

CHAPTER 5

ICF/IID Level of Care

In order to be enrolled in the Community Supports Waiver, the participant must have intellectual disability or a related disabilities as determined by SCDDSN, be eligible to receive Medicaid, be allocated a waiver slot, choose to receive services in his/her home and community and meet ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities) Level of Care (the individual does not have to be currently served by SCDDSN).

Initial ICF/IID Level of Care Evaluations for the Purpose of Enrolling in the Community Supports Waiver

The SCDDSN Eligibility Division located in the Sequoia Building at the Midlands Center Campus makes the initial determination of ICF/IID Level of Care. Once a slot has been allocated, feasible alternatives under the Waiver have been explained to the individual, and the individual has been given a choice of institutional services or home and community-based services, you must request a determination of Level of Care.

The SCDDSN Eligibility Division makes the initial determination of ICF/IID Level of Care. The Waiver Case Manager (CM) must complete an initial **Community Supports Waiver Level of Care** and submits it to the SCDDSN Eligibility for approval. In addition you must forward records that support the Level of Care. These records may include:

1. Formal psychological evaluation(s) that includes cognitive and adaptive scores that support a diagnosis of an intellectual disability or a related disability. Every effort should be made to locate the report that is noted on the individual's Eligibility Letter as well as any additional, current evaluation reports, if applicable.

If the individual does not have an intellectual disability and/or is served in another eligibility category (i.e. related disability), appropriate supportive documentation is required. This may not be a psychological evaluation, but may be, for example, a report from the SCDDSN Autism Division, or appropriate medical, genetic or adaptive assessments. The SCDDSN Eligibility letter should always be included for those participant who have a related disability.

2. Current SCDDSN Case Management Annual Assessment and current Support Plan, Individualized Family Service Plan or Family Service Plan.
3. Any/all other current (within one year) signed and dated information pertaining to:
 - Daily living and other adaptive functioning
 - Behavior/emotional functioning, including any Behavior Support Plans, and/or

- Medical and related health needs.

If a Behavior Support Plan (BSP) is referenced in the consumer's current Support Plan and Case Management Annual Assessment, include a current signed and dated BSP in the packet.

If the consumer is a child receiving EI through BabyNet (i.e., not DDSN eligible), or is served by DDSN as a High-Risk Infant or At-Risk Child, the following support documentation must be included in the packet:

- A SCDDSN Eligibility Letter (if applicable).
- A current (within 3 months) curriculum based assessment.
- All available relevant medical, genetic and developmental reports. (This may include historical as well as current information).

After file review, the SCDDSN Eligibility Division may return the request to you and request that the potential waiver individual be tested by a SCDDSN approved provider psychologist. The SCDDSN Eligibility Division may also request additional records or reports prior to completing the Level of Care evaluation.

If a Community Supports Waiver slot has been allocated, and the Level of Care Determination is requested at the same time as a request for a determination of eligibility for services, the eligibility decision will be completed first. In this case, duplicate packets are to be sent to the SCDDSN Eligibility Division, with corresponding coversheets for eligibility and Level of Care.

Please note: The SCDDSN SCDDSN Eligibility Division has the discretion to request that an individual's current eligibility be reevaluated prior to completion of a Level of Care Determination request if, after file review, there is a question as to the appropriateness of the individual's current eligibility category.

Once the information is received, the SCDDSN Eligibility Division will review the information.

When the Level of Care determination has been made, the SCDDSN Eligibility Division will certify that the person does or does not meet ICF/IID Level of Care criteria. This is done by completing the **SCDDSN Level of Care Certification Letter** and mailing the completed letter, with the procedure for appeals to the individual or his/her family or legal guardian and a copy to you. The SCDDSN Eligibility Division is also responsible for providing the Waiver Enrollments Coordinator with the Level of Care information needed for enrollment.

Individuals Who Do Not Get Enrolled within 30 days of the Initial Level of Care Determination:

Waiver Enrollment must occur within thirty (30) calendar days of the Level of Care Determination date. (Please see "Enrollments" for more specific information). If the potential individual's Level of Care Determination was completed thirty (30) calendar days or more prior to waiver enrollment, a new SCDDSN Certification Letter must be issued. If a Waiver

applicant's Level of Care has expired prior to enrollment in the Community Supports Waiver, **a recertification does not have to be done immediately.** As long as enrollment occurs within 180 days of the initial Level of Care, it may be updated once all enrollment issues have been resolved. **NOTE:** If more than 180 days has passed since completion of the initial Level of Care Determination, then a new initial Level of Care Determination is required **prior to enrollment by the SCDDSN Eligibility Division.**

Once the Level of Care has been updated, it **cannot be updated again.** **If the individual is not enrolled in the Community Supports Waiver within 30 days of the update, then a new Level of Care must be submitted to the SCDDSN Eligibility Division.**

Please utilize the following steps for Community Supports Waiver Level of Care update:

1. Immediately contact the Waiver Enrollments Coordinator when you note that a Level of Care is about to expire or has already exceeded thirty days.
2. The Waiver Enrollments Coordinator will verify that all enrollment information is completed. If so, you may request an update of the Level of Care. If the case is not ready for enrollment, the Waiver Enrollments Coordinator will contact you when the Level of Care needs to be updated.

Note: Prior to requesting the update from the SCDDSN Eligibility Division, you must contact the individual/family/guardian to verify and document in your service notes that the individual's condition has not changed since completion of the Initial Level of Care Determination. To do so, the CM should:

- Review the Level of Care Determination Form and the supporting documentation upon which the initial Level of Care was initially completed.
 - Determine if the record contains more current reports or other information that might impact the answer to each specific question on the Level of Care Determination Form.
 - Then contact the individual/family/guardian to verify the current status of the individual and that the individual's condition has not changed to the extent that it would change the Level of Care decision. **This must be clearly documented in the individual's file and in a notation to the SCDDSN Eligibility Division.**
3. If the individual's condition **has not changed,** please contact the SCDDSN Eligibility Division via SComm and request a Level of Care update. You must resubmit a **new Request for Community Supports Level of Care (Community Supports Form 9)** [indicate on the form that it is an initial Level of Care (expired) and enrollment did not occur with 30 days of the Level of Care effective date], the initial **Level of Care Determination for ICF/IID form and the Certification Letter** along with a request for

issuance of a new Certification Letter. You must document in a service note that the individual's condition has not changed and with whom you verified that information, so that the SCDDSN Eligibility Division may complete the update.

Note: You must verify that the individual is ready for enrollment by consulting with the Waiver Enrollments Coordinator (Attachment 1 in Chapter 6) prior to contacting the SCDDSN Eligibility Division. The Waiver Enrollments Coordinator will notify the SCDDSN Eligibility Division that the individual is ready for enrollment into the Community Supports Waiver once all of the enrollment issues are resolved.

4. If the individual's condition has changed, a new initial Level of Care packet must be submitted to the SCDDSN Eligibility Division. The team should be apprised as to why this Level of Care is being requested. You should determine what current reports or other information is needed that might impact the answer to each specific questions on the Level of Care Determination Form, obtain these records and add them to the original packet that was submitted to the SCDDSN Eligibility Division . A new **Request for Community Supports Level of Care** must be completed.

When the initial Level of Care is updated, the date of the update becomes the new effective date of the Level of Care. The SCDDSN Eligibility Division will notify the Waiver Enrollment Coordinator of the new Level of Care date.

Please note: The SCDDSN Eligibility Division has the discretion to deny a recertification and ask that a new initial Level of Care packet be submitted.

ICF/IID Level of Care Reevaluations/Redeterminations for Individuals Enrolled in the Community Supports Waiver:

Once enrolled, ICF/IID Level of Care evaluations are valid for up to 365 calendar days unless otherwise stipulated by the SCDDSN Eligibility Division, but can never be more than 365 calendar days. Each individual must be evaluated at least every 365 calendar days from plan date (or as needed given changes in condition, diagnosis, etc.) and certified to meet ICF/IID Level of Care in order to continue to receive services funded through the Community Supports Waiver. You will be responsible for these annual re-evaluations and certifications **except for those participants who are eligible on a time-limited basis. For those who are served in a time-limited basis under the eligibility categories of Intellectual Disability, Related Disability, At-Risk Child, or High-Risk Infant, the Level of Care re-evaluation must be completed by the SCDDSN Eligibility Division. The same information required for an initial Level of Care evaluation plus the most recent Level of Care Determination for ICF/IID and Certification Letter must be sent to the SCDDSN Eligibility Division**

For all other participants, you are responsible for the annual re-evaluation of ICF/IID Level of Care. These re-evaluations must be conducted within 365 calendar days of the previous Level of Care Determination/Assessment date. The review will, **at a minimum**, consist of a review of the most recent psychological, social and medical information along with a review of the current

IFSP/FSP, Support Plan, and/or IEP. Based on the review of the information, you must complete the **Level of Care Determination for ICF/IID**.

If a participant still meets ICF/IID Level of Care, the SCDDSN Level of Care Certification Letter does not have to be completed unless certification is for less than 365 calendar days.

All decisions must be reviewed by your Supervisor or the Executive Director of your DSN Board/Provider. All Level of Care re-evaluations must be documented along with the **review from the Supervisor or Executive Director**. Once the Supervisory review is complete, the Level of Care Certification Letter (if applicable) and/or the Level of Care Determination for ICF/IID should be placed in the participant's file. **If the participant continues to meet ICF/IID level of Care, you do not have to submit the original Level of Care Certification letter to the participant and his/her family/guardian.**

If the participant is found to meet ICF/IID Level of Care, you must enter the effective date into the Waiver Tracking System. This should be done within one (1) working day of the determination. This should be done within one (1) working day of the determination. To do so, log in to the Waiver Tracking System, select the "enrollment menu" (ENMEN), then select "Update Last Level of Care Reevaluation Date" (ENLDT) and enter the participant's name or ID number. Next, enter the effective date of the re-evaluation certification.

If the participant is found to not meet ICF/IID Level of Care, all information used to make this determination along with the completed Level of Care Determination for ICF/IID **and the SCDDSN Level of Certification Letter** must be submitted to the SCDDSN Eligibility Division requesting a review of the decision (do not send notice to the participant/legal guardian at this time). These materials must be sent to the SCDDSN Eligibility Division far enough in advance to allow them to complete the review the review of the determination prior to the expiration date of the current certification. If the SCDDSN Eligibility Division concurs with the determination that the participant does not meet ICF/IID Level of Care, the SCDDSN Eligibility Division Director will sign the Level of Care Determination for ICF/IID and the **SCDDSN Level of Care Certification Letter** and mail the **SCDDSN Level of Care Certification Letter**, with the procedure for reconsideration and appeals to the participant or his/her family or guardian and send a copy to you. You must keep all documentation regarding this decision in the participant's file. Please note that if a participant no longer meets ICF/IID Level of Care, then he/she can no longer participate in the Community Supports Waiver. Therefore, you would initiate procedures for disenrollment (See Chapter 7 for instructions).

Note: If the current Level of Care certification expires, and consequently, the consumer must be disenrolled from the waiver while the SCDDSN Eligibility Division is reviewing a determination that found him/her to no longer meet ICF/IID level of Care, his/her waiver-funded authorizations must be terminated; however, the services will continue during the SCDDSN Eligibility Division's review at the provider's expense.

If the participant is found to not meet ICF/IID Level of Care, and the SCDDSN Eligibility Division **does not concur** with the decision, the decision will be overruled. The SCDDSN

Eligibility Division will signify their disagreement with the decision by completing a new **Level of Care Determination for ICF/IID and SCDDSN Level of Care Certification Letter** and returning it to you. You must keep all documentation of this decision in the participant's file.

Note: If for some reason the eligibility of an participant enrolled in the Community Supports Waiver changes to a non-eligibility status for Intellectual Disability or Related Disability, you must complete a Level of Care Re-evaluation which is warranted anytime an participant's condition changes. Given this new eligibility information, the participant would not meet Level of Care since Level of Care requires a diagnosis of Intellectual Disability or Related Disability. Therefore, you must submit the adverse Level of Care Determination Request to the SCDDSN Eligibility Division as previously noted in this chapter. **You cannot disenroll a participant from the Community Supports Waiver solely based on an eligibility decision. A Level of Care re-evaluation must be done and this decision upheld by SCDDSN through the SCDDSN reconsideration process.** If the participant then files an appeal w/SCDHHS, Division of Appeals and Hearings, and the Level of Care Re-evaluation decision is upheld, then the participant can be disenrolled from the CS Waiver.

Level of Care (LOC) Checklist

In order for the Eligibility Division to approve a LOC for Waiver enrollment, you will need to complete an Initial LOC request and upload it to the LOC module in Therap. The Eligibility Division no longer accepts LOC requests via regular mail, email or S-comm.

Please be aware that we do not have a mechanism in place via Therap that allows us to immediately determine when a LOC request was submitted, thus allowing us to complete in order of receipt. If your LOC request has urgency attached, such as an upcoming residential move or waiver transition date, it would be best to send an S-Comm after submission of your request to the LOC module, so we may search for and complete as quickly as possible.

Note- Waiver Case Manager must include the following documents with your LOC:

Support documentation confirming the DDSN Eligibility Category reflected in CDSS/Therap:

* For individuals who are eligible under the category of Autism Spectrum Disorder (ASD), the report(s) used to determine the (ASD) diagnosis via our Autism Division should be included. More recent documents that include standardized autism assessment tools may be included with your request, but it is most important to check with the Autism Division to ensure that you have the report they initially completed/reviewed in order to confirm (ASD) eligibility for DDSN. This documentation may also include an Autism Division consultant completed DSM-IV or DSM-5 if a Criteria for Autistic Disorder Checklist was not included within the body of the report itself.

If your individual is DDSN eligible under the category of (ID) and also has an educational or medical (ASD) diagnosis from another entity, this independent (ASD) diagnosis MUST be confirmed by the Autism Division and Autism eligibility reflected in CDSS/Therap or we can't use the (ASD) document for LOC purposes. The Eligibility Division does not diagnosis an (ASD) for DDSN. Only the Autism Division determines eligibility under this category.

Conversely, if your individual is DDSN eligible under the category of (ASD) and also has valid IQ and Adaptive scores that fall solidly in the (ID) range per submitted reports, you may see that we check both (ID) and (RD) when we approve your LOC request. You will only see this with individuals who are eligible under (ASD) and are also dually diagnosed with an Intellectual Disability per well-established test scores, OR for Individuals who have gone through both the Eligibility Division as well as the Autism Division and have been found to meet eligibility criteria under both Divisions.

*ID/RD – A psychological evaluation with IQ and Adaptive scores that fall in the (ID) range. If the individual was evaluated and (ID) eligibility established prior to age 5, more current assessment(s) should be provided that confirm your individual continues to meet criteria for an ID diagnosis (this is usually more recent school psychological testing). If your individual was assessed and DDSN eligibility determined after the developmental period (after age 22), documentation of onset must be provided. Documentation of onset can usually be located in Eligibility status/determination letters, historical psychological reports, Social History forms or genetics reports.

If a psychological report cannot be located or is no longer appropriate to validate an (ID) diagnosis, the Eligibility Division may require additional testing by one of our approved testing providers. This listing is available via DDSN.SC.GOV. In the upper right hand corner of our homepage, please search for approved testing providers. This should take you to a link for Provider Service Directory-SC DDSN. Click on this link and then scroll down to “Waiver Behavioral Health Services Provider Directory”. Click this link and then you may search by county or state-wide for a testing provider. Be sure to choose the psychological testing option and not Behavioral Supports.

*RD – A medical report or eligibility status/determination letter indicating the diagnosis determined to be a related disability via DDSN should be included with your request. A psychological report that includes IQ and Adaptive scores is also required.

Please check Directive 100-30-DD via DDSN.SC.GOV for more information regarding Eligibility Diagnostic Criteria if you are in need of additional information in regards to how our Agency defines an (ID) or (RD) diagnosis for eligibility purposes. You may also contact the Eligibility Division for more information.

If an individual was justified for DDSN eligibility, please include the justification paperwork with your LOC request. There are DDSN eligible individuals that will not meet LOC. In some cases, we may request new testing prior to making a LOC determination. While new testing will not affect an Individual’s DDSN eligibility status, it may allow us the option to change their assigned (ID) or (RD) category and approve a LOC determination by utilizing new testing that meets established DDSN eligibility criteria.

If the eligibility Division does not approve a submitted LOC determination, the Eligibility Division will alert all appropriate parties.

Submission of documents:

*Do not upload minimized documents, multiple documents under one field or a partial document in multiple fields. This causes a significant amount of re-work for SCDDSN Eligibility Division. Individual documents are reviewed by DHHS, their contracted reviewer as well as other contracted reviewers via DDSN; thus each report needs to be clearly labeled by report name and date so that it is easily identifiable by individuals who have read-only access the approved LOC Determination Form.

For example:

ATTACHMENT	DESCRIPTION
Staffing Report and Psychological for DDSN Eligibility	Date of (ID) Eligibility: 01-13-1975
SC DDSN Eligibility Determination Letter	Date of (ASD) eligibility: 11-12-2013
Report of Consultation for DDSN Eligibility	Date of Report: 05-09-2015
Annual Assessment	Completion Date: 08-08-2017
Case Management Assessment	Approval Date: 12-10-2017

If you experience difficulty uploading multiple pages, please see the below links:

How to reduce file size option #1:

- https://help.therapservices.net/app/answers/detail/a_id/1615/kw/file/related/1

How to reduce file size option #2

- Split PDF files through full version of adobe acrobat

<https://acrobatusers.com/tutorials/how-to-break-a-pdf-into-parts>

How to reduce file size option #3 (verify this is ok with IT)

- Split PDF files using free online website, <https://www.splitpdf.com>

*Documents should be legible. If you cannot read it, neither can anyone else. If the report has been highlighted in a color other than yellow, it cannot be read once it is copied. You will need to request a clean copy before uploading the report to Therap.

*Incomplete Reports cannot be accepted. In order to appropriately document eligibility criteria for LOC, reports should contain all pages.

*Do not upload a LOC request via Therap until a current Annual Assessment or Case Management Assessment has been completed and your consumer is ready

for a LOC determination. This includes individuals who are exiting DDSN Institutional placements and are moving into a DDSN Waiver-funded residential placement. An individual cannot be enrolled in the ID-RD or CS Waiver without a current Plan that supports the need for waiver-funded placement. For more information, please review Directive 738-01-DD.

*Please also be aware that at this time, the Eligibility Division does not have access to an Individual's Case Management Assessment via Therap. This Assessment must be uploaded with your LOC request.

Please contact Melody Dodgen with specific questions/concerns regarding this checklist, mdodgen@ddsn.gov.