

Children's Community Developmental Disability Services

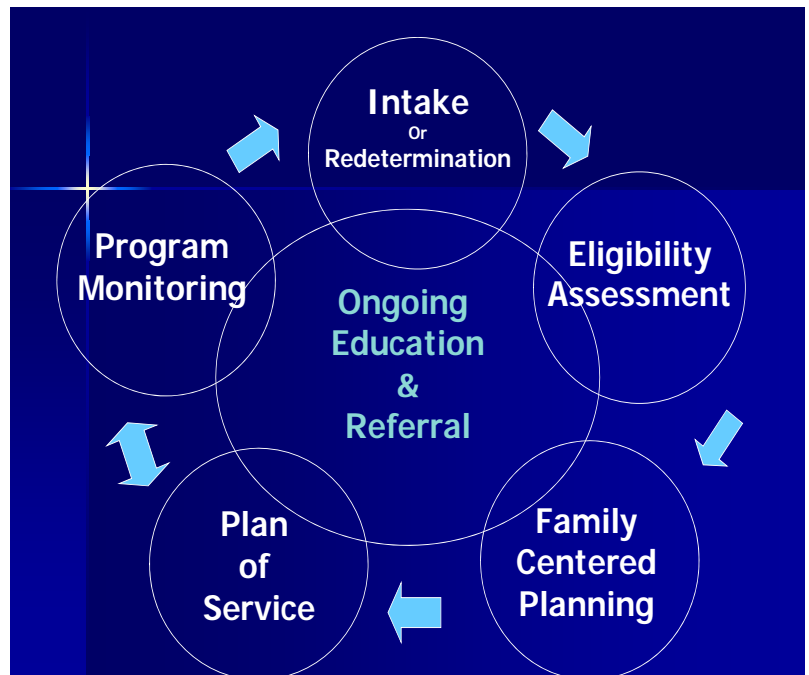
This handout is an overview of Idaho Medicaid's community-based services for children with developmental disabilities. The community-based system of care emphasizes evidenced-based treatment, community integration and family empowerment.

Parents can choose one of two pathways described below in which to access community-based developmental disability services for their child.

1. The "Traditional" option is a predetermined menu of services which offers a balance between services and supports - promoting skill development through treatment methods that are evidenced-based and through natural learning by means of integration in the community. Pages 2 - 10 review "Traditional" option services.
2. The "Family- Directed" option allows families more flexibility to design a program of care to meet their child's needs. More information on the Family-Directed Services option can be found at: www.familydirected.dhw.idaho.gov. Please see page 11 for more information on the "Family- Directed" option.

Here is how the overall system of care works:

1. A Department intake worker will guide parents through the intake process.
2. An assessment will be done to determine eligibility for services and assign a budget. (completed annually)
3. A Department case manager together with the family will develop a plan of service based on the child's needs and annual budget.



Ongoing education will be provided to help make decisions about services and supports.

Please visit www.childrensDDservices.dhw.idaho.gov for more details about children's community-based developmental disability services.

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TRADITIONAL PLAN OPTION

The next several pages highlight Idaho Medicaid “Traditional” option community-based services for children with developmental disabilities. A complete description of services can be found in IDAPA 16.03.10 “Medicaid Enhanced Plan Benefits”.

A child will qualify for one of two benefit packages based on eligibility and assessment information gathered. These benefit packages are called the “state plan” and “waiver services”.

- All children that meet the eligibility criteria for a developmental disability will qualify for “state plan - home and community based services (HCBS)” including *respite*, *habilitative supports* and *family education*.
- Children who meet “institutional level of care” will qualify for “waiver services”. “Waiver services” include all “state plan” services, plus *habilitative intervention*, *family training*, *interdisciplinary training*, *therapeutic consultation*, and *crisis intervention*.

Additionally, all children with developmental disabilities continue to be eligible for occupational, physical and speech/language therapy services and other Medicaid medical services. These services are not part of the children’s community developmental disability services described in this handout and do not need to be included in a child’s annual community services ‘budget’.

STATE PLAN SERVICES

Respite



“Respite gives Mom and Dad a chance to take a needed break...”

Respite provides for the supervision of a child to allow the primary caregiver occasional short-term relief.

Caring for a child with a disability can be overwhelming at times. Respite services are a means for parents to take a break by providing supervision for a child on an occasional or short-term basis. Respite can be set up on a regular basis or can be used when there is a family emergency. For example, respite can be used for a regularly scheduled “date night” for mom

and dad or when the family needs to spend time with another family member that is hospitalized. The goal is to provide relief for the caregiver and reduce stress.

There are two types of respite providers. One type is employed by a developmental disability agency (DDA) the other is an independent respite provider who has entered into a provider agreement with Medicaid. The independent respite provider must be at least 18 years of age and have a high school diploma or GED. The independent respite provider is a means for a family to pay a trusted friend or neighbor for caring for their child. The respite DDA provider must be at least 16 years of age because they are directly supervised by a DDA. Both types of respite providers must have received training in the needs of the child and be able to perform the duties required in a Plan of Service for the child.

Certain restrictions apply with respite care. If the child is on the Act Early waiver, the respite service costs cannot exceed 10% percent of the child's overall budget amount.

Respite cannot be:

- used as payment for room and board
- used with paid caregivers
- delivered in order to allow the parent to work
- used for over 14 consecutive days
- provided at the same time as other Medicaid services

Respite can only be offered in a group when the service is through a DDA:

Center-based: a minimum of 1 staff to every 6 children.

Community-based: a minimum of 1 staff to every 3 children.

Staff to child ratio shall be adjusted according to the number of children in the group with significant functional impairments or behavioral issues.

Respite through a DDA can be offered at the DDA, in the community or in the child's home. Respite through an independent provider can be offered in the community or in the child's home.

Habilitative Supports



Habilitative Support helps a child become more independent and integrated in their community.

Habilitative support provides children with opportunities to explore their interests by providing the supports necessary to participate in community activities and events. This could include anything from attending Girl Scout camp once a year to weekly Sunday school. Habilitative support provides a

variety of learning opportunities for children to interact with others in typical community activities. It also promotes a proven teaching method - peer modeling. Children will learn

through watching their peers and seeing how others behave (appropriately). This will promote learning new things in the community setting while having fun! They also gain opportunities to improve and practice skills learned in other therapeutic environments.

Children learn from Children: Integration provides many opportunities for learning through peer modeling. These opportunities may include such things as increasing skills related to following directions, seeing others that are dressed and groomed well, using appropriate manners, and being engaged in activities associated with proper use of utensils at a meal, etc.

Habilitative support provides opportunities to reinforce all types of skills such as maintenance of mobility, sensory-motor, communication, social, personal care and relationship building. It should provide opportunities for a variety of leisure activities such as going to a theatre, buying a movie ticket and buying popcorn and soda, etc.

For Habilitative supports to occur, it must first be identified as a goal on the child's plan of service. The activities or events must not replace services such as school or therapy that is currently being provided in another environment and must not supplant the role of the primary caregiver. The activities must be age-appropriate with typically developing peers.

Providers of habilitative supports must be at least 18 years of age, be high school graduates (or have a GED), and have six-months supervised experience working with children with developmental disabilities. Additionally, staff must complete a required training (currently approximately 3 hours) focusing on inclusion.

Family Education



Through Family Education, parents can learn about disability issues and treatment strategies for their child.

Family Education is a teaching service available to help families better meet the needs of their child by providing education on their child's needs that have been identified on the plan of service. This service is provided by trained professionals on issues as broad as an orientation on disabilities and as narrow as the use of adaptive seatbelts or intervention strategies on the plan of service.

Family Education can also include helping the parent educate other unpaid caregivers regarding the needs of the child. Providers of family education are required to maintain documentation of the training in the child's records indicating the activities that are stated in the plan of service are being implemented.

There is a maximum group ratio of 5 families per class. The provider must meet the professional requirements of a habilitative interventionist.

WAIVER SERVICES

Habilitative Intervention



Habilitative Intervention services improve children's functional skills and discourage problem behavior.

Intervention services are outcome-based, therapeutic services delivered by a professional. Services include individual or group behavioral interventions and skill development activities.

Habilitative Intervention must be based upon well-known and widely regarded principles of evidence-based treatment (EBT).

EBT is the use of intervention methods that research has shown effective as treatment for specific problems.

1. **Develop Functional, Adaptive Skills.** When goals to address skill development are identified on the plan of service, the intervention must provide for the acquisition of functional skills such as riding the bus, cooking, banking, dressing, keeping a schedule and community safety skills.
2. **Diminish Maladaptive Behaviors.** When goals to address maladaptive behavior are identified on the plan, the intervention must include the development of replacement behavior/skills rather than merely the elimination or suppression of maladaptive behavior that interferes with the child's overall general development, community and social participation.

Habilitative intervention can be conducted in a child's home, in community settings or at the DDA. It can be one-on-one with a child or in a small group of up to 3 children. Staff to child ratio shall be adjusted according to the number of children in the group with significant functional impairments or behavioral issues.

When group intervention is community-based, children must be integrated in the community in a natural setting with typically-developing peers. Group intervention must be directly related to meeting the needs of the child, and be identified as an objective in accordance with a plan goal. Providers of Habilitative Intervention must have a bachelor's degree in a human service field including certain child-related course content and one year's experience working with the population.

Family Training



Research shows that family training and involvement makes an amazing difference in the rate of progress.

Family Training is instruction provided on a 'one-on-one' basis to families by a trained professional on treatment strategies.

This service allows a professional to meet with the family to help them with the intervention techniques that are being used with their child.

The child must be present when Family Training is provided so the trainer can demonstrate intervention techniques and strategies. Additionally, Family Training is required for all parents of children receiving Habilitative Intervention. If the child is on the Act Early Waiver, the parent will need to be physically present at the intervention session a minimum of 20% of the time in which Habilitative Intervention is being provided to receive family training. This is a very important requirement and is part of the Idaho IDAPA rules that allow for this type of education for children on the Act Early Waiver.

Interdisciplinary Training



Collaboration

Interdisciplinary Training encourages collaboration by allowing two providers to bill at the same time under certain circumstances, allowing one professional to bill Interdisciplinary Training and one professional to bill for the direct service being provided.

Interdisciplinary Training is only provided during the time in which support or intervention services are being provided to the child. With Interdisciplinary Training, the DDA staff and the child's OT, PT or SLP should be able to collaborate in order to reinforce each other's goals and objectives and eliminate therapy that is inconsistent and not complimentary of one another.

Interdisciplinary Training can be provided on topics such as health and medication monitoring, positioning and transfers, intervention techniques, positive behavior supports and the use of therapeutic equipment. The child must be present when the interdisciplinary training is being provided to the direct service provider.

Interdisciplinary Training between a Habilitative Interventionist and a Therapeutic Consultant is not a reimbursable service. Interdisciplinary Training between employees of the same discipline is also not a reimbursable service.

The Interdisciplinary Training provider is required to maintain documentation of the training in the child's records indicating the activities were provided as stated in the plan of service.

Occupational Therapists, Physical Therapists, Speech-Language Pathologists, Practitioners of the Healing Arts, Habilitative Intervention providers and Therapeutic Consultants may be qualified to provide interdisciplinary training.

Therapeutic Consultation



Therapeutic Consultation is an opportunity to consult with the experts in a field when treatment isn't working.

When a child receiving Habilitative Intervention is not demonstrating expected outcomes and it is anticipated that a crisis event may occur without the consultation service, Therapeutic Consultation can be used to bring in an expert in the field to consult on the treatment plan.

A Therapeutic Consultant has advanced expertise and experience to address complex needs that have not been successfully mitigated in Habilitative Intervention. These could include severe aggression, self-injury or other dangerous behaviors that require more aggressive efforts in training and assistance. There could also be a risk of a crisis unless the consultative services are acquired.

The Therapeutic Consultant can:

- Develop and oversee a "positive behavior support" plan. Positive behavioral supports are intervention strategies used to reduce or prevent problem behaviors by replacing them with socially-appropriate behaviors.
- Provide advanced types of assessments to help determine what training and assistance is needed to address the complex needs.
- Monitor the progress and coordination and implementation of the plan across various environments such as the home or the community, or
- Provide consultation to other service providers and families.

Certain limitations are in effect for Therapeutic Consultation. Therapeutic Consultation cannot be provided as a direct intervention service, it is a consultative service. A child must be receiving Habilitative Intervention services prior to consideration of a Therapeutic Consultation, with the exception of crisis situations. Additionally, Therapeutic Consultation is limited to 18 hours per year per child and must be prior authorized by the child's case manager.

Crisis Intervention Services



A crisis is defined as an unanticipated event, circumstance or life situation that places a child with a developmental disability at risk of at least one of the following:

- Hospitalization;
- Loss of housing;
- Loss of employment;
- Being arrested or incarcerated; or
- Physical harm to self or others, including family altercation or psychiatric relapse.

Crisis Intervention can help prevent or avert a community placement and guide families and service providers in situations where risk to the health and safety of the child exists or there is the potential for a crisis to occur.

Crisis Intervention Professionals provide consultation services, such as training and staff development to help address the child's needs. Crisis intervention professionals must meet the minimum Therapeutic Consultation provider qualifications.

An Emergency Intervention Technician provides emergency back-up or direct support, such as crisis intervention services in the home or community on a short term basis, not to exceed 30 days. An out-of-home cannot exceed 14 days and must be pre-authorized by the Department. Emergency Intervention Technician providers must meet the same minimum qualifications as a habilitative support provider.

Crisis intervention can be requested retroactively when a crisis has already occurred and there were no other supports available for the child during the time of the crisis. The request must be made to the Department within 72 hours of the services being provided. If the child staying at home creates a dangerous situation for themselves, the family, or both, the provider can request short-term placement out of the home for the child - this requires prior authorization by the Department.

Positive behavioral interventions (intervention strategies that are developed and implemented to prevent problem behavior with alternative behaviors that are socially appropriate) must be used prior to, and along with, the use of any restrictive interventions. Crisis intervention services can also be provided for a child in a crisis situation via tele-health resources.

All children on the Traditional option are eligible for crisis services.
Crisis services are not deducted from a child's annual budget.

Children's Benefit Redesign

Summary of Children's Developmental Disabilities Service Rates

Line Item	New Service Description	Rate	Hourly Rate
1	Respite-Individual	\$ 3.46	\$13.84
2	Independent Respite – Individual	\$ 2.05	\$ 8.20
3	Respite – Group	\$ 1.50	\$ 6.00
4	Habilitative Supports – Individual	\$ 5.01	\$20.04
5	Habilitative Supports – Group	\$ 2.14	\$ 8.56
6	Habilitative Intervention Assessment	\$11.35	\$45.40
7	Habilitative Intervention – Individual	\$11.35	\$45.40
8	Habilitative Intervention – Group	\$ 4.56	\$18.24
9	Therapeutic Consultation	\$16.20	\$64.80
10	Independent Therapeutic Consultation	\$16.20	\$64.80
11	Family Education	\$11.35	\$45.40
12	Family Training	\$11.35	\$45.40
13	Interdisciplinary Training	\$11.35	\$45.40
14	Crisis Intervention – Technician	\$ 5.39	\$21.56
15	Crisis Intervention – Professional	\$16.20	\$64.80
16	Independent Crisis Intervention – Professional	\$16.20	\$64.80

FAMILY-DIRECTED SERVICES PATHWAY OPTION

The “Family Directed” option offers parents of children with developmental disabilities more choice and flexibility in purchasing the services their children need. Using the child’s individualized budget assigned during the annual assessment, a family can plan a year of therapy, services and goods to enable their child to live a full and inclusive life.

The flexibility in the Family Directed option allows parents to design and direct services outside of the traditional menu of services, within guidelines. Families are able to contract with non-traditional and traditional service providers with the skills, experience and qualifications desired by the family.

The Family Directed pathway allows for creative and innovative ways to access services while still maintaining accountability required by federal authorities.

FAMILY-DIRECTED SERVICES MAY BE RIGHT FOR YOU IF:

- You are willing to invest the time involved in administrating the FDS program.
- You understand and assume the responsibilities in administering the FDS program.
- You would like to gain more control over the resources that are available for your child.
- You want to manage an individualized budget based on your child’s assessed needs.
- You want to recruit, hire, set wages, train and monitor your child’s service providers (families can also contract with traditional and non-traditional service providers).
- You want to maintain records, monitor services and spending, set schedules and submit timesheets for your child’s providers.

How It Works

1. A child is determined eligible for services and will be assigned a budget based on their strengths and assessed needs. This process is the same as in the Traditional option. The plan is authorized by a regional Department case coordinator.
2. The family will hire a “support broker” to assist them in administering the program, including developing a plan, managing services and monitoring the budget.
3. A “fiscal employer agent” takes care of the financial considerations including paying for authorized services and goods, withholding applicable taxes and providing monthly expenditure reports.
4. Together you, your support broker and the Department will work together to assure that your child’s health and safety needs are met.

Choosing Family-Directed Services allows you more control over your child’s services if you wish to take more responsibility for coordination and management.