

Children’s Developmental Disability Program Frequently Asked Questions for Parents

Question	Answer			
<p>1. What is the goal of the Children’s Developmental Disability (DD) Program?</p>	<p>This program provides an overall system of care that supports children with developmental disabilities. This system of care offers benefits that provide therapy, support, and respite services to help children with developmental disabilities (DD) be fully participating members in their families and communities.</p>			
<p>2. What are the options for families to manage the individual budgets and a child’s services?</p>	<p>Families have the choice to use an individual budget to access Medicaid DD services through two different options:</p> <ul style="list-style-type: none"> • <u>Traditional Model</u> – Families who want to access services through the traditional model will continue to receive services from Medicaid DD providers who are paid for providing defined Medicaid benefits. • <u>Family-Directed Services Model</u> – Families who want to access services through the family-directed services model will have the ability to purchase services and supports defined by the family from persons and businesses of their choice. 			
<p>3. What benefits does the children’s DD program offer?</p>	<p>The following Medicaid benefits are available for children accessing services through the traditional model:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 33%;"> <p><u>Supportive Services</u></p> <ul style="list-style-type: none"> • Respite • Habilitative supports • Family education </td> <td style="vertical-align: top; width: 33%;"> <p><u>Intervention Services</u></p> <ul style="list-style-type: none"> • Intervention • Family training • Crisis intervention </td> <td style="vertical-align: top; width: 33%;"> <p><u>Collaboration Services</u></p> <ul style="list-style-type: none"> • Therapeutic consultation • Interdisciplinary training </td> </tr> </table> <p>Medicaid also offers benefits through a family-directed service model. To see details regarding the family-directed program, please visit www.familydirected.dhw.idaho.gov. For information regarding services that Medicaid will reimburse for in the educational setting please visit www.sbs.dhw.idaho.gov, and contact your local school district to find out which services are available for your child.</p>	<p><u>Supportive Services</u></p> <ul style="list-style-type: none"> • Respite • Habilitative supports • Family education 	<p><u>Intervention Services</u></p> <ul style="list-style-type: none"> • Intervention • Family training • Crisis intervention 	<p><u>Collaboration Services</u></p> <ul style="list-style-type: none"> • Therapeutic consultation • Interdisciplinary training
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<p>4. How does a child qualify for the Children’s DD Program through Medicaid?</p>	<p>To be eligible for this Medicaid benefit, a child must be determined to have a developmental disability according to the following standards:</p> <ul style="list-style-type: none"> • Diagnosed by a practitioner of the healing arts with a developmental disability such as cerebral palsy, epilepsy, autism, or intellectual disability; • The disability results in substantial functional limitations in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living or economic self-sufficiency; and • Reflect the needs for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of life-long or extended duration and individually planned and coordinated. <p>Children will be eligible for services based on their individual needs using a three-tiered approach:</p> <ul style="list-style-type: none"> • Children with developmental disabilities: Access to respite, habilitative supports, and family education. • Children who meet institutional level of care: In addition to the services identified above, the services of habilitative intervention, family training, crisis intervention, interdisciplinary training, and therapeutic consultation will also be available. • Children ages three through six with autism or maladaptive behaviors and who meet institutional level of care: Provides all the same services identified above with an increased budget amount to accommodate intensive levels of intervention services.

Question	Answer
<p>5. What services can be accessed with my child’s budget?</p>	<p>Your child’s budget can include the following DD services under the traditional option:</p> <ul style="list-style-type: none"> • Respite • Habilitative supports • Family education • Habilitative intervention • Family training • Interdisciplinary training <p>Under the family-directed services option, the family is able to use their budget for non-traditional services. Refer to “Family-Directed Services Frequently Asked Questions” at www.familydirected.dhw.idaho.gov.</p>
<p>6. What are examples of services <u>not</u> included in my child’s budget?</p>	<p>A few examples of services that are not included in your child’s budget are:</p> <ul style="list-style-type: none"> • Medical services • Durable medical equipment • School-based services • Occupational therapy • Speech-language pathology • Crisis services • Therapeutic consultation • Physical therapy • Mental health services • Transportation

Question	Answer
<p>7. What are the timeframes for eligibility, plan development, and redeterminations?</p>	<p>Initial Applicants</p> <ul style="list-style-type: none"> • An eligibility assessment must be completed within 30 calendar days from the date a complete application packet is submitted. • Within one week of receiving an eligibility notice, the family will be contacted by a case manager to begin the plan development process. <p>Annual Redeterminations</p> <ul style="list-style-type: none"> • Every year the assessor must reassess the participant or establish and document that the existing assessments reflect the participant's current level of care needs. Eligibility redetermination must be completed at least 60 calendar days before the expiration of the current plan of service. In order to meet timelines, the independent assessor will initiate contact with the family up to 120 calendar days before the expiration of the current plan. • Within one week of receiving a redetermination notice, the family will be contacted by a case manager to begin the annual planning process.
<p>8. Who is going to determine eligibility and budget amounts for my child?</p>	<p>An independent assessment provider will perform an assessment to determine your child's program eligibility. Based on this information, your child will be given an annual budget.</p>
<p>9. How are the budgets assigned in the program?</p>	<p>Children are assessed initially and annually by an independent assessment provider. This assessment determines their level of need, to which a budget is assigned based upon that level of need. The budget methodology is driven by evidence-based research that creates a system based on needs, while giving families a voice in how the available resources are spent. As a child's level of need increases, their budget level increases accordingly based on a change of condition.</p>

Question	Answer
<p>10. What if I don't agree with the budget amount or eligibility determination?</p>	<p>If a family disagrees with the child's budget amount or eligibility determination, they have the right to appeal the Department's decision and request a fair hearing. All Department decisions regarding participant eligibility, plan approval, and budget determinations can be appealed.</p> <p>The eligibility notices that are sent to participants include information about appeal rights and instructions about how to appeal a decision. Participants and the public can learn more about the Department's fair hearing processes and policies by visiting http://adminrules.idaho.gov/rules/current/16/0503.pdf.</p> <p>A family has 28 days from the date the notice is mailed to appeal a decision.</p>
<p>11. How many hours of therapy will my child receive in the Children's DD Program?</p>	<p>In the DD program, the child is not limited to hours per week for services, and is also not limited to a set amount of years of intervention service. Instead, the child is given a budget amount for the year. Through a family-centered planning process, families select a combination of services that will meet their child's identified goals. Having a budget gives families flexibility to plan for the year.</p>
<p>12. How are changes made to the plan of service?</p>	<p>At any point during the plan year the family or provider may request changes be made to the child's plan of service.</p> <ul style="list-style-type: none"> • The family can contact their case manager to talk about making changes to the services. • The family can discuss changes with their provider, who can contact the family's case manager to request changes. <p>The case manager will write an addendum to the plan of service based on the family's choices, and will ensure that the changes are not over the child's budget. The case manager will send the provider the addendum for their signature.</p>

Question	Answer
<p>13. How do I find out more information about the Katie Beckett Program?</p>	<p>For questions about the Katie Beckett Program and how to apply, please contact Medicaid toll free at 1(866) 326-2485 or call the Idaho Careline at 2-1-1.</p>
<p>14. If my child does not use services for 30 days will they lose eligibility?</p>	<p>Federal law requires that participants enrolled in a waiver program receive waiver services continuously, and if there is a lapse in services over 30 consecutive days the child is removed from the waiver. In order to remain on the waiver you must access a waiver service at least every 30 days. If your child has had a lapse of service for more than 30 days, or for more information about how to reinstate coverage, please contact the Hub Supervisor:</p> <ul style="list-style-type: none"> • Region 1 and 2 – Pete Petersen – PeterseP@dhw.idaho.gov or (208) 798-4117 • Region 3 and 4 – Sarah Allen – AllenS@dhw.idaho.gov or (208) 334-0970 • Region 5, 6, and 7 – Heidi Napier - NapierH@dhw.idaho.gov (208) 234-7945 <p>You can also access contact information on the children’s DD website, found at www.childrensDDservices.dhw.idaho.gov.</p>
<p>15. What is interdisciplinary training?</p>	<p>Interdisciplinary training is professional instruction to the direct service provider that provides assistance to meet the needs of children on a waiver program. Interdisciplinary training must only be provided during the provision of a developmental disabilities support or intervention service.</p> <p>Interdisciplinary training provides training with health and medication monitoring, positioning and transfer, intervention techniques, positive behavior support, and use of equipment.</p>
<p>16. Who can provide training under interdisciplinary training?</p>	<p>Occupational therapists, physical therapists, speech-language pathologists, practitioners of the healing arts, habilitative interventionists, and therapeutic consultants are qualified to deliver interdisciplinary training. The developmental disability agency provider will bill Medicaid for this service.</p>

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<p>17. Can therapeutic consultation be billed for time spent meeting with the school?</p>	<p>If the therapeutic consultant is gathering information from the school to help develop a positive behavior support plan for the child in the community, then the billable time would be counted towards the community benefit of up to 18 hours per year.</p> <p>If the need is to address the behavior in the public or charter school setting, there is a school-based service called behavioral consultation that should be provided for this purpose.</p> <p>Community therapeutic consultants can contract with the school to provide behavior consultation in the school environment and the time would be subject to the school limitations of 36 hours per year. The school is responsible for billing for the service.</p>
<p>18. Is family training allowed for individuals other than the child's parent or legal guardian?</p>	<p>Yes. Family training may be provided to the participant's parent or legal guardian, paid care givers, and individuals such as a foster parent, when they are acting in the parental role. The child must be present during family training.</p>
<p>19. Can group respite be provided in the home?</p>	<p>Group respite can be provided in the participants' home, as long as respite is taking place in the home where the participants live.</p>
<p>20. Can developmental disability agency staff provide respite in the staff's own home?</p>	<p>No. Respite can be provided in the home of the participant, in the home of an independent respite provider, a developmental disability agency, or in the community.</p>
<p>21. Can respite be provided while family is out in the community while on vacation?</p>	<p>Yes. This is allowed if the services meet the requirements. If the participant leaves the state for more than 30 days then they will lose Medicaid.</p>

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<p>22. Can respite services be provided in a personal care services home?</p>	<p>A child living in a personal care services home cannot receive respite services. Respite services are only available to provide relief to an unpaid caregiver. However, other developmental disability services are still available, including intervention, plan development, habilitative supports, family training, interdisciplinary training, family education, crisis intervention, and therapeutic consultation.</p>
<p>23. Can respite be provided while family education is occurring to help family have care for their child while they receive family education?</p>	<p>No. Respite must not be provided at the same time other Medicaid services are being provided.</p>
<p>24. Can a parent or legal guardian provide habilitative intervention?</p>	<p>No. A parent or legal guardian cannot furnish habilitative intervention waiver services.</p>
<p>25. Can a family choose to switch from the Act Early Waiver to the Children’s DD Waiver?</p>	<p>Families always have the choice to move to a different waiver for which their child qualifies. When a child is determined eligible for services, two budgets will be identified: one for the traditional pathway and one for the family-directed pathway. These budgets may be different depending on the pathway chosen by the family. If a family is interested in switching waivers they should contact their case manager for further assistance.</p>
<p>26. How will families in rural areas have access to children’s DD services?</p>	<p>We want to ensure that children in Idaho have equal opportunities to access DD services regardless of where they live. Family-directed services is a benefit option that offers families in rural areas the ability to select who they want to provide services and the qualifications they want to require, making their choices much less limited and allowing more flexibility for families. For more information, please see www.familydirected.dhw.idaho.gov.</p>

Question	Answer
27. Who is eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services?	All individuals up to their 22 nd birthday are eligible to apply for services through the EPSDT process. You can find the EPSDT application packet on the Idaho Department of Health and Welfare's Idaho Health Plan for Children page . Click on the "EPSDT Request for Additional Services" link on the right side of the screen (under the "Other Information" tab).