

Frequently Asked Children's Choice Questions

1. What is Children's Choice?

Children's Choice is a program designed to help families who provide in-home care and support for their children with developmental disabilities. Children's Choice assists by providing funding for medical care, home modifications, care-giving assistance and support, and other specialty services. Children's Choice is a support program designed to be flexible enough to let families choose when they need the covered services.

Children's Choice is intended to supplement the care and support that eligible children already receive at home, through their extended families or that is already available within local communities. Funds available through Children's Choice are capped at \$16,410 per care plan year. Recipients are also eligible for services through the Medicaid State Plan, which includes all medically necessary services.

2. What are the eligibility requirements for Children's Choice?

- Child is on the Request for Services Registry.
- Child is under twenty (20) years of age.
- Child is disabled according to SSI criteria.
- Child requires the level of care provided in an ICF/DD facility (institution).
- Child has income less than three (3) times the SSI amount.
- Child has resources less than \$2,000.
- Child meets all Medicaid non-financial requirements (citizenship, residence, Social Security number, etc.).
- Child's plan of care meets the health and welfare needs of the child.
- Appropriate level of care can be provided outside an institution.

3. What services are available through Children's Choice?

- Support Coordination
- Family Support
- Center-Based Respite
- Environmental Accessibility Adaptations
- Family Training
- Specialized Medical Equipment and Supplies
- Aquatic Therapy
- Art Therapy
- Music Therapy
- Hippotherapy/Therapeutic Horseback Riding
- Sensory Integration Therapy
- Housing Stabilization Transition
- Housing Stabilization

4. What are some of the things that would be covered by the Medicaid card?

Once a child is approved for Children's Choice, he/she is eligible to receive medical services as well as a Medicaid card.

Some services include Physician Services, Hospital Services, Applied Behavioral Analysis-Based Therapy, Home Health, Personal Care Services, Durable Medical Equipment, Pharmacy Services, etc..

5. What is the New Opportunities Waiver (NOW)?

The NOW is a comprehensive community-based waiver program that serves both children and adults with developmental disabilities. Traditionally, Medicaid pays for and provides services for these individuals in institutional settings. Through the waiver program, citizens with developmental disabilities have greater flexibility to choose where they want to live, and the services and supports that best suit their needs, while still receiving Medicaid benefits.

The NOW pays for services such as personal care attendants, environmental modifications, assistive devices, respite care and many other services. In addition, day/vocational services and residential alternatives (such as supervised independent living and extended family living) are provided.

6. How can a parent find out what their child's request date is on the Request for Services Registry?

A parent can call Toll Free 1-866-783-5553 or contact their Local Governing Entity to obtain their child's request date and Screening for Urgency of Need (SUN) score. The Registry Date that is currently being served can be accessed at the OCDD Request for Services Registry web page at <http://new.dhh.louisiana.gov/index.cfm/page/136/n/138>

7. How often are the opportunity letters offering Children's Choice to families sent out and will families who initially declined Children's Choice be contacted again in the future to see if they have changed their mind, especially if there are changes in the program?

When Children's Choice opportunities are available, letters go out to families. Families who have initially said "no" will not be offered a Children's Choice Waiver opportunity again. Their names will be removed from the Developmental Disabilities Request for Services Registry (DD RFSR). Once a recipient's name has been removed from DD Request for Service Registry the individual/family will have to start over again by contacting their Local Governing Entity to complete the screening process.

8. What if I think my child needs more services in excess of the yearly limit?

Children's Choice is designed for children under age twenty (20) with low to moderate needs and whose families provide most of the care and support. But if a crisis situation develops and additional supports are warranted, there are crisis provisions designed to meet the needs of families on a case-by case basis.

9. I've waited several years for community services. If I accept Children's Choice instead of the NOW, do I lose the opportunity to get the NOW if my child's needs change?

If a child's needs significantly change and a crisis designation is met, the child's name would be returned to the Request for Services Registry with the child's original request date. Additionally, once your child turns age twenty-one (21), and continues to meet the eligibility criteria, your child would transfer to an appropriate adult waiver.

10. If I take Children's Choice and my child's name comes up for DD Waiver services on the DD RFSR before he/she reaches age twenty (20) can I transfer to the NOW?

No, families must choose either to accept a slot in the Children's Choice Waiver or to remain on the DDRFSR. 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. At that time a crisis -crisis designation request can be made.

11. If a crisis occurs and additional services are needed beyond the cap, how long will it take to access those services?

When the crisis occurs, the family should contact the support coordination agency to convene the team to evaluate the need and to request approval of the needed services. After all documentation is prepared and sufficient evidence of the need is presented to the State Office Review Committee an urgent request can be approved within two days.

12. What happens when my child reaches age twenty (20) and Children's Choice benefits expire?

Once your child turns age twenty (20), and continues to meet the eligibility criteria, your child would transfer to an appropriate adult waiver. Approximately ninety (90) days before your child turns twenty-one (21), this eligibility and transfer process would begin.

13. I've been told that some of the \$16,410 is used for mandatory support coordination. Can I forgo these services and instead use these funds to purchase additional community-based services?

No, Support Coordination is a Children's Choice Waiver service. The Support Coordination Agency is responsible for development of the comprehensive plan of care and assuring the services your child needs are delivered. However, LDH/OCDD will continue to seek ways to make the Support Coordination requirement more flexible.

14. Are there any other services under Children's Choice that families/children are required to take or use in a specific amount of funding?

No. There are no other "required" services under Children's Choice.

15. How do I choose a support coordination agency?

Support Coordination agencies are selected from a "Freedom of Choice" list. This list is sent at the same time a Children's Choice Waiver offer is sent to the family.

17. Can families who accept Children's Choice for their child receive the funding directly, or through a fiscal intermediary, so they can recruit, hire or fire the in-home supporters? Families cannot receive the funding directly, but they can hire workers directly and have them paid through a fiscal intermediary that has a contract with the State. This is called the Self-Directed Option.

18. How long does it take to get services once my child has been determined to be eligible?

The process works as follows:

- 1) The family accepts Children's Choice Services
- 2) A support coordinator is chosen and development of a Plan of Care (POC) begins
- 3) The child is determined eligible for the Children's Choice Waiver; and
- 4) The POC is approved.

The support coordinator then begins to implement the POC and arrange other necessary services.

19. How often is our family required to get an eligibility determination?

Re-certification is required annually, and the POC is renewed annually as well.

20. I have been told that the service limit cap of \$16,410 per year represents a decrease. Is this true?

Yes. The Department of Health (LDH) raised the yearly cap from \$7,500 to \$15,000 to \$17,000 per plan-of-care-year and as a result of a budgetary shortfall service cap was decreased to \$16,410.

21. If I have concerns about my service provider(s) or support coordinator, who should I call?

Call the OCDD toll-free help line at 1-866-783-5553.

22. If I accept Children's Choice, how will that affect the services I am receiving from other programs?

Regarding state funded programs, it is a case-by-case decision as to whether there would be an effect.

23. Can a family "stockpile" time for family supports such as respite or family support for use during holidays or summer vacation?

The Plan of Care (POC) determines the number of service hours a recipient can receive based on the individual's need. The POC should be flexible to meet the individual's needs, and if one's needs change, the POC can change, thus allowing the individual flexibility.

24. Will accepting Children's Choice affect my child's Supplemental Security Income (SSI) or the Medicaid services he receives now?

This acceptance should have no effect on other Medicaid state plan services. Accepting Children's Choice has no effect of SSI eligibility.

25. What is considered "direct care"?

Direct Care is the provision of services to a patient that require some degree of interaction between the patient and the health care provider. Direct care are supports provided in a direct manner to the individual.

26. Will my waiver services be affected if I choose to opt into a Medicaid Healthy Louisiana plan? Participation in a Healthy Louisiana plan will have no effect on how you will receive your waiver services.