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RECIPIENT REQUIREMENTS

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

- Age between birth and 18 years,
- Name on the Developmental Disabilities Request for Services Registry (DDRFSR),
- Developmental Disability Law criteria as defined in Appendix A,
- Financial and non-financial Medicaid eligibility criteria for home and community-based waiver services:
 - Income less than three times the Supplemental Security Income (SSI) amount for the child (excluding consideration of parental income),
 - Resources less than the SSI resource limit of \$2,000 for a child (excluding consideration of parental resources),
 - SSI disability criteria,
 - Social Security number, and
 - Continuity of stay (has received a waiver service for thirty days or more).
- Intermediate care facility for the developmentally disabled (ICF/DD) level of care criteria which requires active treatment of a developmental disability under the supervision of a qualified developmental disability professional,
- Citizenship (U.S. citizen or qualified alien),
- Resident of Louisiana,
- 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
- Justification in the Plan of Care (POC) that the Children's Choice Waiver services are appropriate, cost effective and represent the least restrictive environment for the recipient.

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Children who reach their nineteenth birthday while participating in the Children's Choice Waiver will transfer into an appropriate waiver for adults as long as they remain eligible for waiver services.

Developmental Disabilities Request for Services Registry

Enrollment in the waiver is dependent upon the number of approved and available funded waiver slots. Requests for waiver services are made through the applicant's local Human Services Authority or District hereafter referred to as the local governing entity (LGE). Only requests from the applicant or his/her 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 DDRFSR in request date order and the applicant/family will be sent a letter stating the individual's name has been secured on the DDRFSR along with the original request date. Entry into the Children's Choice Waiver will be offered to applicants from the DDRFSR by date/time order of the earliest request for services for children of appropriate age. If the family chooses to have the child receive services under the Louisiana Children's Choice Waiver, the child's name will be removed from the DDRFSR. Applicants or their family may verify the date of request on the DDRFSR by calling the applicant's LGE.

Medical Certification Eligibility Requirements

Each applicant must meet a separate categorical requirement of disability as defined by the Social Security Administration. 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 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.

Continuity of stay/continuity of care means the individual cannot be certified earlier than 30 days after the first waiver service is provided (at which point coverage can be retroactive to first service, provided all other eligibility criteria is met.)

Exception: Continuity of stay does not apply to SSI recipients.

Application Process

A Louisiana Children's Choice Waiver application does not need to be completed for individuals who are certified for Medicaid long term services in a nursing or ICF/DD facility provided an annual eligibility review was completed and the individual is transferring directly to the

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Louisiana Children's Choice waiver. These individuals already meet Medicaid eligibility requirements. If the individual's level of care in the facility was not ICF/DD, another level of care determination must be made by the LGE.

A Louisiana Children's Choice Waiver application must be completed for all other 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 Louisiana Children's Choice Waiver, which do not apply in some other categories of Medicaid.

The support coordination agencies will provide intake services, i.e. interview the family, complete the Medicaid application form 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 Bureau of Health Services Financing (BHSF) Medicaid Eligibility Office.

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

Once BHSF receives an approved BHSF Form 142 from the LGE and all other eligibility factors, including continuity of stay, 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

Louisiana Children's Choice 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).

The BHSF "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/DD. 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:

- Completed 90 days or less before the date the Children's Choice Waiver service is approved to begin and annually thereafter,

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- Completed, signed and dated by the applicant's Louisiana licensed primary care physician, and
- Submitted with the initial or annual POC.

The applicant/family is responsible for obtaining the completed 90-L form from the applicant's primary care physician within the following timeframes:

- Prior to linkage to a support coordination agency for an initial offer.
- No more than 90 days before the annual POC start date.

The support coordinator is responsible for collecting the material necessary to make this determination, and convening the person-centered planning team to formulate the POC, which documents all services to be arranged, including both natural supports and those reimbursed under Louisiana Children's Choice Waiver.

Documentation of level of care and the POC is submitted to the LGE for a decision to determine if the applicant meets the criteria and level of care requirements for admission to an ICF/DD. The LGE assesses the overall support needs of the applicant, including health and welfare, and determines if they will be met by the services and supports designed.

Choice of Service, Support Coordination and Direct Service Providers

Recipients have freedom of choice concerning whether or not to receive Louisiana Children's Choice Waiver services and may select their support coordination agency and direct service providers.

Support Coordination

Recipients may choose a support coordination agency that is available and can accept new assignments in their region. Support coordination is a service in the Children's Choice waiver and is necessary for waiver participation. Recipients who cannot be reached by their support coordinators to arrange for evaluations, service planning, or review of services jeopardize their access to services. For the first year, a recipient will remain with the same support coordination agency. Thereafter, a recipient 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.)

Direct Service Providers

Recipients have freedom of choice of direct service provider agencies that are available in the region where they live. For the first year, a recipient will remain with the same agency.

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Thereafter, a recipient 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 recipients will be discharged from the waiver for any of the following:

- Medicaid financial eligibility criteria is not met,
- ICF/DD level of care criteria is not met as determined by the LGE,
- Incarceration or placement under the jurisdiction of penal authorities, courts or state juvenile authorities,
- Residence in another state or has a change of residence to another state,
- Admission to an ICF/DD or nursing facility without the intent to return to waiver services. The waiver recipient 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 recipient 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 recipient is in a facility.
- 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 himself/herself or others,
- Failure to cooperate in the eligibility determination process, the initial or annual implementation of the POC, or fulfilling his/her responsibilities as a Children's Choice Waiver recipient,
- Continuity of services is interrupted as a result of the recipient not receiving and/or refusing waiver services (exclusive of support coordination services) for a period of 30 consecutive days.

NOTE: Continuity of services will not apply to interruptions due to hospitalization, institutionalization or if a family member has agreed to provide all paid documented supports (not to exceed 90 days) that are listed in the POC during a non-routine lapse of time in waiver services.

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There will not be an authorization for payment of waiver services during this time.

In the event of a Force Majeure, support coordination agencies, direct service providers, and recipients 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 recipient has met any of the above stated discharge criteria.