# POLICY

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<th>Department on Disability Services</th>
<th>Subject:</th>
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<td>ICF/IDD Level of Care Determination</td>
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<td>Responsible Program or Office:</td>
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<td>Developmental Disabilities</td>
<td>2014-DDA-POL0010</td>
</tr>
<tr>
<td>Administration</td>
<td>Number of Pages: 4</td>
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<tr>
<td>Date of Approval by the Director:</td>
<td>Effective Date:</td>
</tr>
<tr>
<td>December 22, 2014</td>
<td>January 01, 2015</td>
</tr>
<tr>
<td>Supersedes Policy Dated: N/A</td>
<td>Expiration Date, if any: N/A</td>
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<td>Cross References, Related Policies</td>
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<td>and Procedures, and Related</td>
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<td>Intake and Eligibility Policy and</td>
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provided in an Intermediate Care Facility for individuals with Intellectual and Developmental Disabilities (ICF/IDD) home or through the DD Medicaid Home and Community-Based Services (HCBS) waiver program must have an ICF/IDD level of care determination completed to determine eligibility for the program. A level of care re-determination must be conducted on an annual basis to recertify on-going eligibility for participation in the Medicaid program.

5. **RESPONSIBILITY** The responsibility for this policy is vested in the Director, Department on Disability Services. Implementation for this policy is the responsibility of the Deputy Director, Developmental Disabilities Administration

6. **CRITERIA:**
   Per Title 29 DCMR, Section 1902.4, a person meets the level of care determination if one of the following criteria has been met:

   (a) The person's primary disability is intellectual disability with an intelligence quotient (IQ) of 59 or less;

   (b) The person's primary disability is intellectual disability with an IQ of 60-69 and the person has at least one of the following additional conditions:
   
   1. Mobility deficits;
   2. Sensory deficits;
   3. Chronic health needs;
   4. Behavior challenges;
   5. Autism;
   6. Cerebral Palsy;
   7. Epilepsy; or
   8. Spina Bifida.

   (c) The person's primary disability is intellectual disability with an IQ of 60-69 and the person has severe functional limitations in at least three of the following major life activities:
   
   1. Self-care;
   2. Understanding and use of language;
   3. Functional academics;
   4. Social Skills;
   5. Mobility;
   6. Self-direction;
   7. Capacity for independent living; or

   (d) The person has an intellectual disability, has severe functional limitations in at least three of the major life activities set forth in (c) 1-8, and has one of the following diagnoses: autism, cerebral palsy, prader willi or spina bifida,
least three of the major life activities set forth in (c) 1-8, and has one of the
following diagnoses: autism, cerebral palsy, prader willi or spina bifida.

7. STANDARDS:
The following are the standards by which DDS will evaluate compliance with this policy:

1) Persons who are found eligible for services from DDS's Developmental Disabilities
   Administration (DDA) are persons who have been determined to have a diagnosis of
   an intellectual disability.

2) The DDA Intake and Eligibility Determination Unit obtains age-appropriate
   psychological evaluations during the eligibility determination process that includes
   the person's IQ.

3) The DC Level of Need Assessment and Screening Tool (DC LON) is a
   comprehensive assessment tool, which documents a person's health, developmental
   and mental health diagnoses, and support needs in all major life activities to
   determine the level of care determination criteria specified in (b) 1-8 and (c) 1-8
   above.

4) The DDA Intake and Eligibility Determination Unit Service Coordinator will
   complete the DC LON based on information obtained in the DDA Intake
   application, medical examination, social work history, psychological evaluation,
   school records, vocational assessments, and/or other available background
   information and interviews. The DC LON also provides an assessment of the
   person's functional developmental, behavioral, social, health and nutritional needs,
   which is required by an ICF/IDD program to determine if admission to that specific
   program is appropriate.

5) The "additional conditions" specified in the level of care determination criteria in (b)
   2,3,5,6,7,8 are found in the DC LON at questions 15 and 16. The criteria for (b) 1 is
   considered met if the person receives a score of 1 or higher on the Mobility scale in
   the DC LON Summary Report, and (b) 4 is considered met if the person receives a
   score of 2 or higher on the PICA, Behavior or Psychiatric scale in the DC LON
   Summary Report.

6) The criteria for severe functional limitations in the following major life activities
   specified in the level of care criteria in (c) is considered met by the following
   scores in the DC LON Summary Report:
   
   a) Self-care - Score of 3 (out of 8) or higher in Personal Care
   b) Understanding and use of language- Score of 1 (out of 4) or higher
      in Communication
   c) Functional academics- refer to the Psychological evaluation
   d) Social Skills- Score of 3 (out of 7) or higher in Social Life
   e) Mobility- Score of 1 (out of 7) or higher in Mobility
   f) Self-direction-Score of 1 (out of 3) or higher in Comprehension
      and Understanding
g) Living
h) Health and Safety- Score of 2 (out of 7 or higher) in Health or 2 (out of 7) or higher in Safety

7) When a person served by DDA has chosen and is accepted by an ICF/IDD program, DDA will submit the medical evaluation, psychological evaluation, the DC LON and the DC LON Summary Report, along with Form 1728 to Delmarva to complete the ICF/IDD level of care determination.

8) If the person seeking supports has chosen to receive services through the ID/DD Home and HCBS waiver program, the DDA Service Coordinator submits the waiver application package, inclusive of the medical evaluation, psychological evaluation, DC LON and Summary Report, to the DDA Waiver Unit. The DDA Waiver Unit completes the initial level of care determination as part of the eligibility review for the ID/DD waiver program.

9) The staff qualifications to make a level of care determination are either QDDP qualified or a licensed Registered Nurse.

10) The level of care must be re-determined on an annual basis per 42 CFR 441.302 (c)(2) for the ICF/ID program and the approved DC ID/DD HCBS waiver. The DC LON is completed prior to the team's review of the Individual Service Plan and will be utilized to re-determine the level of care criteria.

11) For persons receiving services in an ICF/IDD program, the ICF/IDD provider is responsible for submitting the completed DC LON and Summary Report, the continued stay Recertification Form completed in its entirety and the physician's certification and recertification for skilled and intermediate care form dated with the physician's signature to DHCF for the re-determination for the ICF/IDD program.

12) For persons enrolled in the DD HCBS waiver program, the DDA Service Coordinator completes the level of care re-determination as part of the annual review and update of the Individual Service Plan.

13) The DDA Waiver Unit verifies the level of care re-determination has been completed prior to authorizing the new waiver Plan of Care.

Laura L. Nuss, Director

Date