

**APPENDIX D
ENTRANCE PROCEDURES AND REQUIREMENTS**

APPENDIX D-1

a. EVALUATION OF LEVEL OF CARE

The agency will provide for an evaluation (and periodic reevaluations) of the need for the level(s) of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future, but for the availability of home and community-based services.

b. QUALIFICATIONS OF INDIVIDUALS PERFORMING INITIAL EVALUATION

The educational/professional qualifications of persons performing initial evaluations of level of care for waiver participants are (Check all that apply):

Discharge planning team

Physician (M.D. or D.O.)

Registered Nurse, licensed in the State

Licensed Social Worker

Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

Other (Specify): _____

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APPENDIX D-2

a. REEVALUATIONS OF LEVEL OF CARE

Reevaluations of the level of care required by the individual will take place (at a minimum) according to the following schedule (Specify):

Every 3 months

Every 6 months

Every 12 months

Other (Specify):

b. QUALIFICATIONS OF PERSONS PERFORMING REEVALUATIONS

Check one:

The educational/professional qualifications of person(s) performing reevaluations of level of care are the same as those for persons performing initial evaluations.

The educational/professional qualifications of persons performing reevaluations of level of care differ from those of persons performing initial evaluations. The following qualifications are met for individuals performing reevaluations of level of care (Specify):

Physician (M.D. or D.O.)

Registered Nurse, licensed in the State

Licensed Social Worker

Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

Other (Specify):

STATE: _____

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c. **PROCEDURES TO ENSURE TIMELY REEVALUATIONS**

The State will employ the following procedures to ensure timely reevaluations of level of care (Check all that apply):

"Tickler" file

Edits in computer system

Component part of Targeted Service Management

Other (specify):

APPENDIX D-3

a. MAINTENANCE OF RECORDS

1. Records of evaluations and reevaluations of level of care will be maintained in the following location(s) (Check all that apply):
 - By the Medicaid agency in its central office
 - By the Medicaid agency in district/local offices
 - By the agency designated in Appendix A as having primary authority for the daily operations of the waiver program
 - By the case managers
 - By the persons or agencies designated as responsible for the performance of evaluations and reevaluations
 - By service providers
 - Other (Specify):
The responsible MH/MR Program
2. Written documentation of all evaluations and reevaluations will be maintained as described in this Appendix for a minimum period of 3 years.

b. COPIES OF FORMS AND CRITERIA FOR EVALUATION/ASSESSMENT

A copy of the written assessment criteria to be used in the evaluation and reevaluation of an individual's need for a level of care indicated in item 2 of this request is attached to this Appendix.

For persons diverted rather than deinstitutionalized, the State's evaluation process must provide for a more detailed description of their evaluation and screening procedures for individuals to ensure that waiver services will be limited to persons who would otherwise receive the level of care specified in item 2 of this request.

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Check one:

The process for evaluating and screening diverted individuals is the same as that used for deinstitutionalized persons.

The process for evaluating and screening diverted individuals differs from that used for deinstitutionalized persons. Attached is a description of the process used for evaluating and screening diverted individuals. **(See below)**

The Department assures that each person admitted to receive waiver funded services will have mental retardation and meet the ICF/MR level of care.

The process for evaluating and screening diverted individuals differs from that used for deinstitutionalized persons. Individuals who receive waiver funded home and community- based services after leaving an ICF/MR (or nursing home where the individual was determined to need specialized services for mental retardation) require a current utilization review to confirm their need for an ICF/MR level of care. No other evaluation or screening is required for these individuals. To be current, the review must occur within 365 days of the individual's determination of need for ICF/MR level of care by the County MH/MR Program.

For individuals who are diverted from an ICF/MR, the Department requires a determination by an independent qualified mental retardation professional that the individual meets the standards for an ICF/MR level of care based on a current medical, psychological and social evaluation.

In all cases, the qualified mental retardation professional's evaluation and utilization review information is made available to the County MH/MR Program which makes the determination whether the individual meets the ICF/MR level of care for this waiver. In all cases, these determinations are subject to fair hearing and appeal in accordance with Department procedures.

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ATTACHMENT TO DEFINITION OF LEVEL OF CARE ELIGIBILITY

I. LEVEL OF CARE ELIGIBILITY

Each individual who receives home and community services funded under this 1915 (C) Waiver must be eligible for ICF/MR level of care according to criteria established by the Department and approved by the Health Care Financing Administration (CMS).

To qualify for an ICF/MR level of care, the individual must have mental retardation **or a related condition** and require services which would be provided in an ICF/MR. **To qualify for services under this waiver, the individual must have mental retardation as defined in the Department's level of care criteria for this waiver.**

A. Determination of Mental Retardation

A determination of mental retardation requires all of the following:

1. A licensed psychologist, certified school psychologist, psychiatrist, or licensed physician who practices psychiatry to certify that the individual has significantly sub-average intellectual functioning which is documented by either:
 - a) Performance which is more than two standard deviations below the mean of a standardized general intelligence test; or
 - b) Performance which is slightly above two standard deviations below the mean of a standardized general intelligence test during a period when the person manifests serious impairments of adaptive behavior. In such situations, the burden is on the examiner to avoid misdiagnosis and to rule out such factors as emotional disorder, social conditions, sensory impairment or other variables which might account more readily for observed deficits in adaptive behavior.
2. A qualified mental retardation professional (QMRP) who meets criteria established in 42 CFR 483.430 to certify that the individual has impairments in adaptive behavior based on the results of a standardized assessment of adaptive functioning which shows that the individual has either:

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a) Significant limitation in meeting the standards of maturation, learning, personal independence, and or social responsibility of his or her age and cultural group; or

b) Substantial functional limitation in three or more of the following areas of major life activity:

- | | |
|-----------------------------|---------------------------------|
| 1. self-care | 5. self-direction |
| 2. receptive and expressive | 6. capacity for language living |
| 3. learning | 7. economic self-sufficiency |
| 4. mobility | |

3. Documentation to substantiate that the individual has had these conditions of intellectual and adaptive functioning manifested during the developmental period which is from birth to the individual's 22nd birthday.

The results of both the standardized general intelligence test and the standardized assessment of adaptive functioning shall consist of:

a) The clinical data and an overall score:

b) A statement by the certifying practitioner that he results are considered valid and consistent with the person's degree of functional restriction; and

c) A statement by the certifying practitioner as to whether the results indicate that the individual has mental retardation.

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B. Individual Circumstances

The requirement for a standardized general intelligence test may be waived for a person who is unable to communicate and follow directions to the extent that the use of standardized measures is precluded. In such a situation, the requirement for the standardized intelligence test shall be substituted by a written statement from a licensed psychologist, certified school psychologist, or psychiatrist that the person's inability to communicate and follow directions precludes the use of standardized measures.

The requirement for a standardized general intelligence test, and assessment of adaptive functioning may also be waived for an individual who receives 2176 Waiver services after living in an ICF/MR or after living in a nursing facility where the department has determined that the individual requires specialized services. This requirement can be waived only upon the County MH/MR Program's acceptance of a utilization review which affirms the individual's need for an ICF/MR level of care, or for individuals in a nursing facility, need for specialized services. The utilization review must be completed in accordance with 42 CFR Part 456 for individuals in ICFs/MR, or pre-admission screening and annual resident review (PASARR) requirements for individuals in nursing facilities, and be dated within 365 days prior to the County MH/MR Program's Administrative Entity's determination of need for an ICF/MR level of care.

To be considered current, a standardized general intelligence test and assessment of adaptive functioning must reflect the intellectual and adaptive behavior challenges that the individual currently faces, along with present social and psychological conditions.

Autism is a disorder which is developmental in nature and routinely requires treatment similar to that provided for persons with mental retardation or related conditions. As a result, persons with autism may be appropriate for 2176 Waiver services. Individuals with autism need to meet the same level of care criteria as other persons applying for services under the waiver. Persons with autism who do not meet level of care criteria for services under the Waiver may be eligible for services provided through other agencies such as the local office of mental health in accordance with departmental policy which is currently set forth in Mental Retardation Bulletin 00-93-29. Evaluations and assessments are to be adapted to an individual's cultural background, ethnic origin, language and means of communication, such as signing for people who are hearing impaired. The assessor will arrange for appropriate persons who are competent in these matters to assist in the evaluation process, as necessary.

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a. FREEDOM OF CHOICE AND FAIR HEARING (to view the bulletin on this topic click here).

1. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, the individual or his or her legal representative will be:
 - a. informed of any feasible alternatives under the waiver; and
 - b. given the choice of either institutional or home and community-based services.
2. The agency will provide an opportunity for a fair hearing under 42 CFR Part 431, subpart E, to individuals who are not given the choice of home or community-based services as an alternative to the institutional care indicated in item 2 of this request or who are denied the service(s) of their choice, or the provider(s) of their choice.
3. The following are attached to this Appendix:
 - a. A copy of the form(s) used to document freedom of choice and to offer a fair hearing;
 - b. A description of the agency's procedure(s) for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver;
 - c. A description of the State's procedures for allowing individuals to choose either institutional or home and community-based services; and
 - d. A description of how the individual (or legal representative) is offered the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E.

b. FREEDOM OF CHOICE DOCUMENTATION

Specify where copies of this form are maintained:
The responsible County MH/MR Program

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