

RECIPIENT REQUIREMENTS

To qualify for the New Opportunities Waiver (NOW), a person must be three years of age or older, offered a waiver opportunity slot and meet all of the following criteria:

- Meet the Developmental Disability Law criteria as defined in Appendix A;
- Have his/her name on the Developmental Disabilities Request for Services Registry (RFSR) for the NOW;
- Meet the financial and non-financial Medicaid eligibility criteria for Medicaid services;
- Meet the medical requirements;
- Meet the requirements for an Intermediate Care Facility for people with a Developmental Disability (ICF/DD) level of care which requires active treatment of mental retardation or a developmental disability under the supervision of a qualified mental retardation or developmental disability professional;
- Meet the health and welfare assurance requirements for home and community based waiver services; and
- Be a resident of Louisiana.

To remain eligible for waiver services, a recipient must receive one or more waiver services every thirty days.

Request for Services Registry

Enrollment in the waiver is dependent upon the number of approved and available funded waiver slots. Individuals who request waiver services are placed on a statewide Developmental Disabilities Request for Services Registry (RFSR) and are selected for a waiver opportunity in the date order in which they applied. Exceptions include people who qualify for the NOW program through emergency placements or other designated placements.

Requests for waiver services must be made from the applicant or his/her authorized representative by contacting the applicant's Human Services Authority or District.

Once it has been determined by the Human Services Authority or District that the applicant meets the definition of a developmental disability as defined by the Louisiana Developmental Disability Law (See Appendix A), the applicant's name will be placed on the RFSR in request

CHAPTER 32: NEW OPPORTUNITIES WAIVER**SECTION 32.3: RECIPIENT REQUIREMENTS****PAGE(S) 4**

date order and the applicant/authorized representative will be sent a letter stating the individual's name has been secured on the RFSR along with the original request date. Entry into the NOW will be offered to applicants from the RFSR by date/time order of the earliest request for services.

Inactive Status

An applicant may choose to be placed in an inactive status on the RFSR by notifying the Human Services Authority or District. When the applicant determines that he/she is ready to begin the NOW evaluation process, he/she must request in writing to the Human Services Authority or District that his/her name be removed from inactive status. The applicant's original request date will be reinstated and he/she will be notified when the next NOW opportunity becomes available.

Verifying Request Date

Applicants or their authorized representatives may verify their request date by calling their local Human Services Authority or District.

Level of Care

The NOW program is an alternative to institutional care. All waiver applicants must meet the definition of developmental disability (DD) as defined in Appendix A. The Human Services Authority or District will issue either a Statement of Approval (SOA) or a Statement of Denial (SOD).

The BHSF "Request for Medical Eligibility Determination" 90-L Form is the instrument used to determine if an applicant meets the level of care of an ICF/DD. The 90-L Form must be completed, signed, and dated by the individual's Louisiana licensed primary care physician. The 90-L Form must be submitted with the individual's initial or annual Plan of Care (POC) to the Human Services Authority or District office. The Human Services Authority or District office is responsible for determining that the required level of care is met for each recipient.

The applicants/authorized representatives are ultimately responsible for obtaining the completed 90-L Form from the applicant's primary care physician. This form must be obtained prior to linkage to a support coordination agency for an initial POC and no more than 180 days before the annual POC start date.

Supported Independent Living providers are responsible for assisting recipients who receive their services in obtaining the completed 90-L Form from the primary care physician on an annual basis.

Discharge Criteria

Recipients will be discharged from the waiver if one of the following criteria is met:

- Loss of Medicaid financial eligibility as determined by the parish Medicaid Office;
- Loss of eligibility for an ICF/DD level of care as determined by the Human Services Authority or District;
- Incarceration or placement under the jurisdiction of penal authorities, courts or state juvenile authorities;
- Change of residence to another state with the intent to become a resident of that state;
- Admission to an ICF/DD or nursing facility with the intent to stay and not return to waiver services. The waiver recipient may return to waiver services when documentation is received from the treating physician that the admission is temporary and shall not exceed 90 days. The recipient will be discharged from the waiver on the 91st day if the recipient is still in the facility. Payment for waiver services will not be authorized when the recipient is in a facility,
- Unable to assure the health and welfare of the recipient in the community through the provision of reasonable amounts of waiver services as determined by the Human Services Authority or District, or OCDD Central Office, i.e., the recipient presents a danger to himself/herself or others;
- Failure to cooperate in either the eligibility determination process or the initial or annual implementation of the POC, or fulfilling his/her responsibilities as a NOW recipient;
- Interruption of services as a result of the recipient not receiving and/or refusing NOW services (exclusive of support coordination services) during a period of 30 or more consecutive days. This does not include interruptions in NOW services because of hospitalization, institutionalization (such as ICF/DD or nursing facilities) or non-routine lapses in services where the family agrees to provide all needed or paid natural supports. This interruption cannot exceed 90 days and there is a documented expectation from the treating physician that the individual will return to the NOW services. During this 90-day period, OCDD will not authorize payment for NOW services; or

CHAPTER 32: NEW OPPORTUNITIES WAIVER

SECTION 32.3: RECIPIENT REQUIREMENTS

In the event of a force majeure, support coordination agencies, direct service providers, and recipients, whenever possible, will be informed in writing, by phone and/or via the Louisiana State Medicaid website of interim guidelines and timelines for retention of waiver slots and/or temporary suspension of continuity of services.