

CHILDREN'S SYSTEM REDESIGN FREQUENTLY ASKED QUESTIONS

Question	Answer
What is the Children's System Redesign Project?	Children's System Redesign is a collaborative project between the divisions of Medicaid and Family and Community Services (FACS) to design a system of care approach with an improved range of Medicaid benefits for children who have developmental disabilities based on the individualized needs of these children.
How will the re-designed services be approved?	<p>Agency rules will be presented to the 2011 Legislature for review and approval. The federal government will be reviewing and approving three policy products:</p> <ol style="list-style-type: none"> 1. A State Plan Amendment for the tier one benefits 2. A Waiver for tier two benefits and 3. An Act Early Waiver for tier three benefits <p>Phased implementation to the redesign benefits will begin July 1, 2011.</p>
Why are children's developmental disabilities services being redesigned?	<p>Over the past few years, the Idaho Department of Health and Welfare (IDHW) has heard from families, providers, and other stakeholders that the current Medicaid benefits offered to children with developmental disabilities need to be improved. Suggested improvements included:</p> <ul style="list-style-type: none"> • Having service options that include supports in addition to therapy • Improving the coordination of services and collaboration between various service providers • Increasing opportunities for family involvement
What is the goal of the Children's System Redesign Project?	To improve the overall system of care that supports children with developmental disabilities. When redesign work is complete, we expect to have benefits that provide therapy, support, and respite services to help children with developmental disabilities (DD) be important, participating members in their families and communities.

Question	Answer												
<p>Who has been involved in the Children’s System Redesign process?</p>	<p>The department has collaborated with members of a steering committee, design committee, and three work groups to identify areas of improvements and develop recommendations for the Children’s System Redesign. These committees and work groups included:</p> <ul style="list-style-type: none"> • Parents • Speech Therapists • Psychologists • Physical Therapists • Occupational Therapists • Developmental Disability Providers • Educators • Advocates • IDHW Staff 												
<p>How will families access Medicaid-covered services?</p>	<p>Families will have the choice to use an individualized budget to access Medicaid-covered services through two different options:</p> <ul style="list-style-type: none"> • Traditional Model - Families who want to access services through the traditional model will continue to receive services from Medicaid developmental disability providers who are paid for providing defined Medicaid benefits. • Family-Directed Services Model - Families who want to access services through the new 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>What Medicaid benefits will be included in the traditional model?</p>	<p>The following Medicaid benefits have been proposed for children accessing services through the traditional model:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Supportive Services</u></th> <th style="text-align: left;"><u>Intervention Services</u></th> <th style="text-align: left;"><u>Collaboration Services</u></th> </tr> </thead> <tbody> <tr> <td>Respite</td> <td>Intervention</td> <td>Plan Development</td> </tr> <tr> <td>Habilitative Supports</td> <td>Family Training</td> <td>Interdisciplinary Training</td> </tr> <tr> <td>Family Education</td> <td>Crisis Intervention</td> <td>Therapeutic Consultation</td> </tr> </tbody> </table>	<u>Supportive Services</u>	<u>Intervention Services</u>	<u>Collaboration Services</u>	Respite	Intervention	Plan Development	Habilitative Supports	Family Training	Interdisciplinary Training	Family Education	Crisis Intervention	Therapeutic Consultation
<u>Supportive Services</u>	<u>Intervention Services</u>	<u>Collaboration Services</u>											
Respite	Intervention	Plan Development											
Habilitative Supports	Family Training	Interdisciplinary Training											
Family Education	Crisis Intervention	Therapeutic Consultation											

Question	Answer
<p>What does “supports” mean?</p>	<p>Support services do not require collecting clinical data or developing a therapeutic plan in order to demonstrate outcomes. Instead, supports provide relief for families caring for children with disabilities, as well as opportunities for children to explore their interests and integrate into the community in a natural way without distractions from the structured programming involved with therapy interventions. For respite and habilitative support services, current developmental therapy and intensive behavioral intervention (IBI) paraprofessionals will be qualified to provide these support services. The support staff’s primary role is to ensure the health and safety of children by supporting them as they play and interact with peers in the community.</p>
<p>What does “intervention” mean?</p>	<p>Intervention services focus on formalized programs to teach children new skills and reduce problem behaviors. Idaho plans to cover these intervention services where the research shows they are likely to be most effective. Interventionists work intensely with the child on goals and objectives based off of a therapeutic plan, and use clinical data to demonstrate outcomes. For the new intervention services, current developmental specialists and IBI professionals will be qualified to provide intervention services.</p>
<p>How does a child qualify for receiving these new benefits?</p>	<p>To be eligible for services, a child needs to be determined to have a developmental disability. Under the redesign, 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 (approximately 15% of children): Access to respite, habilitative supports, family education, and plan development. • Children who meet institutional level of care (approximately 70% of children): In addition to the services identified above, adds intervention, family training, crisis intervention, interdisciplinary training, and therapeutic consultation. • Children ages three to six with autism or maladaptive behaviors and who meet institutional level of care (approximately 15% of children): Provides all the same services identified above with an increased budget amount to accommodate intensive levels of intervention services.

Question	Answer
<p>Will the criteria for determining if a child has a developmental disability change under the redesign?</p>	<p>No, developmental disability eligibility standards are not changing. Children who are eligible to receive services from developmental disabilities agencies (DDA) in the current system will continue to have access to the new benefits.</p>
<p>Why should this program add new benefits?</p>	<p>Currently, Idaho’s benefits are limited to different forms of therapy, which do not always address the individual needs of children and their families. Therapy has its place, but we believe Idaho can do better by providing more options for families.</p> <p>Through public input, we heard that the current system over-emphasizes structured training and expected outcomes, when often times what children really need is the opportunity to participate in community activities that other children are able to do independently. The new benefits we are proposing are a direct response to these concerns.</p> <p>We also heard that families are concerned with the quality of services their children are receiving. The new qualifications ensure that all therapists providing intervention services are professional level, and that both non-professional and professional staff have sufficient training specific to working with these children.</p>
<p>What are family-directed services?</p>	<p>Family-directed services allow families to use their individualized budgets (based on their children’s strengths and assessed needs) and will have the ability to purchase and direct the services and supports their children receive.</p>
<p>What are the advantages of family-directed services?</p>	<p>By choosing family-directed services, families can:</p> <ul style="list-style-type: none"> • Hire people they know and decide the qualifications they want to require • Supervise and direct their children’s support workers • Decide when and where they get the services and supports that meet the needs of their children • Decide the types of services and supports they will purchase • Decide the amount of services and supports they will purchase • Manage an individualized budget based on their children’s assessed needs

Question	Answer
<p>Will children’s benefits decrease under the redesign?</p>	<p>The goal is to make the redesigned benefits budget neutral. The emphasis is on ensuring that funds are allocated according to a child’s needs, while giving families greater say in how the available resources are spent. In the current system, there is a tendency for all children to receive the same levels of therapy services without recognizing different needs for support services and for more intensive services. The new design is intended to direct resources where they are most needed and where they will provide the best outcomes.</p>
<p>Will there be limited access to services as a result of the redesign – especially in rural areas?</p>	<p>We have heard from families and providers that having reasonable access to services is a major concern. We want to be sure that children in Idaho have equal opportunities regardless of where they live.</p> <p>Family-directed services is a new benefit option that offers families in rural areas that ability to select who they want to provide services and the qualifications they want to require, making their choices much less limited and allowing much more flexibility for families.</p> <p>We are also exploring the option of using telehealth to provide therapeutic consultation and other services in order to ensure our highly qualified professionals are available for children around the state.</p>
<p>How will rates for benefits be established?</p>	<p>Rates will be developed using Medicaid’s established rate setting methodology. We will be gathering information from DD providers to help us with projecting agency costs for the new services, and will use this data to calculate the new target rates.</p> <p>During the second year of the redesign, IDHW will validate cost data through a survey process based on the operating program, and update the target rates accordingly.</p>
<p>Will the redesign save money?</p>	<p>The redesign is intended to be cost-neutral by providing the right type and amount of benefits at the right time. The department hopes to make the best use of resources for early intervention, and to reduce ineffective use of therapy benefits when supports are often what are needed.</p>

Question	Answer
<p>When can families begin accessing the new Children’s System Redesign benefits?</p>	<p>A phased implementation of the new benefits is scheduled to begin for summer 2011.</p>
<p>How will children transition to the new benefits?</p>	<p>The transition into the new benefits will be a gradual process. Children will be phased in according to their birth dates, and families will be contacted four months before the birth date to let them know what steps to take for the transition. The first notifications will be mailed out beginning June 1, 2011.</p> <p>On July 1, 2011, all new children entering the system will be enrolled in the new program. Also, any family who wants to access the new benefits before the child’s birth date will have the opportunity to opt-in early at any time.</p>
<p>How will children’s services in schools be impacted?</p>	<p>There are two primary developmental disability benefits billed by schools to Medicaid today: developmental therapy and intensive behavioral intervention. Both of these benefits will change for community services under the redesign and the benefits will eventually need to change for the schools as well. The department will work with key school-based services stakeholders to develop a transition plan for schools that could be implemented in 2012. Nothing changes in the interim and the current benefits remain in place.</p>
<p>What is a plan developer?</p>	<p>A plan developer is a state employee or contractor who will direct and coordinate your child’s developmental disabilities services. This will ensure all of your child’s service plans are coordinated, and that service professionals across disciplines are working in collaboration with one another.</p>
<p>Will I get to keep my service coordinator?</p>	<p>Plan development will be completed by the department and by selective contractors. You may be able to keep your service coordinator if that person is selected as a contractor. If you choose the family-directed services option and have a support broker, your service coordinator could choose to become a support broker.</p>

Question	Answer
<p>Why is this change happening with service coordination?</p>	<p>The department has been directed by the legislature to pursue selective contracting. By pursuing selective contracting for service coordination, the department is anticipating improving system efficiencies, increasing service coordination, removing conflict of interest and self-referrals, and adding clinical plan developers to ensure evidence-based practices are followed.</p>
<p>How many hours of therapy will my child receive?</p>	<p>Under the new system families are not limited to hours per week for services, and are also not limited to three years of intervention service as they are in the current system. Instead, families are given a budget amount for the year. Through a family-centered planning process, families will select a combination of services that will meet their identified goals and work around their schedules. Having a budget gives families flexibility to plan for the year and use budget dollars as they see fit.</p>
<p>How will my budget be decided?</p>	<p>The budget methodology is driven by evidence-based research that creates a system based on needs – as a child’s level of need increases, their budget level increases accordingly.</p>
<p>What services are included in my budget?</p>	<p>Your child’s budget includes all direct developmental disability (DD) services. Under the traditional option, those services are</p> <ul style="list-style-type: none"> • Respite • Habilitative Supports • Family Education • Habilitative Intervention • Family Training <p>Under the family-directed services option, the family is able to use their budget for non-traditional services.</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 • Crisis Services • Plan Development • Therapeutic Consultation

Question	Answer
Who is going to determine eligibility and budget amounts for my child?	An independent assessment provider (IAP) will perform assessments to determine your child’s program eligibility and will calculate your child’s budget amount for the year.
What if I don’t agree with the budget amount or eligibility determination?	If a family disagrees with the child’s budget amount and/or eligibility determination, they always have the right to appeal the Department’s decision and request a fair hearing.
What are the qualifications for the IAP?	The IAP contractor will be required to meet the minimum qualifications of a qualified intellectual disabilities professional (QIDP/QMRP) as required by federal law.
What are the qualifications for the plan developer?	The qualifications for the plan developers will align with the current qualifications for service coordinators.
Is the availability of occupational therapy (OT), physical therapy (PT), and speech therapy (ST) going to change?	OT, PT, and ST services are not impacted by the redesign and your child will continue to be able to access these therapies using the current process. An exciting new change that involves OT, PT, and ST professionals is the increased opportunities available for them to collaborate with DD professionals during plan development and direct service delivery. These therapy services don’t come out of a child’s budget
Can I have help with transportation for my child?	Yes, there are transportation resources available for you. The department uses a transportation broker to help participants with non-emergent, medical transportation. For example, the broker may be contacted to provide transportation from your home to the developmental disabilities agency (DDA). Transportation costs don’t come out of the child’s budget. Participants can’t receive transportation services and direct services at the same time.
Will there be waitlists?	Idaho does not intend to use waitlists for new programs.

Question	Answer
<p>If my child does not use services for 30 days, will we 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 service over 30 consecutive days the child is removed from the waiver. Although the state is required to track this information, families will not be impacted by this requirement. A process will be in place to ensure the child has a smooth transition back into the program without having to repeat the entire eligibility and planning process.</p>
<p>If I choose the family-directed services option, am I liable for making payments to community support staff?</p>	<p>No. The fiscal employer agent (FEA) is responsible for paying your hired staff. The family is not held responsible for making payments and is not liable for those dollars.</p>
<p>What type of training is required for the habilitative support provider?</p>	<p>The support provider must complete competency coursework specific to working with children with disabilities, and must receive training by their supervisor specific to the child’s individual needs. In addition, interdisciplinary training will encourage the interventionist to cross-train the support staff to ensure techniques are consistent.</p>
<p>What type of training is required for the habilitative intervention provider?</p>	<p>Interventionists will need to demonstrate that they have completed credit hours from an accredited university in the areas of applied behavioral analysis, child or human development, and learning theory/psychology of learning.</p> <p>The department wants to ensure professionals under the new system have the knowledge and expertise to provide evidence-based practices and deliver higher quality of services.</p>
<p>Will the coursework requirement create access issues?</p>	<p>The department is committed to ensuring children continue to have access to services under the redesign. Current developmental specialists and intensive behavioral intervention professionals will have two years to meet the coursework requirements. A lot of professionals in the current system should already meet most of the requirements.</p> <p>All DD providers delivering services in the current system will have a place delivering services under the redesign.</p>

Question	Answer
<p>Families of children enrolling in the 1915(i) HCBS State Plan Option cannot have an income that exceeds 150% FPL. How does this limitation impact families in Idaho?</p>	<p>This financial limitation is a federal regulation for the 1915(i). In Idaho, families who are above 150% FPL most likely cannot qualify for the Medicaid program. However, if their child has a disability and meets institutional level of care, the child can qualify for Medicaid through Katie Beckett. When a child is on Katie Beckett, the family's income is not considered. All children eligible for Katie Beckett will qualify for the waiver program.</p>
<p>Can children who are enrolled in the Family-Directed Services option access therapeutic consultation and crisis services?</p>	<p>No, therapeutic consultation and crisis are traditional waiver services and are not Medicaid reimbursable under family-direction.</p> <p>If the child is expected to or is experiencing crisis, it will most likely be determined that family-directed services may not be a fit for the family. In these cases the Department would work with the family to move into traditional services.</p> <p>In any case, a crisis team is available for families regardless of their program enrollment.</p>
<p>Can a child's service coordinator work for a private children's service coordination agency and the Contractor (if hired) at the same time?</p>	<p>The contractor would need to make this determination.</p>
<p>Will eligibility for children's service coordination continue to be determined as it is now within each region for children with serious emotional disturbance (SED) and special health care needs?</p>	<p>Yes. Service coordination for these populations is not impacted by the redesign.</p>

Question	Answer
Will children with SED and special health care needs be required to complete an intake on their birthday or when their current plan expires?	No, children will only go through an intake if the family is interested in accessing developmental disability services.
For Katie Beckett determinations, if the DD Children's Program determines DD eligibility and the Medicaid Nurse Reviewer determines ICF/ID level of care, how is a referral made to the IAP to determine a budget?	The Department has a process in place for sharing this information between the contractor and Department staff to ensure consistency and avoid duplication of assessments.
Should a 17.5 year old who is not receiving DD services and whose birthday is in November apply for children or adult services?	<p>Children who are turning 18 during the transition year should apply for the adult program according to their redetermination date, and will not transition into the new children's benefits at their date of birth.</p> <p>If the participant is new to the system, they would follow the process to apply for adult services.</p>
Under Family-Directed Services, who receives the billing reports?	Families are mailed an explanation of benefits each month. The current Fiscal Employer Agent provider also has a web portal for managing payroll and the family's budget. Both the family and support broker have access to the web portal.
Can there be a support broker agency?	No, rules specifically require that the support broker act independent of an agency.
Are we waiving criminal history background checks for parents acting as unpaid support brokers?	No, parents acting as unpaid support brokers must comply with the support broker requirements.

Question	Answer
Are parents held to the coursework and training qualification requirements to become a support broker?	Yes, parents are held to the same standards. All individuals acting as support brokers need to have skills and knowledge typically gained by completing college courses, community classes or workshops in the human services field, and at least two years verifiable experience with individuals with developmental disabilities.
Can a clinical supervisor be employed part-time or contract with the agency?	The clinical supervisor needs to be on-site and readily available for the staff they are supervising. It is the responsibility of the agency to determine how this is accomplished.
Can a child with a developmental delay (not DD, SED, or Special Health Needs) continue to receive children’s service coordination?	Yes.
Can PCS home providers participate in family-directed services?	If the child’s PCS home provider is the child’s legal guardian, they can participate in family-direction. Otherwise, the child needs to enroll in the traditional option.
Are there limitations for a PCS home provider from participating in traditional services?	A child living in a PCS home cannot receive respite services. Respite services are only available to provide relief to an unpaid caregiver.
Who determines eligibility for children birth to three?	<p>The Department’s independent assessment provider, Idaho Center of Disabilities Evaluations (ICDE), determines eligibility for developmental disabilities services for children age birth – 17 with the exception of children enrolled in the Infant Toddler Program and children only receiving school-based services.</p> <p>Children enrolled in the Infant Toddler Program will continue to have their eligibility determined by the Infant Toddler Program.</p>

Question	Answer
<p>Is there a cut-off for IBI and developmental therapy comprehensive assessments?</p>	<p>No. The professional should use their discretion to determine the necessity of a comprehensive assessment during the phased implementation.</p>
<p>Can the redesign services be provided in a private school?</p>	<p>Yes, community services can be provided in a private school setting and are subject to the child's individual budget amount.</p>
<p>Can I have help with transportation to attend the planning meeting?</p>	<p>Yes, there are transportation resources available for you. The department uses a transportation broker to help participants with non-emergent, medical transportation.</p>
<p>Under the family-directed services option, does the maximum support broker rate of \$18.72 include taxes?</p>	<p>No, taxes need to be added to the hourly rate for your workers. This is currently about 10%, so the rate that will count towards the budget will be approximately \$20.59 with taxes.</p>
<p>What should service coordinators do to assist families in transitioning to the redesign system?</p>	<p>The Department is beginning the transition process by sending the family an application for eligibility re-determination 4 months in advance of a child's birthday. It would be helpful if their service coordinator ensures the family receives the application on time and assists the family in gathering the required documentation needed to complete the application.</p> <p>If a child does not receive an application 4 months prior to their birthday, it most likely means that the Department does not have accurate contact information. If a child does not receive an application, please have the family contact the regional office with the correct address and phone number.</p>

Question	Answer
<p>Is the redesign being delayed one year?</p>	<p>No, the redesign is not being delayed. The Department posted an article on the redesign website, as well as in the August Medicaid Newsletter describing an interim process for families whose children are the first to transition into the new benefits. When a child is re-determined eligible by the IAP, families will receive a notice giving them the option to continue with their current services or access the new redesign benefits.</p>
<p>When will the temporary option to remain in the current benefits end?</p>	<p>The temporary process of offering families a choice to transition will end once the case management system is fully in place. We will notify providers when the transition choice is no longer an option.</p>
<p>What are the options for families during this interim process?</p>	<p>There are three options available for families:</p> <p>Choose to remain with current benefits (Temporary Option)</p> <ul style="list-style-type: none"> • Families who choose to remain in the current system can access their same benefits until their child transitions to the new services on their following birthday. • The temporary process of offering the families a choice to transition will end once the case management system is fully in place. <p>Transition to the new benefits at their scheduled time</p> <ul style="list-style-type: none"> • Families who choose to transition to the new system can receive their same benefits until the child’s new plan of service is authorized. • After the family receives the eligibility notice from the IAP, they will be contacted by a Department case manager within one week who will assist the family through the new process. <p>Opt in early to access new benefits</p> <ul style="list-style-type: none"> • Families who choose to opt in early (before their child’s birthday) to the new system can access their same benefits until the new plan of service is authorized.

Question	Answer
<p>Under family-direction, if a family only purchases goods do they still hire the FEA at the annual rate?</p>	<p>Families choosing family-directed services are required to use the FEA in order to purchase goods. The FEA only bills Medicaid for a month when services are provided or goods are purchased.</p> <p>It is important to note, families accessing family direction through the children’s DD waiver are required to receive waiver services continuously. If there is a lapse in service over 30 consecutive days the child is removed from the waiver.</p>
<p>Under family-direction, can a family purchase goods and/or services from a business other than Medicaid’s typically approved vendors?</p>	<p>Yes. Checks are made directly from the FEA to the vendor and the goods/service must be approved on the child’s Support and Spending Plan prior to the purchase.</p> <p>You can review the vendor agreement and instructions at: http://www.consumerdirectonline.net/idaho (under Idaho FEA forms on right hand side)</p> <p>Families are encouraged to use their family directed budgets only for items they are not able to purchase through their medical card. For example, durable medical equipment is not included in a child’s budget and can still be acquired with their medical card.</p> <p>In the training for the Family-Directed Services Model (The Guide Training), parents will be taught the process of working through the FEA to obtain reimbursement for goods.</p>
<p>Under family-direction, can the family purchase goods that are gently used?</p>	<p>The used item would need to be authorized by the Department case coordinator when approving the support and spending plan. The case coordinator must make sure that the good assures the health, safety and welfare of the individual and reasonably meets the individual’s needs. Also, vendor payment guidelines would apply.</p>
<p>Are there parent informational sessions scheduled to provide additional details on Family Direction?</p>	<p>Parent Informational Meetings will be scheduled upon demand. Parents interested in choosing Family-Directed Services should contact their local regional office.</p>