
CHAPTER 14: CHILDREN'S CHOICE

SECTION 14.1: COVERED SERVICES**PAGE(S) 9**

COVERED SERVICES

The array of services described below is provided under Louisiana Children's Choice 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 recipient, and members of the recipient's support network, which may include family members, service providers, appropriate professionals, and other individuals who know the recipient best. The plan should contain all paid and unpaid services that are necessary to support the recipient in his/her home and promote greater independence.

Recipients must receive at least one Louisiana Children's Choice Waiver service every 30 days. The cost of waiver services including support coordination provided under Louisiana Children's Choice cannot exceed the annual service cap. (See Appendix E for service cap and rate information.) Within the annual service cap, the recipient 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 recipient's health and welfare needs. This annual cap refers to the cost of approved services provided during the 12-month period addressed in the recipient's POC. This limit is not defined by waiver year, calendar year or state fiscal year, but rather by the specific 12-months 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.

Support Coordination

Support coordination consists of the coordination of supports and services that will assist recipients who receive Louisiana Children's Choice Waiver services in gaining access to needed waiver and other Medicaid services, as well as needed medical, social, educational and other services, regardless of the funding source. Recipients/families choose a support coordination agency through the Freedom of Choice 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 recipient, recipient'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 recipient's needs and preferences. The support coordinator shall be responsible for the ongoing coordination and monitoring of supports and services included in the recipient's POC.

Family Support Services

Family support services are provided by a personal care attendant that enables a family to keep their child or family member with a developmental disability at home and also enhances family functioning. Services may be provided in the child's home or outside of the child's home in such

CHAPTER 14: CHILDREN'S CHOICE

SECTION 14.1: COVERED SERVICES**PAGE(S) 9**

settings as after school programs, summer camps, or other places as specified in the approved POC.

Family support includes 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 recipient's family may be provided. Services may be provided without the parent or legal guardian present. This service may include assistance with preparation of meals, but does not include the cost of the meals themselves. Medication can be administered under a physician's delegation.

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

NOTE: The provider is not allowed to charge the recipient, his/her 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: Louisiana Children's Choice family support services may be performed the same day as EPSDT Personal Care Services (PCS). When this occurs, recipient 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 chart on information about differences between these programs)

Center-Based Respite Care

Center-based respite care is a service provided to recipients 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. This service must be provided in a licensed center-based respite care facility. Services are provided according to a POC that takes into consideration the specific needs of the person.

Environmental Accessibility Adaptations

Environmental accessibility adaptations are physical adaptations to the home or vehicle. They are provided when required by the recipient's POC, as necessary to assure the health, welfare and safety of the recipient or which enable the recipient to function with greater independence in

CHAPTER 14: CHILDREN'S CHOICE

SECTION 14.1: COVERED SERVICES**PAGE(S) 9**

the community, and without which the recipient would require additional supports or institutionalization.

Adaptations to the home may include:

- Installation of ramps (portable or fixed),
- Grab-bars,
- Handrails,
- Widening of doorways,
- Modification of bathroom facilities, which are necessary for the health and welfare of the recipient, or
- 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 recipient.

Adaptations to the vehicle may include:

- A van lift or
- Other adaptations to make the vehicle accessible to the recipient.

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:

- Adaptations which add to the total square footage of the home,

CHAPTER 14: CHILDREN'S CHOICE

SECTION 14.1: COVERED SERVICES**PAGE(S) 9**

- Adaptations or improvements to the home or vehicle that are of general utility, and are not of direct medical or remedial benefit to the recipient, such as
 - Flooring (carpeting, wood, vinyl, tile, stone, marble, etc.)
 - Roof repair,
 - Interior or exterior walls not directly affected by an adaptation,
 - Central air conditioning, or
 - Fences, etc.
- Fire alarms, smoke detectors, and fire extinguishers.

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 recipient/family.

The support coordinator must assist the recipient 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 OCDD Regional Waiver Supports and Services Office or Human Services Authority or District 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 recipient/family, fully delivered, installed, operational, and completed in the current POC year in which it was approved. Payment will not be authorized until written documentation which demonstrates that the job is completed to the satisfaction of the recipient has been received by the support coordinator.

Upon completion of the work and prior to payment, the provider shall give the recipient 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 months.

CHAPTER 14: CHILDREN'S CHOICE

SECTION 14.1: COVERED SERVICES**PAGE(S) 9**

Excluded are those durable and non-durable items that are available under the Medicaid State Plan. Support coordinators shall pursue and document all alternate funding sources that are available to the recipient 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.

Family Training

Family training consists of formal instruction offered through training and education for the families of recipients served by the Children's Choice 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 unpaid persons who live with or provide care to a person served by the Children's Choice Waiver and may include a parent, step-parent, grandparent, sibling, legal guardian or foster family.

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 recipient'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.

Crisis and Non-Crisis Provisions

Families must choose either to accept a slot in Louisiana's Children's Choice Waiver or to remain on the RFSR. This is an individual decision based on a family's current circumstances. A family who chooses Children's Choice may later experience a crisis in circumstances that increases the need for paid supports to a level that cannot be accommodated within the cap on waiver expenditures.

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. To be considered a crisis, one of the following must apply:

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

CHAPTER 14: CHILDREN'S CHOICE

SECTION 14.1: COVERED SERVICES

PAGE(S) 9

- Caregiver becomes incapacitated and there are no other supports (i.e., other family) available,
- Child is committed by court to the custody of the Department of Health and Hospitals (DHH),
- 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
- Physician's documentation of deterioration of the child's condition to the point the POC is inadequate.

NOTE: The 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) 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 OCDD Regional Waiver Supports and Services Office or Human Services Authority or District 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 OCDD Regional Waiver Supports and Services Office or Human Services Authority or District 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 OCDD Regional Waiver Supports and Services Office or Human Services Authority or District 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 OCDD Regional Waiver Supports and Services Office or Human Services Authority or District will:

CHAPTER 14: CHILDREN’S CHOICE

SECTION 14.1: COVERED SERVICES**PAGE(S) 9**

- Review the request immediately upon receipt to determine if all possible natural and community resources have been explored,
- Determine if a new North Carolina – Support Needs Assessment (NC-SNAP) or Health Risk Assessment Tool (HRST) is needed,
- Make a recommendation regarding support(s) needed and the expected duration of the crisis, and
- Forward the “Request for Crisis Designation” form and supporting documentation to the OCDD central office for final determination.

The OCDD central office will:

- Review the request and the OCDD Regional Waiver Supports and Services Office or Human Services Authority or District’s recommendations,
- Make a final determination within 48 hours (two business days) of receipt, and
- Notify the OCDD Regional Waiver Supports and Services Office or Human Services Authority or District of the determination.

Provisions of a Crisis Designation

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

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 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 central office will make this final determination.

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

CHAPTER 14: CHILDREN'S CHOICE

SECTION 14.1: COVERED SERVICES**PAGE(S) 9**

Non-Crisis Provision**Determining Non-Crisis Designation**

In addition to satisfying crisis provisions, a recipient may also be allowed to restore his or her name to the RFSR for the New Opportunities Waiver (NOW) in original date order in a “non-crisis provision - other good cause criteria” when all of the following four criteria are met:

- The recipient would benefit from services, that are available 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 recipients, **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 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**
- The person's request date for the NOW has been passed on the RFSR.

Adding the recipient 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 recipient is still eligible when the slot is available.

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

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

If another developmental disability waiver would provide the recipient with the services at issue, DHH may enroll the recipient 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 recipient's eligibility is terminated based on inability to assure health and

CHAPTER 14: CHILDREN'S CHOICE

SECTION 14.1: COVERED SERVICES**PAGE(S) 9**

welfare of the waiver recipient, DHH will restore the person to the RFSR for the NOW in his/her original date order.

Under regulations and procedures applicable to Medicaid fair hearings, Children's Choice recipients have the right to appeal any determination of DHH 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 OCDD Regional Waiver Supports and Services Office or Human Services Authority or District 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 OCDD Regional Waiver Supports and Services Office or Human Services Authority or District 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 OCDD Regional Waiver Supports and Services Office or Human Services Authority or District will:

- Review the request to determine that all four of the criteria have been met,
- Make a recommendation, and
- Forward the request form, with any supporting documentation to OCDD central office for final determination.

The OCDD central office will:

- Review the request, the OCDD Regional Waiver Supports and Services Office or Human Services Authority or District's recommendations and any supporting documentation,
- Make a final determination as to whether the individual's name will be returned to RFSR, and
- Notify the OCDD Regional Waiver Supports and Services Office or Human Services Authority or District of the recommendations.