BENEFICIARY REQUIREMENTS

The Louisiana Children's Choice (CC) Waiver is only available to children who meet, and continue to meet, all of the following criteria:

1. Are from birth through age 20 years;

2. Have their name on the Request for Services Registry (RFSR);

3. Meet the Developmental Disability Law criteria as defined in Appendix A;

4. Meet the following financial and non-financial Medicaid eligibility criteria for home and community-based services (HCBS) waiver:

    a. Income is less than three times the Supplemental Security Income (SSI) amount for the child (excluding consideration of parental income);

    b. Resources are less than the SSI resource limit of $2,000 for a child (excluding consideration of parental resources);

    c. SSI disability criteria; and

    d. Social security number (SSN).

5. Meet intermediate care facility for individuals with intellectual disabilities (ICF/IID) level of care criteria which requires active treatment of a developmental disability under the supervision of a qualified developmental disability professional;

6. Meet citizenship requirement (U.S. citizen or qualified alien);

7. Be a Louisiana resident;

8. Have a plan of care (POC) that is sufficient to assure the health and welfare of the waiver applicant in order to be approved for waiver participation or continued participation; and

9. Justification in the POC that CC Waiver services are appropriate, cost effective, and represent the least restrictive environment for the beneficiary.

Children who reach their 18th birthday may choose to transition to the Supports Waiver if their primary goal is employment. Children who reach their 21st birthday while participating in the CC

Waiver will transition into an appropriate adult waiver as long as they remain eligible for waiver services.

Developmental Disabilities Request for Services Registry

Enrollment in CC Waiver services is dependent upon the number of approved and available funded waiver slots. Requests for waiver services are made through the applicant's local governing entity (LGE). Individuals who request waiver services are placed on a statewide RFSR and are selected for an Office of Citizens with Developmental Disabilities (OCDD) waiver opportunity based on their urgency of need and earliest registry date. Only requests from the applicant or their authorized representative will be accepted.

Once it has been determined by the LGE 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 date order and the applicant/family will be sent a letter stating the individual's name has been secured on the RFSR along with the original request (protected) date. The individual will then undergo a screening for urgency of need (SUN). Entry into an OCDD waiver will be offered to applicants from the RFSR by urgency of need and the earliest request for services date.

Verifying Screening for Urgency of Need and Request Date

Applicants or their authorized representatives may verify their SUN score and request date by calling their LGE. (See Appendix C of this manual chapter.)

Medical Certification Eligibility Requirements

Each applicant must meet a separate categorical requirement of disability as defined by the Social Security Administration (SSA). If the applicant does not receive SSI, a disability determination is required as part of the eligibility process. The support coordinator will submit medical information to the Bureau of Health Services Financing (BHSF). The disability determination is made by the BHSF medical eligibility determination team and ***is separate*** from the level of care determination made by the LGE for waiver service eligibility.

Application Process

A Medicaid eligibility application must be completed for all waiver applicants, including those already determined eligible under another category of Medicaid assistance such as Louisiana Children's Health Insurance Program (LaCHIP). Additional eligibility criteria (resources, transfer of resources, trusts) are applicable for the CC waiver, which may not apply in some other categories of Medicaid.

The support coordination agencies will provide intake services, i.e. interview the family, and assist in gathering medical and other information necessary for eligibility determination. The support coordination agency will then forward the completed application packet to the Medicaid eligibility office.

Once the completed financial eligibility packet is received in the Medicaid eligibility office, the Medicaid analyst will review the application and contact the applicant's family for any needed verification or clarifying information.

Simultaneously, the support coordinator will submit a packet to the appropriate LGE will make a home visit and issue a medical certification which is a BHSF form 142.

Once OCDD receives an approved BHSF Form 142 from the LGE and all other eligibility factors, have been met, the certification can be processed. When all eligibility criteria are met as of the admission date to the waiver, the effective certification date can be retroactive.

The initial certification period will be for twelve months, including any retroactive months of eligibility.

Level of Care

The CC Waiver is an alternative to institutional care. All waiver applicants must meet the definition of developmental disability (DD) as defined in Appendix A. The LGE will issue either a Statement of Approval (SOA) or a Statement of Denial (SOD). If a SOD is issued, the application stops and the person is removed from the RFSR after all appeals have been exhausted. Individuals who receive a statement of approval continue to move forward in the process.

The OCDD "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/IID. The 90-L form is submitted by the Medicaid data contractor at the time the initial waiver offer is sent to the applicant/family. The 90-L form must be:

1. Completed 180 days or less before the date the CC Waiver service is approved to begin and annually thereafter;

2. Completed, signed and dated by the applicant's Louisiana licensed primary care physician. A licensed advanced nurse practitioner or licensed physician's assistant may sign the 90-L, but the supervising or collaborating physician's name and address must be listed; and

3. Submitted with the initial or annual POC.

The applicant/family is responsible for obtaining the completed 90-L form.

Choice of Service, Support Coordination and Direct Service Providers

Beneficiaries have freedom of choice concerning whether or not to receive CC Waiver services and may select their support coordination agency and direct service providers.

Support Coordination

Support coordination is a service within the CC Waiver and is necessary for waiver participation. Beneficiaries may choose a support coordination agency that is available and can accept new assignments in their region. For the first year, a beneficiary will remain with the same support coordination agency. Thereafter, a beneficiary may request a change in support coordination agencies every six months or for "good cause." (See Section 14.4 for "Procedures for Changing Support Coordination Agencies" for details on the process of changing support coordinators.) Beneficiaries who cannot be reached by their support coordinators to arrange for evaluations, service planning, or review of services jeopardize their access to services.

Direct Service Providers

Beneficiaries have freedom of choice of direct service provider agencies that are available in the region where they live. For the first year, a beneficiary will remain with the same agency. Thereafter, a beneficiary may change direct service provider agencies every twelve months or at any time for "good cause." (See Section 14.4 "Changing Direct Service Providers" for details on the process of changing service providers).

Admission Denial or Discharge Criteria

Admission into the waiver will be denied or beneficiaries will be discharged from the waiver for any of the following reasons:

1. Medicaid financial eligibility criteria is not met;

2. ICF/IID level of care criteria is not met as determined by the LGE;

3. Incarceration or placement under the jurisdiction of penal authorities, courts or state juvenile authorities;

4. Beneficiary has a change of residence to another state or beneficiary lives in another state at the time of offer;

5. Admission to ICF/IID or nursing facility without the intent to return to waiver services. The waiver beneficiary 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 beneficiary will be discharged from the waiver on the 91st day if still in the facility. Payment for waiver services will not be authorized when the beneficiary is in a facility;

6. The health, safety and welfare of the individual cannot be assured through the provision of reasonable amounts of waiver services in the community, i.e., presents a danger to themselves or others; and

7. Failure to cooperate in the eligibility determination process, the initial or annual implementation of the POC, or fulfilling their responsibilities as a CC waiver beneficiary.

In the event of a Force Majeure, support coordination agencies, direct service providers, and beneficiaries whenever possible, will be informed in writing, and/or 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.

The direct service provider is required to notify the support coordination agency within 24 hours if they have knowledge that the beneficiary has met any of the above stated discharge criteria.