

Frequently Asked Children's Choice Questions

1. What is Children's Choice?

Children's Choice is a program designed to help families who provide in-home care and support for their children with developmental disabilities. Children's Choice assists by providing funding for medical care, home modifications, care-giving assistance and support, and other specialty services. Children's Choice is a support program designed to be flexible enough to let families choose when they need the covered services.

Children's Choice is intended to supplement the care and support that eligible children already receive at home, through their extended families or that is already available within local communities. Funds available through Children's Choice are capped at \$16,660 per care plan year. Recipients are also eligible for services through the Medicaid State Plan which includes all medically necessary services.

2. What are the eligibility requirements for Children's Choice?

- Child is on the Request for Services Registry.
- Child is under nineteen (19) years of age.
- Child is disabled according to SSI criteria.
- Child requires the level of care provided in an ICF/DD facility (institution).
- Child has income less than three (3) times the SSI amount.
- Child has resources less than \$2,000.
- Child meets all Medicaid non-financial requirements (citizenship, residence, Social Security number, etc.).
- Child's plan of care meets the health and welfare needs of the child.
- Appropriate level of care can be provided outside an institution.

3. What services are available through Children's Choice?

- Support Coordination
- Family Support
- Center-based Respite
- Environmental Accessibility Adaptations
- Family Training
- Medical coverage via the Medicaid program

4. What are some of the things that would be covered by the Medicaid card?

When a child is certified for Children's Choice, they will be entitled to receive medical services and get a Medicaid card.

Some services include physician services, hospital services, home health, additional personal care services, durable medical equipment, pharmacy services and many others.

5. What is the New Opportunities Waiver (NOW)?

The NOW is a comprehensive community-based waiver program that serves both children and adults with developmental disabilities. Traditionally, Medicaid pays for and provides services for these individuals in institutional settings. Through the waiver program, citizens with developmental disabilities have greater flexibility to choose where they want to live, and the services and supports that best suit their needs, while still receiving Medicaid benefits.

The NOW pays for services such as personal care attendants, environmental modifications, assistive devices, respite care and many other services. In addition, day/vocational services and residential alternatives (such as supervised independent living and extended family living) are provided.

6. How can a parent find out what their child's request date is on the Request for Services Registry?

A parent can call Toll Free 1-866-783-5553 or contact their OCDD Regional Office or Human Services Authorities or Districts (list attached) to obtain their child's request date. Registry Dates that are currently being served can be accessed at the OCDD Request for Services Registry web page at <http://new.dhh.louisiana.gov/index.cfm/page/155>

7. How often are the opportunity letters offering Children's Choice to families sent out and will families who initially declined Children's Choice be contacted again in the future to see if they have changed their mind, especially if there are changes in the program?

When Children's Choice opportunities are available, letters go out to families. Families who have initially said "no" will not be offered a Children's Choice Waiver again, unless OCDD has gone through the entire DD Request for Services Registry (RFSR) and there are still CC Waiver slots available, they would then be re-offered a CC Waiver by their date of request on the DD RFSR.

8. What if I think my child needs more services in excess of the yearly limit?

Children's Choice is designed for children under age nineteen (19) with low to moderate needs and whose families provide most of the care and support. But if a crisis situation develops and additional supports are warranted, there are crisis provisions designed to meet the needs of families on a case-by-case basis.

9. I've waited several years for community services. If I accept Children's Choice instead of the NOW, do I lose the opportunity to get the NOW if my child's needs change?

If a child's needs significantly change and the crisis or non-crisis designation is met, the child's name would be returned to the Request for Services Registry with the child's original request date. There is also an administrative appeal process for families who request and are denied either crisis or non-crisis designation. Additionally, once your child turns age nineteen (19), and continues to meet the eligibility criteria, your child would transfer to an appropriate adult Waiver.

10. If I take Children's Choice and my child's name comes up for DD Waiver services on the DD RFSR before he/she reaches age nineteen (19) can I transfer to the NOW?

It depends on whether or not crisis or non-crisis designations are met.

11. What are the non-crisis provisions?

The non-crisis provisions allow Children's Choice Waiver participants to have their names restored to the Request for Services Registry for the NOW. Names are restored to the registry in original date order, when all of the following four (4) criteria are met:

- The recipient would benefit from services through the NOW which are not available through his/her current waiver or through Medicaid State Plan Services; AND
- The recipient would qualify for those services under the standards utilized for approving and denying services to the NOW participants; AND
- There has been a change in circumstances since his or her enrollment in the Children's Choice Waiver causing these other services to be more appropriate.

A change in the recipient's medical condition is not required. A change in circumstances can include the loss of in-home assistance through a caretaker's decision to take on or increase employment, or to obtain education or training for employment. The temporary absence of a caretaker due to a vacation is not considered "good cause"; AND

- The recipient's request date for the NOW has passed on the Request for Services Registry.

Re-adding the recipient to the DD RFSR will allow him or her to be placed in the next available waiver slot that will provide appropriate services provided the individual is still eligible when the slot becomes available.

12. If a crisis occurs and additional services are needed beyond the cap, how long will it take to access those services?

When the crisis occurs, the family should contact the support coordination agency to convene the team to evaluate the need and to request approval of the needed services.

13. What happens when my child reaches age nineteen (19), and Children's Choice benefits expire?

Once your child turns age nineteen (19), and continues to meet the eligibility criteria, your child would transfer to an appropriate adult waiver. Approximately ninety (90) days before your child turns nineteen (19), this eligibility and transfer process would begin.

14. I've been told that some of the \$16,660 is used for mandatory support coordination. Can I forgo these services and instead use these funds to purchase additional community-based services?

No, support coordination is a Children's Choice Waiver service. The support coordination agency is responsible for development of the comprehensive plan of care and assuring the services your child needs are delivered. However, DHH/OCDD will continue to seek ways to make the support coordination requirement more flexible.

15. Are there any other services under Children's Choice that families/children are required to take or use in a specific amount of funding?

No. There are no other "required" services under Children's Choice.

16. How do I choose a support coordination agency?

Support Coordination agencies are selected from a "Freedom of Choice" list. This list is sent at the same time a Children's Choice Waiver offer is sent to the family.

17. Can families who accept Children's Choice for their child receive the funding directly, or through a fiscal intermediary, so they can recruit, hire or fire the in-home supporters? If not, why not and are there plans to include such an option?

This is not available at this time and would require an amendment approved by Centers for Medicare and Medicaid Services (CMS) to the Children's Choice Waiver.

18. How long does it take to get services once my child has been determined to be eligible?

The process works as follows:

- 1) The family accepts Children's Choice Services
- 2) A support coordinator is chosen and development of a Plan of Care (POC) begins
- 3) The child is determined eligible for the Children's Choice Waiver; and
- 4) The POC is approved.

The support coordinator then begins to implement the POC and arrange other necessary services.

19. How often is our family required to get an eligibility determination?

Re-certification is required annually, and the POC is renewed annually as well.

20. I've been told that the service limit cap of \$16,660 per year represents a decrease. Is this true?

Yes. The Department of Health and Hospitals (DHH) raised the yearly cap from \$7,500 to \$15,000 to \$17,000 per plan-of-care-year and as a result of a budgetary shortfall for fiscal year 2010-2011, the service cap was decreased to \$16,660 effective September 1, 2010.

21. If I have concerns about my service provider(s) or support coordinator, who should I call?

Call the OCDD toll-free help line at 1-866-783-5553.

22. If I accept Children's Choice, how will that affect the services I am receiving from other programs?

Regarding state funded programs, it is a case-by-case decision as to whether there would be an effect.

23. Can a family "stockpile" time for family supports such as respite or family support for use during holidays or summer vacation?

The Plan of Care (POC) determines the number of service hours a recipient can receive based on the individual's need. The POC should be flexible to meet the individual's needs, and if one's needs change, the POC can change, thus allowing the individual flexibility.

24. Will accepting Children's Choice affect my child's Supplemental Security Income (SSI) or the Medicaid services he receives now?

This acceptance should have no effect on other Medicaid state plan services. SSI would need to be contacted to see what effect it would have, as SSI is an individual determination.

25. What is considered "direct care"?

Direct care can be services and supports provided in a direct manner to the individual.

12/07/09