

Children’s System Redesign Draft Rules for Review

Please review the following set of draft rules and post your comments in the “Draft Rules Feedback Form”. Throughout the document you will see comment boxes. These comment boxes address areas still under development, modifications we have made based on provider and family feedback, and notes when a reference is made to another chapter of rules. We would appreciate your feedback specific to the highlighted areas, but your feedback does not need to be limited to these areas. We welcome comments on any portion of the rule that you feel is important.

The attached set of draft rules is 3 out of 3 that will be posted:

1) **Children’s HCBS State Plan Option Services**

2) **Children’s Waiver Services**

3) **Coordination of Children’s DD Benefits**

This section of rules describes the requirements for eligibility determinations and family-centered planning under the new federal authorities, and how the state proposes to meet these requirements. It is not quite in rule format yet, but it describes the concepts that we would like to receive your input on. The concepts include:

- Independent Assessment Provider
- Children’s Care Management (Referred to as “Service Coordination” in our proposed services information)
- Authorization of Services
- Phased Implementation

Coordination of Children's DD Benefits

Independent Assessment

To better streamline the eligibility determination process for children, the Department is proposing to use an independent assessor to complete assessments. We heard from families and providers that with multiple providers having this responsibility, there is often duplication of assessments occurring for children. Using an independent assessor will reduce over assessing and offer more consistency for families during this process.

An independent assessor will perform the following tasks for the children's DD program:

1. Eligibility Determination

The Department or its contractor will complete initial and annual eligibility determinations for children. Eligibility will be determined based upon a standardized assessment, medical records and/or psychological evaluation. Waiver eligibility will be determined based upon current criteria for ICF/ID level of care found in IDAPA 16.03.10.584.

2. Individualized Budget Determination

In the current system, children's DD benefits are managed by limiting services with an hourly cap per week. We have heard from families and stakeholders that this methodology does not allow a lot of flexibility for families, and is not individualized to meet each child's needs resulting in a "one size fits all" program. Another opportunity to improve the way we manage benefits is to eliminate the hourly cap, and instead assign individualized budgets determined annually.

The Department or its contractor will assign families an individualized budget based on the child's assessed needs. The individualized budget amount will be based on a child's support needs which will be determined from an inventory of needs with a standardized assessment tool.

Children's Care Management

To ensure children are receiving quality services appropriate to the child's needs, the Department is proposing to use an independent care manager to coordinate and oversee the child's overall system of care. The Department is exploring utilizing either selective contracting or Department staff to act as children's care managers.

Through selective contracting or Department staff, the Department hopes to achieve improved efficiencies including: elimination of self-referral, improved coordination of services, consistent implementation of processes, and additional clinical oversight for children receiving DD services.

Comment [LE1]: Referred to as "plan developer" in the other posted sections of rule.

Qualifications for the children’s care manager will be established through the Request for Proposal (RFP) process or through internal Department processes. The Department is considering the following qualifications:

Children’s Care Managers:

Education: Must hold at least a bachelor’s degree in a health, human services, educational, behavioral science, or counseling field from a nationally accredited university or college; and

Background/Experience: Must be able to provide documentation of two years supervised experience working with children with developmental disabilities; and

Training: Must complete a competency course approved by the Department.

Clinical Level Supervision/Oversight:

Education: Master’s Degree in a health, human services, educational, behavioral science, or counseling field from a nationally accredited university or college; and

Background/Experience: Must be able to provide documentation of one year supervised experience working with children with developmental disabilities.

Children’s Care Managers Have a Key Role

The Children’s Care Manager must be an active member of the child’s family-centered planning team. They would assist the family by conducting a comprehensive review, writing a single “action plan” and educating the family on services and supports that are available to them based on the child’s individualized budget.

Family Centered Planning

Children’s Care Managers would work with families to identify their child’s goals and how they would like to reach those goals. The child’s goals, needs, and resources would be identified through a review of assessments and history, and the family-centered planning process.

Through the family centered planning process the Children’s Care Manager, family and planning team (to be determined by the family) will develop objectives to meet a child’s goals, determine allocation of the child’s budget and decide if further assessments are needed. If further assessments are needed, the Children’s Care Manager will refer the family for service specific assessments.

Action Plan

A single Action Plan will replace multiple provider service plans. The Action Plan will include the goals, objectives and assessment results from all of a child’s services and supports in the child’s system of care. The system of care is not limited to only DD services, but must also include natural supports, school services, and other supports available outside of Medicaid-funded services that help the participant

Comment [LE2]: NOTE: Referred to as “plan of service” in the other sections of draft rules.

meet desired goals. The Action Plan will demonstrate collaboration is taking place among providers and that objectives are directly related to the goals of the family.

Summary of Children's Care Manager Responsibilities

The Children's Care Manager will:

- Act as the primary contact for the family to have a single individual that will be responsible to know all of the services a child receives
- Link the family to training and education to promote the families ability to competently choose from existing benefits
- Complete a comprehensive review of the child's needs, interests, and goals
- Ensure children and their families are at the center of the children's systems of care and the supports and services provided
- Assist the family to allocate funding from their child's individualized budget
- Write the Action Plan
- Using clinical expertise, provides monitoring of the child's and the family's outcomes.
- Ensure that changes to the action plan are completed when needed
- Facilitate communication between the providers in a child's system of care
- Coordinate services on the action plan to ensure they are complimentary and appropriate

Comment [LE3]: What monitoring should be required?

Authorization of Services

The plan of service must be subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as participant needs change, and must be updated upon significant change in the individual's circumstances. The Medicaid agency must approve each plan of service developed.

We are proposing that the Department review and authorize the plan of service annually. However, review and approval by the Department should not be required for every adjustment made to the plan during the plan year. The care manager will be responsible for initiating and tracking these changes, and must report significant changes to the Department when required for authorization.

Comment [LE4]: We heard in the open houses that the amount of addendums required are cumbersome and unnecessary. We would like to reduce the amount of addendums in response to these concerns. How can this be accomplished? What addendums to the plan should require Department authorization?

Phased Implementation

We want to transition providers and families into the new system as seamlessly as possible. It is really important to hear ideas on how this can be accomplished. The implementation date for the Redesign is July 1, 2011, and we are proposing that transitioning participants will be accomplished in one year.

Comment [LE5]: How will we transition participants into the new system in one year? Is this a reasonable timeframe? A few examples we have heard so far include:
-By Region
-Annual redetermination date
-Option for families who want to transition early

