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**CHAPTER 14: CHILDREN’S CHOICE**

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**SECTION 14.0: OVERVIEW****PAGE(S) 4**

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### **OVERVIEW**

The Children's Choice (CC) Waiver is a Medicaid Home and Community-Based Services (HCBS) program that offers supplemental support to children with intellectual disabilities who currently live at home with their families, or who will leave an institution to return home. This waiver is unique in that it allows beneficiaries between the ages of birth through 20 years of age to receive a specified monetary amount annually in support services, including support coordination, within a service package individually designed for maximum flexibility. This waiver is an optional service that will be offered to as many children as funding allows. This waiver is operated by the Office for Citizens with Developmental Disabilities (OCDD) under the authorization of the Bureau of Health Services Financing (BHSF). Both OCDD and BHSF are agencies within the Louisiana Department of Health (LDH).

Support services to be provided are specified in the plan of Care (POC). The person-centered planning team, including support coordinators, service providers, family/guardians, and those who know the child best, develops this plan. The POC contains all services and activities involving the beneficiary, including non-waiver services as well as waiver support services. This waiver includes center-based respite, family support, environmental accessibility adaptations, support coordination, specialized medical equipment and supplies, aquatic therapy, art therapy, music therapy, sensory integration, hippotherapy/therapeutic horseback riding, housing stabilization services, housing stabilization transition services and family training. These services are provided as a supplement to all other medically necessary Medicaid services. Beneficiaries receive only those support services included in the POC which are approved by the local Human Services Authority or District.

Providers are responsible for complying with the requirements in Chapter 1, “General Information and Administration Provider Manual” of the Medicaid Services Manual. This manual is available on the Louisiana Medicaid website under the “Provider Manuals” tab. [www.lamedicaid.com/provweb1/Providermanuals/manuals/GIA/GIA.pdf](http://www.lamedicaid.com/provweb1/Providermanuals/manuals/GIA/GIA.pdf)

Beneficiaries have the choice of available support coordination and service provider agencies and are able to select enrolled qualified agencies through the freedom of choice process. Beneficiaries also have the right to request changes to the staff that support them. Children’s Choice Waiver services are accessed through the beneficiary’s support coordinator and are based on the individual needs and preferences of the beneficiary. A support team, which consists of the beneficiary, support coordinator, beneficiary’s authorized representative, appropriate professionals/service providers, and others whom the beneficiary chooses, is established to develop the beneficiary’s plan of care (POC) through a person centered planning process. The POC contains all services and activities involving the beneficiary, including non-waiver services as well as waiver support services. The completed POC is submitted to the Support Coordination Agency supervisor or

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**CHAPTER 14: CHILDREN'S CHOICE**

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**SECTION 14.0: OVERVIEW****PAGE(S) 4**

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Human Services Authority or District office for review and approval as designated in OCDD policy. All POCs approved by the Support Coordination Agency supervisor shall be submitted to the Human Services Authority or District office.

The Medicaid data contractor is responsible for the management of prior and post authorization of waiver services based on the information included in the approved POC and entered into the service provider data collection system. The LDH fiscal intermediary maintains a computerized claims processing system, with an extensive system of edits and audits, for payment of claims to providers.

**NOTE:** While the following settings are appropriate for HCBS services, minor children are subject to parental authority.

1. Participants receiving any CC services are expected to be integrated in and have full access to the greater community while receiving services, as well as have opportunities to seek employment and work in competitive integrated settings. Additionally, participants have the right to control their personal resources, engage in community life, and receive services in the community to the same degree of access as individuals not receiving home and community based services;
2. The setting is selected by the participant from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board;
3. The setting ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint, including the right to respectful interactions and privacy in both residential and non-residential settings;
4. The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact;
5. Participants have choice regarding services and supports, and who provides them;
6. Participants can control their own schedule and activities, including access to food at any time to the same extent as individuals who are not receiving Medicaid home and community based services;

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**CHAPTER 14: CHILDREN'S CHOICE**

---

**SECTION 14.0: OVERVIEW****PAGE(S) 4**

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7. Participants are able to have visitors of their choosing at any time to the same extent as individuals who are not receiving Medicaid home and community based services;
8. The setting where services are provided must be physically accessible to the individual such that all areas of normal access are not restricted; and
9. Residential settings owned or controlled by the provider must also meet the following requirements:
  - a. The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law;
  - b. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. Individuals in provider owned or controlled residential settings shall have privacy in their living or sleeping unit;
  - c. Individuals sharing units have a choice of roommates in that setting; and
  - d. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.

This chapter specifies the requirements for reimbursement for services provided through an approved waiver of the Title XIX regulations. This document is a combination of federal and state laws and LDH policy that provide support to such individuals.

These regulations are established to assure minimum compliance under the law, equity among those served, provision of authorized services, and proper fund disbursement. Should a conflict exist between chapter material and pertinent laws or regulations governing the Louisiana Medicaid Program, the latter will take precedence.

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**CHAPTER 14: CHILDREN’S CHOICE**

---

**SECTION 14.0: OVERVIEW****PAGE(S) 4**

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This chapter is intended to give a CC provider the information needed to fulfill its vendor contract with the State of Louisiana, and is the basis for federal and state reviews of the program. Full implementation of these regulations is necessary for a provider to remain in compliance with federal and state laws and LDH rules.

OCDD is responsible for assuring provider compliance with regulations of this waiver. The LDH Health Standards Section (HSS) determines compliance with state licensing requirements for respite and family support services under the definition of this waiver.