

CIHS--Frequently Asked Questions & Answers

Eligibility

Who is eligible to participate in the project? Potential enrollees are children on the autism spectrum living at home, ages 4-17 with significant problem behaviors that present risk to self and others.

Will eligibility be re-determined? Eligibility will not be re-determined for those already deemed fully eligible for OMRDD services. For younger children with “provisional” status, eligibility must be re-determined by age eight. Failure to submit documentation for re-determination in a timely manner may result in suspension of services.

My child is 16, does this mean he will age out of the service? As long as your child continues to meet the criteria for this service and attending school, he/she can remain in this project through age 21. Exceptions may be made based on need.

Does my child need to have Medicaid to receive services under this project? No. There are two components of the service: Clinical Support and Community Habilitation. Service begins with clinical support and assessment. If it is determined that the child is in need of ongoing clinical and habilitative support, authorization for community habilitation, Medicaid and waiver enrollment is required.

Training Requirements

Why do I (parent) have to attend training? This purpose of the project is to help parents learn strategies to address a variety of issues including but not limited to understanding, preventing and replacing problem behavior. Training is designed to educate and help parents change their own behavior with their child. Participation demonstrates a commitment learning and doing things differently.

Can a mentor get credit for training if the content is covered by a college course, outside workshop or conference? Yes with verification of content and completion however, mentors will not be paid to attend/participate.

There are trainings I would like to attend with my child’s mentor. Can another mentor work with my child during these times? It is possible. Speak with your mentor’s supervisor.

Services Provided

What services can a mentor provide while working with my child? The mentor must follow the Habilitation plan formed from the valued outcomes prescribed in the Individual Service Plan written by the Medicaid Service Coordinator with input from the parent, individual and providers. The mentor can do community activities and events based on the individual Valued Outcomes. Please ask the community habilitation supervisor for a copy of “allowable services”.

How many hours can the mentor work within a day? As per the service delivery agreement, a maximum of four hours on week days and six hours on weekends. This is a Medicaid billable habilitative service. After a full day of school, response to continued demands is diminished. It is difficult to justify and provide more than six hours of billable services on a weekend day. Exceptions can be made following discussion and approval by the mentor’s supervisor.

Can the number of authorized hours be changed? Yes. Increased or decreased based on need.

Can the mentor take my child out into the community? Yes, once the mentor and family are comfortable, safety concerns are identified and addressed.

My child is approved for respite and community habilitation. If we opt to enroll him in the CIHS Project we would only get one service-community habilitation. Why can't we have respite?

A case was made and the state agreed that those meeting the criteria to be in this Project require staff that are trained to use evidence based practices and strategies to address the complexities and consistency. The hourly Medicaid reimbursement rate for respite is insufficient to provide the training and an hourly wage is significantly lower than community habilitation under CIHS. An untrained respite worker could un-do the progress made through provision of community habilitation. Parents still receive *temporary* relief from care (the operational definition of respite) during the provision of community habilitation because they do not need to be present when the service is delivered.

Can the mentor give my child his/her medication? No, as per state regulation, staff may NOT administer medication in an uncertified setting (i.e., the person's home or community) even if they are medication certified through another job.

I've been receiving traditional services and the workers have always watched all of my children. Why can't mentors in this project do the same? Staff should never "watch" other children during the scheduled, professional delivery of a service billed to Medicaid; they are not "babysitters."

Can the mentor take my child to an OPWDD family support program? No, they may not. Those programs funded through OPWDD family support are already funded to provide supervision. They can accompany a child/youth to a county funded social group or educational program, community sponsored events or activities available to the public or those that are paid for by the family as long as they are able to provide allowable community habilitation services during that time.

Can I use the service as needed? No, community habilitation is an ongoing, skill building service. In order for your child to progress, consistency and regularity is required. Additionally, this is someone's job. Mentors need regular work hours and income.

Can I use the service for school breaks and cancellations? The service was authorized to provide community habilitation, an ongoing skill building service to your child. Requests for schedule changes for the sole purpose of child care coverage may not be honored. This is not an "on call" service we cannot respond to a school closure.

General Questions

My service coordinator works for an agency that is not participating provider of community habilitation through the project. Do I have to change MSC providers? No, they are separate services. There are no circumstances requiring that all services be provided by the same agency.

This project was funded through Options for People Through Services (OPTS) as a pilot. What is the current status? It was a five year contract that was renewed in 2013 for an additional five years. It is now an ongoing service.

I don't understand why there are six agencies providing services. No one can predict if the one agency you select will be able to recruit staff for your child. Having six potential agencies collaborate significantly increases our ability to recruit and match staff with children across the county. It also offers families greater flexibility to move from one agency to another when needed seamlessly.

Why these six agencies? This project was created to address systemic barriers to the delivery of quality services. All agencies serving children with autism had the opportunity to participate in planning meetings; these six agencies choose to take a chance to work differently and create this project.

Can I change agencies? Absolutely as long as it's another participating agency.

The agency I am with cannot find staff. Can I go with another agency? Absolutely. All agencies are experiencing difficulty recruiting and hiring, but the agencies meet together with the county regularly to facilitate continuous quality improvements. The clinical team meets with them several times a year. One of the things discussed is staffing--- available staff, un-filled and under-filled hours. This can result in sharing staff, sharing hours or porting the hours to another participating agency.

Why is the County overseeing the project? With the county overseeing the project, we can ensure, to the best of our ability, that the integrity of project and service implementation remain consistent and that staff from all agencies receive the same specialized training and support.

I know someone that I would like to work with my child. Can they be hired? Yes, they can be hired if they meet the agency's criteria for the position and passed clearances.

What will staff be paid? Newly hired mentors earn \$15.60 per hour.

How long is the hiring process? The hiring process can take anywhere from two-four months or more depending on many variables due to family preferences, geography, experience needed, background checks, response and follow-through by potential new hire.

What is the typical number of hours a child is allocated? It really depends on the needs of the child, age, schedule and family situation but generally between 10 and 15 hours weekly. Hours can be adjusted up or down as things change.

Who does the mentor work for, the agencies or the families? The mentor is hired and employed by an agency. They provide a scheduled Medicaid billable service. Significant changes to work schedules, plans, etc. require prior approval by the supervisor.

How will my child get the service when the mentor is sick, on vacation or when they are in training? Things happen. There is never a guarantee of service delivery. With advanced notice, it may be possible to get coverage but this is a discussion with for the parent, mentor and supervisor.

Is the service portable? The service is completely portable in that you can change from one to any of the other five agencies that are part of this project. The service is not portable to other agencies.

If we agree to participate, is there a chance that we could lose the service? There is always a risk that funding will be cut but we have not experienced a situation where existing services are terminated due to lack of funding. That said, it is possible that the service could be terminated or suspended under certain circumstances including but not limited to: child cannot be safely maintained 1:1 in the home or community; parents demonstrate a lack of cooperation and collaboration; parents do not allow service to be delivered as required; child no longer meets criteria; Medicaid coverage has lapsed. In any of these situations, communication, planning and multiple interventions would be tried before getting to the point of termination.