

INSTRUCTIONS FOR ICF-DD LEVEL OF CARE DETERMINATION

NOTE: Only Division of Developmental Disabilities TCM provider Support coordinators have authority to evaluate ICF-DD Level of Care for the DD Waivers. The Regional Office must administratively approve all Level of Care evaluations and determinations of waiver eligibility.

1. **Initial Determination:** This is the first time the person has been evaluated for ICF-DD level of care to determine eligibility for an initial waiver slot.

Annual Redetermination (Last LOC Date): A person has been participating in the waiver and this is an annual redetermination (typically done in conjunction with the annual individual support plan). Note: If an individual changes waivers and a LOC has been completed within the last 365 days another LOC is not due until the annual due date. When the LOC is completed it would be designated as Redetermination.

Significant Change: A decline in a person's mental or physical health status that results in an increase in supports and monitoring in the life of the person and/or the people around the individual.

Date of determination (date Support Coordinator establishes waiver eligibility/ineligibility): Before a person can become a waiver participant, the person must be initially determined to require ICF-DD level of care. Annually thereafter, **not to exceed 365 days**, the person must be reevaluated and a new ICF-DD level of care determination form must be completed to ensure the person remains eligible.

2. **Person:** Person's full name.
3. **DMH ID #:** Number assigned to the person by the regional office.
4. **Support Coordinator:** The individual who makes the determination that the person requires ICF-DD level of care.
5. **TCM Entity:** Indicate name of TCM entity.

I. Assessment Type: Select the primary assessment completed for the LOC determination; additional, secondary assessments are listed in the Assessment/Evaluation Comments section. The Missouri Critical Adaptive Behaviors Inventory (MOCABI) is the standard, baseline assessment for all waiver participants, except for children under age 18. There may be circumstances where the MOCABI may be appropriate for children age 17. For children, we recommend using the Vineland but other FORMAL assessments may be used (see Commonly Used Adaptive Behavior Devices list below). In addition to using the Vineland or other formal assessment, IEPs or other assessments such as psychological, psychiatric evaluations, medical tests, behavioral and speech evaluations, etc. may be used to assist in documenting the individual's diagnosis and level of functioning include. Tests/evaluations must be performed by qualified professionals. If assessments are over 30 days old you must include a time that the information was reviewed and a statement regarding the continued accuracy of the information. (Example: MOCABI performed by Sue Jones on 07.01.2010 and reviewed on 06.15.11. This individual has not displayed significant changes in behavior, medical condition or level of functioning since this assessment was completed, therefore its results are still considered to be valid.")

Assessment Date: This is the date the formal assessment was completed. Reassessments, which include completing a new MOCABI, Vineland or other formal assessment for children, must have been completed within two years (not to exceed 730 days) of the LOC determination date. Exceptions to the two year requirement can be granted by the Regional Director or designee and this is noted in the Assessment/Evaluation Comments section. Once the evaluation is completed, it is submitted to the supervisor for review. If the individual is ineligible for the waiver, the reason for ineligibility must be entered into the Assessment/Evaluation Comments section.

Completed By: The individual who completed the formal assessment.

Assessment/Evaluation Comment: Additional information, such as ineligibility, Regional Director two year exception, the 'Other' formal assessment used, continued accuracy of information for assessments over 30 days old would be noted.

Commonly Used Adaptive Behavior Devices

Adaptive Behavior Inventory (ABI)
Adaptive Behavior Assessment System-II (ABAS-II)
Adaptive Behavior Evaluation Scale (ABES-R)
Adaptive Behavior Rating Scale
Battelle Developmental Inventory (BDI)-2nd Edition
Bayley Scales of Infant Development - 2nd Edition
Child Development Inventory (CDI)
Comprehensive Test of Adaptive Behavior – Revised
Functional Evaluation for Assistive Technology (FEAT)
Normative Adaptive Behavior Checklist
Scales of Independent Behavior (SIB)
Street Skills Survival Questionnaire (SSSQ)
Vineland Adaptive Behavior Scales

II.A.1. Diagnoses: Document the most recently diagnosed conditions (ICD-9 format), including the primary diagnoses which makes the person eligible for services.

42 CFR 435.1010 Federal Definition 'Related Condition':

Persons with related conditions means individuals who have a severe, chronic disability that meets all of the following conditions: (a) It is attributable to— (1) Cerebral palsy or epilepsy; or (2) Any other condition, other than mental illness, found to be closely related to Intellectual Disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons. (b) It is manifested before the person reaches age 22. (c) It is likely to continue indefinitely. (d) It results in substantial functional limitations in three or more of the following areas of major life activity: (1) Self-care (2) Understanding and use of language (3) Learning (4) Mobility (5) Self-direction and (6) Capacity for independent living.

II.A.2. Functional Limitations: Document the person has functional limitations in **THREE (3)** or more of the following areas of life activity or, if a child has, or is likely to have, functional limitations in at least three equivalent, age appropriate major life activities.

NOTE: The differences between Missouri's statutory definition and the federal definition. The person must have functional limitations in THREE or more of the areas of life activity, rather than two. The federal definition does not include economic self-sufficiency as a major life activity; however, if the person has

limitations in this area you may check “self care.” Finally, the qualifying disability must be “other than mental illness.”

If the person is a child, consider the age appropriateness of the child’s abilities. There are three domains on the Vineland similar to the areas of federal limitations: communication, daily living skills and socialization. Also, given the child’s disability, consider his/her potential level of functioning in the areas of learning, self-direction and capacity for independent living. Attach any documentation that would describe limitations in other domains (behavior, socialization) not listed in this section. **If three (3) functional limitations are not noted, this individual IS NOT eligible for waived services.**

II.B. Need for Continuous Active Treatment: Select either yes or no. **If NO is checked, this individual IS NOT eligible for waived services.** This information is intended to show if this person applied to enter an ICF-DD, he/she would have a need for active treatment and would therefore be eligible for ICF-DD services. Although filling out this section does NOT mean the person has to receive active treatment in these same areas if he/she enters the waiver, all areas of need are to be addressed, e.g., documentation of natural supports.

Functional Limitations which Require Active Treatment: Select all applicable limitations. This area identifies more specific limitations than in Section II.A.2. If the person has limitations in addition to those mentioned here, describe the limitations in “Other”.

III. Need for ICF-DD Services: Select either yes or no. **If NO is checked, this individual IS NOT eligible for the waiver.** The context in which this should be answered, if there was not a Home and Community Based Waiver would this person be eligible for ICF-DD services (this does not infer an individual *has* to go to an ICF-DD facility but could be eligible for services in that facility)? Consider, in the absence of the waiver, there would be fewer group homes, ISLs, et cetera and more ICF-DD facilities. Also, in the absence of a waiver, if the person couldn’t continue to live in the current setting or if there were services the person needed but could not get in the community, there would be few, if any, alternatives to ICF-DD services.

Summary of Determination: Summarize the information that supports the above conclusion. For example, consider that individuals with disabilities are supported by a network of family, friends, agencies, et cetera and fully meeting an individual’s needs might stress this support system to the breaking point unless the waiver is utilized. Then, if the individual had to make it by himself, would he be eligible for ICF-DD services (in the absence of the waiver, his choices would be ICF-DD, RCF or Boarding Home; if any habilitative services are needed his only choice would be the ICF-DD). If ineligible, document the reasons.

Responses should be tailored to the individual’s situation. In addition to this rationale, indicate how the provision of HCBS waived services will enable the individual to live in the community as well as prevent the person needing ICF-DD services. Be succinct, but logically relate the services to providing a necessary and effective alternative to needing ICF-DD services.

IV. Document Location: Place a check mark to indicate where the assessment(s) may be found. If results of all tests are in the regional office/other TCM provider file, check “case record”. If some of them are in other locations (at a provider agency for instance) check “other location” and specify the type of evaluation and its location.

Team Supervisor Approval Signature: Each determination is submitted to a supervisor who reviews required fields for accuracy and completeness. Supervisor name and Date Reviewed indicates the supervisor has approved the completed LOC determination.

Regional Office Approval of Determination: To comply with Medicaid waiver requirements, determinations completed by other TCM providers besides the regional office must be administratively approved by regional office staff. Approval indicates all information in the CIMOR-Screening LOC determination is complete and based on this information the person is eligible for the waiver. As the operating agency for the waivers, DMH DD staff must approve LOC's completed by TCM entities. For regional office support coordinators, Team Supervisor name and Date Reviewed constitutes regional office approval for the LOC.