training or technical assistance on the use for the participant, or, where appropriate, family members, guardians, advocates, authorized representatives of the participant, professionals, or others. <p>Technology Supports with Remote Features:</p> <p>Mobile Emergency Response System- an on-the-go mobile medical alert system, used in and outside the home. This system will cellular/GPS technology, two-way speakers and no base station required.</p>	

Medication Reminder System- an electronic device programmed to remind individual to take medications by a ring, automated recording or other alarm. The electronic device may dispense controlled dosages of medication and may include a message back to the center if a medication has not been removed from the dispenser. Medications must be set up by RN.

Other equipment used to support someone remotely may include: electronic motion door sensor devices, door alarms, web-cams, telephones with modifications (large buttons, flashing lights), devices affixed to wheelchair or walker to send alert when fall occurs, text-to-speech software, intercom systems, tablets with features to promote communication or smart device speakers.

Remote Technology Service Delivery: covers monthly response center/remote support monitoring fee and tech upkeep (no internet cost coverage)

Remote Technology Consultation: evaluation of tech support needs for an individual, including functional evaluation of technology available to address the person's assess needs and support person to achieve outcomes identified in the POC.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Must first access and exhaust items furnished under State Plan

Excludes items that are not of direct medical or remedial benefit to the participant

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Assistive Devices

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
			<p>Enrolled as a Medicaid HCBS provider.</p> <p>Documentation on manufacturer's letterhead that the agency listed on the Louisiana Medicaid Enrollment Form and Addendum (PE-50) is:</p> <ul style="list-style-type: none"> • Authorized to sell and install <ul style="list-style-type: none"> o Assistive Technology, o Specialized Medical Equipment and Supplies, or

			o Devices for assistance with activities of daily living and <ul style="list-style-type: none"> • Has training and experience with the application, use fitting and repair of the equipment or devices they propose to sell or repair
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
	Medicaid Fiscal Intermediary		Initially, annually and as necessary
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed
	<input type="checkbox"/>		
	<input type="checkbox"/>		

ⁱ Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.