# Children's System Redesign Update Developmental Disabilities Services

Department of Health and Welfare

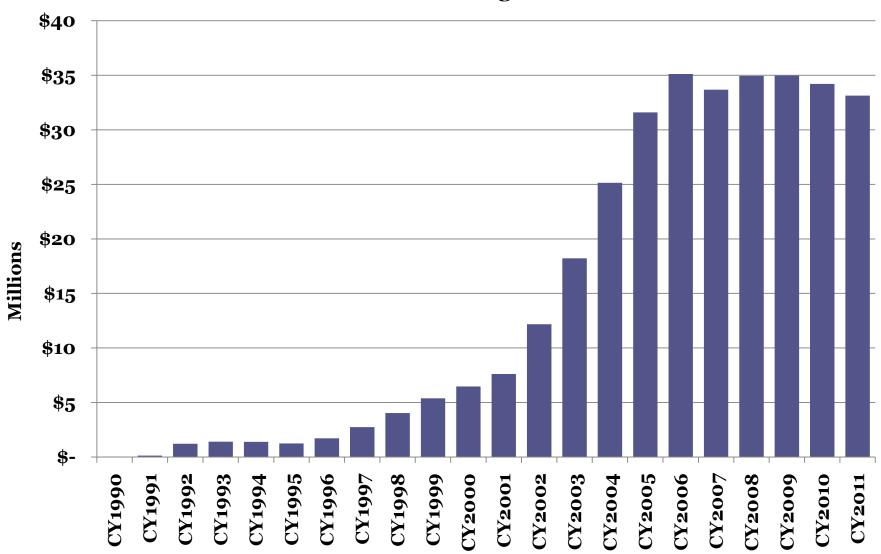
Division of Medicaid and Division of Family and
Community Services
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### Short History of Children's DD Services

- Pre-1995
  - Children utilized few Medicaid developmental disabilities services
- 1996-2001
  - Increases in use of developmental therapy
  - Introduction of Intensive Behavioral Intervention (IBI)
- 2002 2009
  - Only DD service available to children was therapy
  - Service utilization not always based on evidence-based practice
  - Beginning of work on children's benefit redesign

Total Paid DDA - Ages 0-18



### Redesign Project Structure

- Steering Committee; Design Committee; Workgroups
- Stakeholder groups
  - Parents, providers, educators, therapists,
     psychologists, advocates and DHW staff
- Opportunities for public input included more than 60 meetings with families and stakeholders over 2 year project cycle

### Redesign Objectives

- Increase opportunities for family involvement including a Family-Directed Services option
- Not replace supports already available such as parents, schools, and churches
- Eliminate conflicts of interest present in current system
- Assure all therapy services are based on evidencedbased practice
- Include options for support services in addition to therapy
- Assure program changes don't result in increased cost

### Redesign Services

- Move from a one-size-fits-all system, that was only able to deliver therapy, to a system that provides a continuum of care based on the child's level of need
- Services include:
  - Supports to help the children participate in their communities
  - Respite to provide relief to parents
  - Parent Training to empower parents to work most effectively with their own children
  - Therapy to work on specific skill-building and problembehavior reductions where the research supports its effectiveness

### Children's DD Budget Methodology

- Assign budget categories based on research and level of care needs
- Children can access an array of services that are outside of the budget to meet individualized needs:
  - Medical services
  - Pharmacy
  - Professional therapy services (e.g., physical therapy, occupational therapy, speech therapy)
  - Crisis services
  - EPSDT for medically necessary services

#### EXAMPLE USE OF WAIVER BUDGET - \$14,900 (CHILD, AGE 12)

#### Services that come out of the Budget

Service/Support	Purpose	Frequency	Hourly Cost	Total Annual Cost
Habilitative Intervention Evaluation	Determine function of maladaptive behavior and develop behavior plan	5 hours total	\$45.40	\$227.00
Respite (Individual)	Relieve parents for an evening	3.5 hours every other month	\$8.20	\$172.2
Habilitative Support (Group)	Support child in after school activities to practice skills and integrate in community	10 hours per week School year – 40 weeks	\$8.56	\$3,424.00
Habilitative Support (Group)	Support child in summer activities to practice skills and integrate in community	15 hours per week Summer Only - 12 weeks	\$8.56	\$1,540.80
Habilitative Intervention (Individual)	Implement and oversee behavior plan	2 hours per week Year Round	\$45.40	\$4,721.60
Habilitative Intervention (Group)	Social Skills Group	2 hours per week Year Round	\$18.24	\$1,896.96
Family Training	Teach family techniques for skill building and behavior reduction in the home	1 hour per week Year Round	\$45.40	\$2,360.80
Interdisciplinary Training	Provide consistency and training among interventionist, support staff and OT	1 hour per month	\$45.40	\$544.80
			Total	\$14,888.1

#### Services that do not come out of the budget

Service/Support/Activity	Purpose	Frequency
School	Education	30 hours per week, September through May
Occupational Therapy (OT)	Self-help training and sensory integration	1 hour per week
Family Psychotherapy	Increase functioning level of family	1 hour per week
Medication	Assist with mental health condition and associated behaviors	Daily
Mental Health Clinic	Pharmacological management	.5 hours per month
Crisis Support	In-home crisis support	As needed

### Phased Implementation

#### 523. TRANSITION TO NEW CHILDREN'S DEVELOPMENTAL DISABILITY BENEFITS.

- 01. Phase-in Schedule. To transition to the new benefits under Sections 520 through 528, Sections 660 through 666, and Sections 680 through 686 of these rules, a child will be phased in to the new benefits by order of his birthdate. (7-1-11)
- 02. Notification. During the phased-implementation, the Department will notify a family three (3) months prior to their child's birthdate. (7-1-11)
- 03. New Applicants. A new applicant entering the system will be enrolled in the new children's DD benefit programs.
  (7-1-11)
- Opportunity for Early Enrollment. A family may opt to transition their child to the new benefits prior to their child's birthdate. The Department will accept application for a family who chooses to opt-in early, but transitioning a child at his scheduled transition date will be the Department's top priority. (7-1-11)
- 05. Duplication of Services. A child will not be able to receive both the new children's HCBS state plan option and children's waiver services listed in Section 660 through 666 and 680 through 688, at the same time he is receiving the old DDA services listed in Section 649 through 659. (7-1-11)

### Operating Two Systems at Once

- **Agencies** those approved to provide services in the old system are automatically approved to provide services in the new system
- **Direct Service Staff** Individuals qualified to provide services in the old system were grandfathered to be able to provide services in the new system on an interim basis
- **Reimbursement Rates** At the request of providers, aligned rates between old system and new system
- Services Maintained DT and IBI to allow for a gradual transition to the redesign system

### **Program Status Update**

- Assessment and case management services available July 1, 2011
- New benefits available October 1, 2011
- 119 families currently receiving new services

### **Operations**

#### Independent Assessment

Provided through contract effective July 1, 2011

#### Case Management

- Provided by Department staff effective July 1, 2011
- Two contracts in place effective April 2012
- Department staff continue to provide case management statewide while contracts for other areas of the state are pursued.

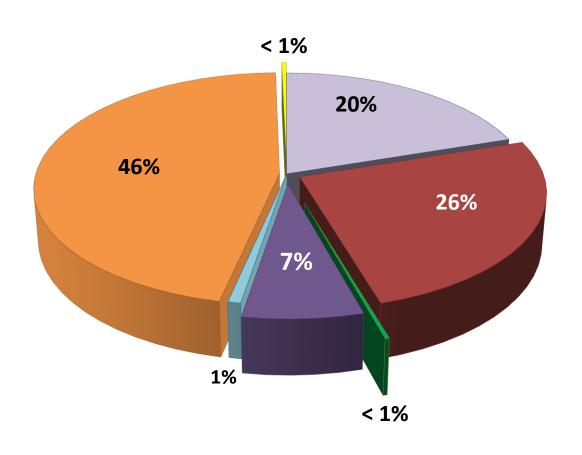
### Program Enrollment

Key Indicator	July 2011 – January 2012
Number of Applications Sent to Parents by DHW	1,443
Number of Applications Completed by Parents	1,023
Number of Families Receiving Redesign Services	119

#### SFY12 Year-to-date Summary:

- 71% of families have responded to sent applications and went through the eligibility process
- •Of those, approximately **12%** of families are receiving new redesign services

## Children's Service Redesign Parents' Choice of Services



- Respite
- Support
- **■** Family Education
- **■** Family Training
- Assessment
- Intervention
- Interdisciplinary
  Training

### **Parent Communications**

#### Outreach Meetings

- 28 meetings statewide
- 500 attendees

#### Transition Letters to parents

- Written communication beginning 4 months prior to their child's birthday with instructions and contact information
- Individual meetings with families to plan for services

#### Website Announcements

- 700+ individuals receive alerts for updates
  - redesignforchildren.medicaid.idaho.gov

### **Provider Communications**

- MedicAide Newsletters
  - Four articles July 2011 January 2012
- Outreach Meetings
  - 28 meetings statewide
  - 500 attendees
- Outreach to Associations/Stakeholders
  - 15 outreach meetings/presentations
- Website Announcements
  - 700+ individuals receive alerts for updates
    - redesignforchildren.medicaid.idaho.gov

### **Transition Monitoring**

#### Transition Committee

- Readiness review
- Provider capacity/resource development

#### Parent Partners

- Readiness review
- Parent communications

#### Family Surveys

Quarterly Parent Survey

### Implementation Challenges

- Delay in case management contract
- Operating two systems simultaneously
- Some providers not offering new services.

### Response to New Services

<u>Families who have yet to transition to the new services report:</u>

- Concerns about not being able to receive the same amount of therapy as in previous system
- Confusion about the new services and the transition process

### Response to New Services

<u>Families who are receiving the new services report:</u>

- 94% agree or strongly agree that the services meet their child's needs
- 100% agree or strongly agree that the case manager was able to answer all of their questions
- Improvements to application and evidence-based practice information are needed.

### **Next Steps**

- Continue with transition plan and move children to the new system.
- Establish additional case management contracts
- Continue to monitor the program closely
- Increase outreach efforts to families who have not responded to application notices and those that have expressed confusion.