

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. 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 completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Louisiana

B. Waiver Title: New Opportunities Waiver, Residential Options Waiver, Children’s Choice Waiver, Supports Waiver

C. Control Number: LA.0401.R03.09
LA.0472.R02.06
LA.0361.R04.06
LA.0453.R03.05

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

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

D. **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.*

COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.)

The changes addressed in this amendment will be added/adjusted to the currently approved Children's Choice (CC) Waiver (LA.0361.R04.03), New Opportunities Waiver (NOW) (LA.0401.R03.06) Supports Waiver (LA.0453.R03.02) Residential Options Waiver (ROW) (LA.0472.R02.02).

If the COVID19 pandemic ends sooner than the anticipated end date, the State may elect to rollback some or all items listed in this Appendix K request.

F. Proposed Effective Date: Start Date: January 27,2020 Anticipated End Date: January 26, 2021

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 waivers 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.

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

ii. X 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]

LA 0472: In the Residential Options Waiver (ROW): Convert Adult Day Healthcare Center(ADHC) hours to one on one Community Living Supports hours weekly when ADHC programs are closed

LA 0472: Allow individuals to move between levels in the Residential Options Waiver when the Inventory for Client and Agency Planning (ICAP) doesn't support the move but the individual's needs and home situation does support the need for increased support. This need would be addressed in the Person-Centered Service Plan.

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. x 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]:

LA 0472 In the Residential Options Waiver, add the service Day Habilitation in the ratio of 1:2-4 and the service Prevocational in the ratio of 1:2-4, both to be provided in the community.

LA 0401: In the New Opportunities Waiver (NOW); add the service Day Habilitation in the ratio of 1:2-4 and the service Prevocational in the ratio of 1:2-4, both to be provided in the community

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

LA 0401, LA 0453, LA 0361, LA 0472: Allow out of state services -Individual Family Support (IFS), Attendant Care Day and Night (ACD/ACN), Family Support (FS) and Community Living Support (CLS) with approval. The support coordinator will monitor and the Local Governing Entity (LGE) will approve by revision.

The services must be in the person-centered service plan and is provided by a waiver qualified provider. The provider is chosen by the individual and the provider has an agreement with the Medicaid Agency. OCDD remains responsible for the assurance of the health and welfare of the individual.

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. ___ 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].

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. Increase Factor C.

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

m. 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]

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]: Individual Supported Employment, Prevocational, and Day Habilitation services
- 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: Section Chief
Agency: Medicaid Program Support and Waivers
Address 1: P.O. Box 91030 Bin #24
Address 2: Click or tap here to enter text.
City: Baton Rouge
State: LA
Zip Code: 70821
Telephone: 225-342-9846
E-mail: Brian.Bennett@la.gov
Fax Number: Click or tap here to enter text.

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

First Name: Julie
Last Name Hagan
Title: 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 LA.
Zip Code 70821
Telephone: 225-342-0095
E-mail Julie.Hagan@la.gov
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

Date: 10/8/20

_____/S/_____
State Medicaid Director or Designee

First Name: Ruth
Last Name Johnson
Title: Medicaid Executive Director
Agency: Bureau of Health Services Financing
Address 1: 628 North Fourth Street
City Baton Rouge
State LA
Zip Code 70821
Telephone: Click or tap here to enter text.
E-mail Ruth.Johnson3@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 which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification

Service Title: Day Habilitation Small Group Ratio 1:2-4 (NOW LA.0401 and ROW LA.0472)

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Day Habilitation should focus on the person centered planning process, which would allow the participant a choice in how they spend their day. Day Habilitation is furnished in a variety of community settings, (i.e. local recreation department, garden clubs, libraries) other than the person's residence and is not to be limited to a fixed- site facility.

Day Habilitation Services may be coordinated with needed therapies in the individual's person-centered Plan of Care.

Career planning activities may be a component of the participant's plan and may be used to develop learning opportunities and career options consistent with the person's skills and interests.

Transportation services are offered and billable as a component of Day Habilitation. Transportation may be provided to and/or from the participant's residence or a location agreed upon by the participant or authorized representative.

Day Habilitation activities should assist the participant to gain their desired community living experience, including the acquisition, retention or improvement in self-help, socialization and adaptive skills, and/or to provide the individual an opportunity to contribute to his or her community. Day Habilitation activities should be educational or recreational in nature, which would include activities that are related to the individual's interests, hobbies, clubs, or sports.

Amended Definition:

Day Habilitation will occur in small groups with a 1:2-4 ratios that will be provided in the community.

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

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Licensed Adult Day Care providers

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 <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Day Habilitation	Adult Day Care Module		

Verification of Provider Qualifications				
Provider Type:		Entity Responsible for Verification:		Frequency of Verification
HCBS Provider Licensing Standard LAC Title 48, Part 1, Subpart 3, Chapter 50, Adult Day Care Module		LA Dept. of Health, Health Standards Section		Annually
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
Service Specification				
Service Title:	Prevocational Small Group Ratio 1:2-4 (NOW LA.0401 and ROW 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):				

Participants receiving prevocational services MUST have an employment related goal as part of their Plan of Care (POC) and service plan. The general habilitation activities must support their employment goals. Prevocational Services are designed to create a path to integrated community based employment for which an individual is compensated at or above minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Prevocational services are intended to prepare a participant for paid employment or volunteer opportunities in the community to the participant's highest level. Prevocational services are where the individual can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings. Prevocational services are intended to develop and teach general skills such as ability to communicate effectively with supervisors, co-workers, and customers; accepted community workplace conduct and dress; ability to follow directions and attend to tasks; workplace problem solving skills and general workplace safety and mobility training. Prevocational Services are to be provided in a variety of locations in the community and are not to be limited to a fixed site facility. Transportation is included in the cost of this service.

Assistance with personal care may be a component of prevocational services, but may not comprise the entirety of the service.

Prevocational services are provided on a regularly scheduled basis and may be scheduled on a Plan of Care for 1 or more days per week and may be prior authorized for up to 8320 units of service in a plan of care year with appropriate documentation. A standard unit is 1/4 hour. Post authorization may be approved upon verification of services rendered.

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

Prevocational Services are expected to last no longer than four years. Beneficiaries receiving prevocational services may choose to pursue employment opportunities at any time and do not have to participate the entire 4 years.

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

Amended Definition:

Prevocational Services will occur in small groups with 1:2-4 ratios that will be provided in the community.

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

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Licensed Adult Day Care providers

Specify whether the service may be provided by (<i>check each that applies</i>):	<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 (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
Prevocational	Adult Day Care Module		

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
HCBS Provider Licensing Standard LAC Title 48, Part 1, Subpart 3, Chapter 50, Adult Day Care Module	LA Dept. of Health, Health Standards Section	Annually

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
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Service Specification

Service Title:	Day Habilitation delivered Virtually (NOW LA.0401, ROW LA.0472, and SW LA.0453)
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Day Habilitation should focus on the person centered planning process, which would allow the participant a choice in how they spend their day. Day Habilitation is furnished in a variety of community settings, (i.e. local recreation department, garden clubs, libraries) other than the person's residence and is not to be limited to a fixed- site facility.

Day Habilitation Services may be coordinated with needed therapies in the individual's person-centered Plan of Care.

Career planning activities may be a component of the participant's plan and may be used to develop learning opportunities and career options consistent with the person's skills and interests.

Transportation services are offered and billable as a component of Day Habilitation. Transportation may be provided to and/or from the participant's residence or a location agreed upon by the participant or authorized representative.

Day Habilitation activities should assist the participant to gain their desired community living experience, including the acquisition, retention or improvement in self-help, socialization and adaptive skills, and/or to provide the individual an opportunity to contribute to his or her community. Day Habilitation activities should be educational or recreational in nature, which would include activities that are related to the individual's interests, hobbies, clubs, or sports.

Amended Definition:

FOR VIRTUAL SERVICES an individual must be notified and agree to the services being delivered remotely, and the individual must be able to respond to verbal cueing and does not require physical assistance when the service is rendered remotely.

The rate is not changing because the transportation portion of the rate is going to be used to enhance the rate for the purpose of maintaining this provider pool.

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

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Licensed Adult Day Care providers

Specify whether the service may be provided by <i>(check each that applies):</i>	<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 <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Day Habilitation	Adult Day Care Module		

Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
HCBS Provider Licensing Standard LAC Title 48, Part 1, Subpart 3, Chapter 50, Adult Day Care Module	LA Dept of Health, Health Standards Section		annually	
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
Service Specification				
Service Title:	Prevocational –delivered virtually (NOW LA.0401, ROW LA.0472, and SW LA.0453)			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				

Participants receiving prevocational services MUST have an employment related goal as part of their Plan of Care (POC) and service plan. The general habilitation activities must support their employment goals. Prevocational Services are designed to create a path to integrated community based employment for which an individual is compensated at or above minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Prevocational services are intended to prepare a participant for paid employment or volunteer opportunities in the community to the participant's highest level. Prevocational services are where the individual can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings. Prevocational services are intended to develop and teach general skills such as ability to communicate effectively with supervisors, co-workers, and customers; accepted community workplace conduct and dress; ability to follow directions and attend to tasks; workplace problem solving skills and general workplace safety and mobility training. Prevocational Services are to be provided in a variety of locations in the community and are not to be limited to a fixed site facility.

Assistance with personal care may be a component of prevocational services, but may not comprise the entirety of the service.

Prevocational services are provided on a regularly scheduled basis and may be scheduled on a Plan of Care for 1 or more days per week and may be prior authorized for up to 8320 units of service in a plan of care year with appropriate documentation. A standard unit is 1/4 hour. Post authorization may be approved upon verification of services rendered.

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

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

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

Amended Definition:

FOR VIRTUAL SERVICES an individual must be notified and agree to the services being delivered remotely, and the individual must be able to respond to verbal cueing and does not require physical assistance when the service is rendered remotely.

The rate is not changing because the transportation portion of the rate is going to be used to enhance the rate for the purpose of maintaining this provider pool.

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

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:
				Licensed Adult Day Care providers
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)
Prevocational	Adult Day Care Module		
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
HCBS Provider Licensing Standard LAC Title 48, Part 1, Subpart 3, Chapter 50, Adult Day Care Module	LA Dept. of Health, Health Standards Section	Annually	
Service Delivery Method			
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
Service Specification			
Service Title:	Supported Employment – delivered virtually (ROW LA.0472, NOW LA.0401 and SW LA.0453)		
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:			
Service Definition (Scope):			

Supported employment is competitive work, for participants who are eligible and assessed to need the service. It is provided in an integrated work setting in which the participants are working toward competitive work, consistent with strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of participants. The outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community-based employment for which an individual is compensated at or above minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

These are services provided to participants who are not served by Louisiana Rehabilitation Services and need more intense, long term follow along and usually cannot be competitively employed because supports cannot be successfully phased out.

Supported employment models are:

1. Individual placement or one-to-one model: A one-to-one model is a placement strategy in which an employment specialist (job coach) places a participant into competitive employment, provides training and support, and then gradually reduces time and assistance at the worksite. The participant may then be transitioned to the Follow Along model of Supported Employment. A participant can move from the Follow Along model back to the one-to-one intensive model if the job changes or a new job has been secured for the participant and new tasks have to be learned.
2. Follow Along services are designed for persons only requiring minimum oversight to maintain the participant at the job site. Ongoing support services can be provided from more than one source.
3. Mobile Work Crew/Enclave is an employment setting in which a group of two or more participants, but fewer than eight perform work in a variety of locations under the supervision of a permanent employment specialist (job coach/supervisor). SE group must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces.

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for vocational training that is not directly related to an individual's supported employment program.

The outcome of this service is sustained paid employment in an integrated setting in the general workforce in the community in a job that meets personal and career goals. May also include support to establish or maintain self-employment, including home based self-employment.

Supported employment services may include any combination of the following services: vocational/job related discovery or assessment, person centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instructions, job coaching, benefits support, training and planning, transportation, asset development, and career advancement services, and other workplace support services including services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting.

Participants who have the most significant disabilities may also need long-term employment supports to successfully maintain a job due to the ongoing nature of the waiver participant's support needs, changes in life situations or evolving and changing job responsibilities and where natural supports would not meet this need.

Career Planning may be a component of supported employment services and should include activities focused on the participant becoming employed to their highest ability. Examples of these activities include but are not limited to the following: vocational assessment and discovery process, ongoing career counseling, including

benefits planning, assessments as needed (i.e. assistive technology in the work place), job shadowing, and other activities that may assist the individual in deciding upon an employment goal. All career planning activities should be focused on building a plan for a path to community employment at the highest level for each participant.

SE individual employment supports does not include volunteer work.

Amended Definition:

FOR VIRTUAL SERVICES an individual must be notified and agree to the services being delivered remotely, and the individual must be able to respond to verbal cueing and does not require physical assistance when the service is rendered remotely.

The rate is not changing because the transportation portion of the rate is going to be used to enhance the rate for the purpose of maintaining this provider pool.

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

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Licensed Adult Day Care providers
				Community Rehabilitation Programs who are enrolled Medicaid providers of SE Services

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)
Supported Employment	Adult Day Care Module		Approved 40+ hours of SE training initially 15 hours annually employment related training
Supported Employment			40+ hours of SE training or Louisiana Rehabilitation CRP Vendor Compliance Certificate Annual training

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Supported Employment	LA Dept. of Health, Health Standards Section	Annually

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

Service Specification	

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

Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	

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 <i>(provide the following information for each type of provider):</i>			

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method				

