

CHAPTER

5

INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITY (ICF/IID) LEVEL OF CARE

To enroll in the ID/RD Waiver an individual must:

1. be diagnosed with an intellectual disability or a related disability (as determined by SCDDSN),
2. be eligible to receive Medicaid,
3. be allocated a waiver slot,
4. choose to receive services in his/her home and community and
5. meet ICF/IID Level of Care.

An individual does not have to be currently served by SCDDSN to request a waiver slot.

Initial ICF/IID Level of Care Evaluations for the Purpose of Enrolling in the ID/RD Waiver:

The SCDDSN Eligibility Division makes the initial determination of ICF/IID Level of Care. The Waiver Case Manager/Early Interventionist (WCM/EI) must complete an initial ICF/IID Level of Care and submit for approval to the SCDDSN Eligibility Division after the following have been met:

1. a waiver slot has been allocated,
2. feasible alternatives under the waiver have been explained to the consumer,
3. and the individual has been given a choice of institutional services or home and community-based services,
4. The individual is expected **to be ready for enrollment in the next 30 days** (Medicaid approved, no MCO's, transition dates, if applicable; are scheduled).

In addition, the WCM/EI must forward records that support the Level of Care. These records may include (ALSO SEE THE LOC CHECKLIST AT THE END OF THIS CHAPTER):

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 individuals who have a related disability.

2. Current Support Plan, SC Annual Assessment, Individualized Family Service Plan, current school year IEP or Family Service Plan if not available electronically.
3. Any/all other current (within one year) signed and dated information pertaining to:
 - Daily living and other adaptive functioning

- Behavior/emotional functioning (e.g. Behavior Support Plan)
- Medical and related health needs.

If the individual 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) screening assessment
- All available relevant medical, genetic and developmental reports. This may include historical as well as current information

If the individual is served through the Head and Spinal Cord Injury (HASCI) Division, all available current and prior school records, including transcripts, current school year IEP's and psychological reports, as well as supportive medical documents, must be included with the request for Level of Care. The needed information should be mailed to the SCDDSN Eligibility Division at 8301 Farrow Road Columbia, SC 29203-3294.

After file review, the SCDDSN Eligibility Division may return the request to the WCM/EI and request that the potential waiver participant be tested by a SCDDSN-approved psychologist. The SCDDSN Eligibility Division may also request additional records or reports prior to completing the Level of Care Determination.

Note: The SCDDSN Eligibility Division has the discretion to request that an individual's current eligibility be re-evaluated prior to completion of a Level of Care determination if, after file review, there is a question as to whether or not the individual's current eligibility category is appropriate.

Once all needed information is received, the SCDDSN Eligibility Division will review the Level of Care. When the Level of Care determination has been made, the SCDDSN Eligibility Division will certify that the individual does or does not meet ICF/IID Level of Care. If the individual does not meet ICF/IID Level of Care the SCDDSN Eligibility Division will mail the SCDDSN Level of Care Certification Letter and the procedure for appeals, to the individual/legal guardian. The SCDDSN Eligibility Division is also responsible for providing the SCDDSN Waiver Enrollment 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) days of the Level of Care Determination date (see Chapter 6 Enrollments for more specific information). If the individual's Level of Care Determination was completed thirty (30) or more days prior to waiver enrollment, a new SCDDSN Certification Determination must be issued. If an individual's Level of Care has expired prior to enrollment in the ID/RD Waiver, **a Level of Care update 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 have passed since completion of the initial Level of Care Determination, then a new Level of Care Determination (by the SCDDSN Eligibility Division) is required prior to enrollment.**

Once the Level of Care has been updated, it cannot be updated again. If the individual is not enrolled in the ID/RD Waiver within thirty (30) days of the update, then a new Level of Care must be submitted to the SCDDSN Eligibility Division.

The WCM/EI should take the following steps for an ID/RD Level of Care update:

1. Contact the Waiver Enrollment Coordinator when a Level of Care nears expiration or has already exceeded thirty days.

2. Upon receipt of verification from the Waiver Enrollment Coordinator that all enrollment information is completed, request an update of the Level of Care. If the case is not ready for enrollment, the Waiver Enrollment Coordinator will make contact when the Level of Care needs to be updated.

Note: Prior to requesting the update from the SCDDSN Eligibility Division, the WCM/EI must verify that the individual's condition has not changed since completion of the initial Level of Care Determination. To do so, the WCM/EI should:

- Review the Level of Care Determination for ICF/IID form and the supporting documentation upon which the initial Level of Care was 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.
 - Contact the individual/legal guardian to verify the current status of the individual and that his/her condition has not changed to the extent that it would likely 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**, the WCM/EI will resubmit a new Request for ICF/IID Level of Care. WCM/EI will indicate on the form that it is an initial LOC (expired) and enrollment did not occur within 30 days of the LOC effective date. Indicate in a service note that the individual's condition has not changed and with whom that information was verified.

Note: The WCM/EI must verify that the individual is ready for enrollment by consulting with the Waiver Enrollment Coordinator (see Attachment 1 in Chapter 6) prior to contacting the SCDDSN Eligibility Division. The Waiver Enrollment Coordinator will notify the SCDDSN Eligibility Division via e-mail that the individual is ready for enrollment in the ID/RD Waiver once all of the enrollment issues are resolved.

If the individual's condition has changed, a new initial Level of Care packet must be submitted to the SCDDSN Eligibility Division. The WCM/EI should determine and notify the SCDDSN Eligibility Division of what current reports or other information is needed that might impact the answer to each specific question 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 ICF/IID 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.

Note: The SCDDSN Eligibility Division has the discretion to deny an update and ask that a new initial Level of Care packet be submitted.

ICF/IID Level of Care Annual Re-evaluations/Re-determinations for ID/RD Waiver Participants:

Once enrolled, ICF/IID Level of Care determinations are valid for up to 365 calendar days, unless otherwise stipulated by the SCDDSN Eligibility Division, but can never be more than 365 days. Each participant must be re-evaluated at least annually (or as needed, given changes in condition, diagnosis, etc.) and re-determined to meet ICF/IID Level of Care in order to continue to receive ID/RD Waiver-funded services. The WCM/EI is responsible for these annual re-evaluations and determinations **except when for those participants who are**

eligible on a time-limited basis. For those who are served on a time-limited basis under the eligibility categories of Intellectual Disability, Related Disability, the Level of Care re-evaluation must be completed by the Consumer Assessment Team. 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, the WCM/EI is responsible for the annual re-evaluation of ICF/IID Level of Care. 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, Case Management Annual Assessment and/or current school year IEP. Based on the review of these and any other documents, the WCM/EI must complete the Level of Care Re-Determination for ICF/IID.

Note: If a Level of Care re-evaluation and determination is not completed within 365 days of the previous Level of Care, the SCDDSN Eligibility Division must complete a new Level of Care review.

All decisions must be reviewed by the WCM/EI's Supervisor or the Executive Director of the 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 Determination for ICF/IID and the Level of Care Certification Letter (if completed) must be placed in the participant's file. **If a participant still meets ICF/IID Level of Care, the SCDDSN Level of Care Certification Letter does not have to be completed.**

If it is determined that a participant does not continue to meet ICF/IID Level of Care, the WCM/EI must complete the SCDDSN Level of Care Certification Letter. All information used to make this determination along with the completed Level of Care Determination for ICF/IID and the Certification Letter must be submitted to the SCDDSN Eligibility Division indicating '*found to not meet ICF/IID LOC by DSN Board/Provider.*' **These materials must be sent to the SCDDSN Eligibility Division far enough in advance to allow them to complete 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 co-sign the Level of Care Determination for ICF/IID and the SCDDSN Level of Care Certification Letter and will mail the Certification Letter, with the procedures for reconsideration and appeals, to the participant/legal guardian and a copy to the WCM/EI. All documentation regarding this decision must be maintained in the participant's file.

Note: If a participant no longer meets ICF/IID Level of Care, then he/she can no longer participate in the ID/RD Waiver and the WCM/EI must initiate procedures for waiver disenrollment immediately (see Chapter 7 for instructions).

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 immediately; however, the services will continue under state funds during the SCDDSN Eligibility Division's review.

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 the WCM/EI. All documentation of this decision must be maintained in the participant's file.

Note: If the eligibility of a ID/RD Waiver participant changes to a non-eligibility status for Intellectual disability or Related Disability, the WCM/EI must complete a Level of Care Re-evaluation which is warranted anytime a 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, the WCM/EI must submit the adverse Level of Care to the Consumer Assessment Team. **A participant cannot be disenrolled from the ID/RD 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 with SCDHHS, Division of Appeals and Hearings, and the LOC Re-evaluation decision is upheld, then the participant can be disenrolled from the ID/RD Waiver.**

Level of Care (LOC) Checklist

In order for the SCDDSN 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.