COVERED SERVICES

The array of services described below is provided under Louisiana Children's Choice (CC) waiver program in accordance with the plan of care (POC), in addition to all regular Medicaid State Plan services. This person-centered plan is designed cooperatively by the support coordinator, the beneficiary, and members of the beneficiary's support network, which may include family members, service providers, appropriate professionals, and other individuals who best know the beneficiary. The POC should include all paid and unpaid services that are necessary to support the beneficiary in their home and promote greater independence.

Beneficiaries must receive at least one CC waiver service every 30 days. The cost of waiver services, including support coordination and the administrative fees for the self-direction option, if selected, cannot exceed the annual service cap. (See Appendix E for service cap and rate information.) Within the annual service cap, the beneficiary and family, together with the support coordinator, will have the flexibility within the scope of the waiver to select the type and amount of services consistent with the beneficiary's health and welfare needs. This annual cap refers to the cost of approved services provided during the 12-month period addressed in the beneficiary's POC. This limit is not defined by waiver, calendar, or state fiscal year, but rather by the specific 12-month period during which the approved POC is in effect. Should the POC be amended during the 12-month period, the annual service cap continues to apply for the duration of the original 12 months.

CC services may be utilized to supplement Early and Periodic Diagnostic, Screening and Treatment (EPSDT) services that are prior approved as medically necessary.

CC services cannot be provided in a school setting. Services provided through a program funded under the Individuals with Disabilities Education Act (IDEA) must be utilized before accessing CC therapy services.

Support Coordination

Support coordination consists of the coordination of supports and services that will assist beneficiaries who receive CC waiver services in gaining access to needed waiver and Medicaid services, as well as other needed medical, social, educational and other services, regardless of the funding source. Beneficiaries/families choose a support coordination agency through the Freedom of Choice (FOC) listing provided by the Medicaid data contractor upon acceptance of a waiver opportunity. The support coordinator is responsible for convening the person-centered planning team comprised of the beneficiary, beneficiary's family, direct service providers, medical and social work professionals, as necessary, and advocates, who assist in determining the appropriate supports and strategies to meet the beneficiary's needs and preferences. The support coordinator

shall be responsible for the ongoing coordination and monitoring of supports and services included in the beneficiary's POC.

Family Support Services

Family support services are defined as direct support and assistance provided to a beneficiary in their home or in the community that allow the beneficiary to achieve and/or maintain increased independence, productivity, enhanced family functioning, and inclusion in the community to the same degree as individuals without disabilities. These services are provided by a personal care attendant and enable a family to keep their child or family member with a developmental disability at home. Services may be provided in the child's home or outside of the child's home in such settings as after school programs, summer camps, or other settings as specified in the approved POC. Family support services may not be provided in the following locations:

1. Direct service worker's (DSW) residence, regardless of the relationship, unless the worker's residence is a certified foster care home;

2. Hospital once the beneficiary has been admitted;

3. Licensed congregate setting which includes licensed intermediate care facilities for the Intellectually Disabled (ICFs/IID), community homes, center-based respite facilities and day habilitation programs;

4. Outside the state of Louisiana, but within the United States or its territories, unless there is a documented emergency or a time-limited exception which has been prior approved by the local governing entity (LGE) and included in the beneficiary's POC; or

5. Outside the United States or territories of the United States.

Family support services include assistance and/or prompting with eating, bathing, dressing, personal hygiene, and essential housekeeping incidental to the care of the child. Housekeeping chores such as bed making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the child rather than the beneficiary's family may be provided. Services may be provided without the parent or legal guardian present. This service may include assistance with the preparation of the beneficiary's meals, but does not include the cost of the meals themselves. Medication may only be administered when the DSW has received the required training pursuant to R.S. 37:1031-1034.

Family support services also include assistance with participation in activities to maintain and strengthen existing informal and natural support networks in the community, including transportation to those activities.

Family members who provide family support services must meet the same standards of service, training requirements, and documentation requirements as caregivers who are unrelated to the participant. Service hours shall be capped at 40 hours per week, Sunday to Saturday, for services delivered by each staff living in the home.

Legally responsible individuals (such as a parent or spouse) and legal guardians may provide family support services for their own child, provided that the care is extraordinary in comparison to that of a child of the same age without a disability and the care is in the best interest of the child. Legally responsible individuals and legal guardians may not provide family support services delivered through self-direction.

NOTE: The provider is not allowed to charge the beneficiary, their family member or others a separate fee for transportation, as transportation is included in the rate paid to the direct service provider with no specified mileage limit.

Personal care attendant provider agencies must meet state licensure requirements.

NOTE: CC family support services may be performed the same day as EPSDT personal care services (PCS) but not at the same time. When this occurs, records must reflect the services performed in a detailed manner for monitoring purposes. Family support service requires prior authorization from the Office for Citizens with Developmental Disabilities (OCDD). PCS is prior authorized by the Medicaid fiscal intermediary. (See Appendix D for information about differences between these programs).

CC family support services cannot be provided on the same day at the same time as any other CC waiver service except for the following:

1. Environmental accessibility adaptations;
2. Family training;
3. Specialized medical equipment and supplies; or
4. Support coordination.

The use of the electronic visit verification (EVV) system is mandatory for family support services. The EVV system requires the electronic check in/out in the Louisiana Services Reporting System (LaSRS®) or another EVV system approved by the Bureau of Health Services Financing (BHSF) and OCDD.

Center-Based Respite Care

Center-based respite care is a service provided to beneficiaries unable to care for themselves, and is furnished on a temporary/short-term basis due to the absence or need for relief of those persons normally providing the care (e.g., sudden emergencies, vacations, etc.). This service must be provided in a licensed home and community-based services (HCBS) center-based respite care facility according to the HCBS Provider's Minimum Licensing Standards. Services are provided according to a POC that takes into consideration the specific needs of the person.

Center-based respite care shall not exceed 30 consecutive days without approval by OCDD.

Environmental Accessibility Adaptations

Environmental accessibility adaptations are physical adaptations to the home or vehicle. They are provided when required by the beneficiary's POC, as necessary to assure the health, safety and welfare of the beneficiary or which enable the beneficiary to function with greater independence in the community, and without which the beneficiary would require additional supports or institutionalization.

Adaptations to the home may include:

1. Installation of ramps (portable or fixed);
2. Grab-bars;
3. Handrails;
4. Widening of doorways;
5. Modification of bathroom facilities, which are necessary for the health and welfare of the beneficiary; or
6. Installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the beneficiary.

Adaptations to the vehicle may include the following:

1. Van lift; or
2. Other adaptations to make the vehicle accessible to the beneficiary.

All environmental accessibility adaptation providers must be registered through the Louisiana State Licensing Board for Contractors as a home improvement contractor, with the exception of providers of vehicle adaptations. When required by state law, the person performing the service, such as building contractors, plumbers, electricians, or engineers, must meet applicable requirements for professional licensure and modifications to the home and all applicable building code standards.

Providers of environmental accessibility adaptations to vehicles must be licensed by the Louisiana Motor Vehicle Commission as a specialty vehicle dealer and accredited by the National Mobility Equipment Dealers Association under the Structural Vehicle Modifier category.

The following are excluded:

1. Adaptations which add to the total square footage of the home;

2. Purchase or lease of a vehicle;

3. Regularly scheduled upkeep and maintenance of a vehicle (except upkeep and maintenance of the vehicle modification);

4. Adaptations to a vehicle that belongs to someone other than the beneficiary or the beneficiary's family;

5. Car seats;

6. Adaptations or improvements to the home or vehicle that are of general utility, and are not of direct medical or remedial benefit to the beneficiary, such as:

    a. Flooring (carpeting, wood, vinyl, tile, stone, marble, etc.);

    b. Roof repair;

    c. Interior or exterior walls not directly affected by an adaptation;

    d. Central air conditioning; or

    e. Fences; etc.

7. Fire alarms, smoke detectors, and fire extinguishers; and

8. Whole home electrical generators.

Home modification funds are not intended to cover basic construction costs. For example, in a new facility, a bathroom is already part of the building cost. Waiver funds can be used to cover the difference between constructing a bathroom and building an accessible or modified bathroom.

A written, itemized, detailed bid, including drawings with the dimensions of the existing and proposed floor plans relating to the modification, must be obtained and submitted for prior authorization.

It is the support coordinator's responsibility to include Environmental Accessibility Adaptations in the POC or a POC revision request if this service is needed and requested by the beneficiary/family.

The support coordinator must assist the beneficiary in completing the Environmental Accessibility Adaptation Job Completion form and any other associated documentation to request prior authorization. (See Appendix D for information on obtaining a copy of this form). The LGE must approve the request, prior to any work being initiated.

The environmental accessibility adaptation(s), whether from an original claim, corrected claim, resubmit or revision to the POC, must be accepted by the beneficiary/authorized representative, fully delivered, installed, operational, and completed in the current POC year in which it was approved. Payment will not be authorized until the support coordinator has received written documentation that demonstrates the job is completed to the satisfaction of the beneficiary.

Upon completion of the work and prior to payment, the provider must give the beneficiary a certificate of warranty for all labor and installation, and all warranty certificates from manufacturers. The warranty for labor and installation must cover a period of at least six (6) months.

Excluded are those durable and non-durable items that are available under the Medicaid State Plan. Support coordinators must pursue and document all alternate funding sources that are available to the beneficiary before submitting a request for approval to purchase an Environmental Accessible Adaptation. To avoid delays in service provisions/implementation, the support coordinator should be familiar with the process for obtaining DME through the Medicaid State Plan.

Specialized Medical Equipment and Supplies

Specialized medical equipment and supplies are devices, controls, or appliances, as specified in the POC, that enable beneficiaries to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This 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. The provider must be enrolled as a Medicaid waiver provider.

Technology Supports with Remote Features

Medication Reminder System (MERS): an electronic device programmed to remind the 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 an RN in the absence of a parent or authorized representative. An RN must fill a pillbox unless there is a parent or guardian that can fill it. 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 assure 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).

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

Specialized medical equipment and supplies may be used for routine maintenance or repair of specialized equipment such as:

1. Sip and puffer switches;

2. Other specialized switches; and

3. Voice-activated, light-activated, or motion-activated devices to access the beneficiary's environment.

Excluded are those specialized equipment and supplies that are not of direct medical or remedial benefit to the beneficiary such as, but not limited to the following:

1. Appliances (washer, dryer, stove, dishwasher, vacuum cleaner, etc.);

2. Swimming pools, hot tubs, etc.;

3. Personal computers and software;

4. Daily hygiene products;

5. Rent subsidy;
6. Food;
7. Bed linens (pillows, sheets, etc.);
8. Exercise equipment, athletic shoes;
9. Adaptive toys, recreation equipment (swing set, etc.);
10. Taxi fares, bus passes (intrastate or interstate), etc.;
11. Pagers and telephones, including monthly service;
12. Home security systems, including monthly service;
13. Durable and non-durable items available under the Medicaid State Plan; and
14. Whole home electrical generators.

All items must meet applicable requirements for manufacturing, design and installation of technological equipment and supplies.

The support coordinator must pursue and document all alternate funding sources that are available to the beneficiary before submitting a request for approval to purchase or lease specialized medical equipment and supplies.

Family Training

Family training consists of formal instruction offered through training and education for the families of beneficiaries served by the CC Waiver. This training and education must be conducted by professional organizations or practitioners who offer education or training appropriate to the needs of the child. For purposes of this service only, "family" is defined as persons who live with or provide care to a beneficiary in by the CC Waiver and may include a parent, step-parent, grandparent, sibling, legal guardian, spouse, in-law or foster family.

Family training must be prior approved and incorporated in the POC. Requests for this service must be made on the Family Training request form. (See Appendix D for information on obtaining a copy of this form).

Payment for family training services includes coverage of registration and training fees associated with formal instruction in areas relevant to the beneficiary's needs as identified in the POC.

Payment is not available for the costs of travel, meals and overnight lodging to attend a training event or conference or for the beneficiary to attend the training.

All services provided through programs funded under the Individual with Disabilities Education Act (IDEA) [20 U.S.C. 1401 *et seq*.] must be utilized before accessing this service.

Professional Services Providers

Professional services are direct services to beneficiaries based on need that may be utilized to increase the beneficiary's independence, participation and productivity in the home and community. Service intensity, frequency and duration will be determined by individual need. Professional services include the following:

1. Aquatic therapy;
2. Art therapy;
3. Music therapy;
4. Sensory integration; and
5. Hippotherapy/therapeutic horseback riding.

State Plan services must be accessed prior to professional services in this waiver. Professional services must be delivered with the beneficiary present and in accordance with the POC.

Providers of professional services must maintain adequate documentation to support service delivery and compliance with the approved POC. Documentation must be available at the Louisiana Department of Health's (LDH's) request.

Aquatic Therapy

Aquatic therapy uses the resistance of water to rehabilitate a beneficiary with:

1. A chronic illness;
2. Poor/lack of muscle tone; or
3. A physical injury/disability.

Aquatic therapy should not be used when a beneficiary is feverish, has an infection, or is bowel/bladder incontinent.

Art Therapy

Art therapy is used to:

1. Increase awareness of self and others;
2. Cope with symptoms, stress and traumatic experiences;
3. Enhance cognitive abilities; and
4. As a mode of communication and enjoyment of the life-affirming pleasure of making art.

Art therapy may be provided individually or with others in groups of two to three or in groups of four or more individuals per session.

Music Therapy

Music therapy is used to help beneficiaries improve their cognitive functioning, motor skills, emotional and affective development, behavior and social skills and their quality of life. Music therapy may be provided individually or with others in groups of two to three or in groups of four or more individuals per session.

Sensory Integration

Sensory integration is used to improve the way the brain processes and adapts to sensory information as opposed to teaching specific skills. Sensory integration involves activities that provide vestibular (balance/motion), proprioceptive (visual/sight) and tactile (touch) stimuli which are selected to match specific sensory processing deficits of the beneficiary.

Hippotherapy/Therapeutic Horseback Riding

Hippotherapy/therapeutic horseback riding is used to promote the use of the movement of the horse as a treatment strategy in physical, occupational and speech-language therapy sessions for people living with disabilities. The movement of the horse provides physical and sensory input which is variable, rhythmic and repetitive. Equine movement coerces the beneficiary to use muscles and body systems in response to movement of the horse.

Hippotherapy

Hippotherapy improves muscle tone, balance, posture, coordination, motor development as well as motor planning that can be used to improve sensory integration and attention skills. Hippotherapy must be ordered by a physician with implementation of service, treatment strategies and goals developed by a licensed therapist. Services must be included in the beneficiary's POC.

Specially trained therapy professionals evaluate each potential beneficiary on an individual basis to determine the appropriateness of including hippotherapy as a treatment strategy. Hippotherapy sessions are one-on-one with a licensed physical therapist, speech therapist or occupational therapist who works closely with the horse professional in developing treatment strategies.

The licensed therapist must be present during the hippotherapy sessions.

Therapeutic Horseback Riding

Therapeutic horseback riding teaches riding skills and improves neurological function and sensory processing. Therapeutic horseback riding must be ordered by a physician with implementation of service, treatment strategies and goals developed by a licensed therapist. Services must be included in the beneficiary's POC.

Therapeutic horseback riding therapy sessions do not require the licensed therapist to be present during the session and may be provided one-on-one or in groups up to four individuals per session.

Housing Stabilization Transition and Housing Stabilization Services

Housing stabilization transition and housing stabilization services are provided by permanent supportive housing agencies that are listed as a provider of choice on the FOC form. These services are only available upon referral from the support coordinator for beneficiaries who are residing in a state of Louisiana permanent supportive housing unit, or who are linked for the state of Louisiana permanent supportive housing selection process.

These services are not duplicative of other waiver services, including support coordination. Beneficiaries may not exceed a combination of 165 units of housing stabilization transition and housing stabilization services per POC year without written approval from OCDD.

NOTE: Payment will not be authorized for these services until the LGE gives final POC approval.

Housing Stabilization Transition Services

Housing stabilization transition services enable beneficiaries who are transitioning into a permanent supportive housing unit, including those transitioning from institutions, to secure their

own housing. This service is provided while the beneficiary is in an institution and preparing to exit the institution using the waiver. This service includes the following components:

1. Conducting a housing assessment to identify the beneficiary's preferences related to housing (e.g., type, location, living alone or with someone else, accommodations needed, and other important preferences), and their needs for support to maintain housing, including:

    a. Access to housing;

    b. Meeting the terms of a lease;

    c. Eviction prevention;

    d. Budgeting for housing/living expenses;

    e. Obtaining/accessing sources of income necessary for rent;

    f. Home management;

    g. Establishing credit; and

    h. Understanding and meeting the obligations of tenancy as defined in the lease terms.

2. Assisting the beneficiary to view and secure housing as needed, which may include arranging for and providing transportation;

3. Assisting the beneficiary to secure supporting documents/records, completing/submitting applications, securing deposits, and locating furnishings;

4. Developing an individualized housing support plan based upon the housing assessment that:

    a. Includes short and long term measurable goals for each issue;

    b. Establishes the beneficiary's approach to meeting the goal; and

    c. Identifies where other provider(s) or services may be required to meet the goal.

5. Participating in the development of the POC and incorporating elements of the housing support plan; and

6. Exploring alternatives to housing if permanent supportive housing is unavailable to support completion of the transition.

Housing Stabilization Services

Housing stabilization services enable waiver beneficiaries to maintain their own housing as set forth in the beneficiary's approved POC. Services must be provided in the home or a community setting. This service includes the following components:

1. Conducting a housing assessment to identify the beneficiary's preferences related to housing (e.g., type, location, living alone or with someone else, accommodations needed, and other important preferences), and their needs for support to maintain housing, including:

    a. Access to housing;

    b. Meeting the terms of a lease;

    c. Eviction prevention;

    d. Budgeting for housing/living expenses;

    e. Obtaining/accessing sources of income necessary for rent;

    f. Home management;

    g. Establishing credit; and

    h. Understanding and meeting the obligations of tenancy as defined in the lease terms.

2. Participating in the development of the POC and incorporating elements of the housing support plan;

3. Developing an individualized housing stabilization service provider plan based upon the housing assessment that:

    a. Includes short and long term measurable goals for each issue;

b. Establishes the beneficiary's approach to meeting the goal; and

c. Identifies where other provider(s) or services may be required to meet the goal.

4. Providing supports and interventions according to the individualized housing support plan;

5. Providing ongoing communication with the landlord or property manager regarding the beneficiary's disability, accommodations needed, and components of emergency procedures involving the landlord or property manager;

6. Updating the housing support plan annually or as needed due to changes in the beneficiary's situation or status; and

7. Providing supports to retain housing or locate and secure housing to continue community-based supports if the beneficiary's housing is placed at risk (e.g., eviction, loss of roommate or income). This includes locating new housing, sources of income, etc.

Crisis and Non-Crisis Provisions

Crisis Provision

A crisis is defined as a catastrophic change in circumstances rendering the natural and community support system unable to provide for the health and welfare of the child at the level of benefits offered under the Children's Choice program. Crisis designation is time limited, depending on the anticipated duration of the causative event. Each request for crisis designation may be approved for a maximum of three months or until the annual POC date, not to exceed 12 months. To be considered a crisis, one of the following must apply:

1. Caregiver dies and there are no other supports (i.e., other family) available;

2. Caregiver becomes incapacitated and there are no other supports (i.e., other family) available;

3. Child is committed by court to the custody of the Louisiana Department of Health (LDH);

4. Other family crisis with no care giver support available, such as abuse/neglect, or a second person in the household becomes disabled and must be cared for by same

care giver, causing inability of the natural care giver to continue necessary supports to assure health and welfare; or

5. Physician's documentation of deterioration of the child's condition to the point the POC is inadequate.

NOTE: The Children's Choice Waiver has an annual capped amount. Therefore, planning is crucial in determining the services the family chooses to access during the POC year. **Use of all the funds for a planned service (e.g. Environmental Accessibility Adaptation, etc.) does not constitute a crisis designation request to exceed the annual service cap for other services the family needs for the remaining POC year.**

Process for Determining Qualification for Crisis Designation

The family contacts the support coordinator who convenes the person-centered planning team to develop a plan for addressing the change in needs.

The support coordinator is required to exhaust all possible natural and community supports and resources available to the child and family prior to submitting a Request for Crisis Designation form to the LGE and submit supporting documentation that resources were researched and unable to be utilized. (See Appendix D for information on obtaining a copy of this form). The support coordinator will contact the LGE for intervention.

If it is determined that there are insufficient natural or community supports available, the support coordinator will complete the "Request for Crisis Designation" form and supporting documentation and submit to the LGE for priority consideration and recommendation. A POC revision must accompany the request for crisis supports, with resource exploration and availability as well as a financial assistance summary attached.

The LGE will:

1. Review the request immediately upon receipt to determine if all possible natural and community resources have been explored;

2. Determine if a new North Carolina – Support Needs Assessment (NC-SNAP) or Health Risk Assessment Tool (HRST) is needed;

3. Make a recommendation regarding support(s) needed and the expected duration of the crisis; and

4. Forward the "Request for Crisis Designation" form and supporting documentation to OCDD for final determination.

OCDD will take the following action:

1. Review the request and the LGE's recommendations;

2. Make a final determination within 48 hours (two business days) of receipt; and

3. Notify the LGE of the determination.

Provisions of a Crisis Designation

Additional services (crisis support) outside the waiver cap amount may be approved by the OCDD.

Crisis designation is time limited, depending on the anticipated duration of the causative event. Each "Request for Crisis Designation" may be approved for a maximum of three months initially, and for subsequent periods of up to three months, not to exceed twelve months total or up to the annual POC date.

When the crisis designation (i.e. situation meets crisis designation requirements) is extended at the end of the initial duration (or at any time thereafter), the family may request the option of returning the child's name to the original request date on the Request for Services Registry (RFSR) when it is determined that the loss of care giver and lack of natural or community supports will be long-term or permanent. OCDD will make this final determination.

Eligibility and services through Children's Choice shall continue as long as the child meets eligibility criteria.

Non-Crisis Provision

Determining Non-Crisis Designation

In addition to satisfying crisis provisions, a beneficiary may also be allowed to restore his or her name to the RFSR in original date order in a "non-crisis provision - other good cause criteria" when all of the following four criteria are met:

1. Beneficiary would benefit from services, that are available through another developmental disabilities waiver, which are not available through their current waiver or through Medicaid State Plan Services;

2. Beneficiary would qualify for those services, under the standards utilized for approving and denying services to the developmental disabilities waiver beneficiaries;

3. There has been a change in circumstances, since his or her enrollment in the Louisiana Children's Choice waiver causing these other services to be more appropriate. A change in the beneficiary's medical condition is not required. A change in circumstance 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

4. The person's request date for the developmental disabilities waiver has been passed on the RFSR.

Adding the beneficiary back to the RFSR will allow him/her to be placed in the next available waiver slot that will provide the appropriate services provided the beneficiary is still eligible when the slot is available.

A beneficiary's being added back to the RFSR does not require that LDH immediately offer him/her a waiver slot if all slots are filled. It does not require that LDH make available to this beneficiary a slot for which another beneficiary is being evaluated even if the other beneficiary was originally placed on the RFSR on a later date.

Waiver services will not be terminated due to the fact that a beneficiary's name is re-added to the registry for "good cause." The burden of proof for demonstrating "good cause" (non-crisis provision) is the responsibility of the beneficiary.

If another developmental disability waiver would provide the beneficiary with the services at issue, LDH may enroll the beneficiary in any waiver that would provide the appropriate services as referenced in criteria for non-crisis provision/other good cause.

If a Children's Choice beneficiary's eligibility is terminated based on inability to assure health and welfare of the waiver beneficiary, LDH will restore the person to the RFSR for the developmental disabilities waiver in their original date order.

Under regulations and procedures applicable to Medicaid fair hearings, Children's Choice beneficiaries have the right to appeal any determination of LDH as set forth in the non-crisis provisions.

Process for Non-Crisis/Other Good Cause Designation

The family contacts the support coordinator who convenes the person-centered planning team to establish non-crisis designation and address the change in needs. The support coordinator will contact the LGE for intervention. If it is determined that a non-crisis/other good cause has been fulfilled, the support coordinator will complete the Request for Non-Crisis/Other Good Cause form and submit it with supporting documentation to the LGE for consideration and recommendation.

(See Appendix D for information on obtaining a copy of this form). A POC revision must accompany the request for non-crisis/other good cause provision.

The LGE will:

1. Review the request to determine that all four of the criteria have been met;

2. Make a recommendation; and

3. Forward the request form, with any supporting documentation to OCDD for final determination.

OCDD will take the following action:

1. Review the request, the LGE's recommendations and any supporting documentation;

2. Make a final determination as to whether the individual's name will be returned to DDRFSR; and

3. Notify the LGE of the recommendations.