


<b>ISSUE DATE</b> November 26, 2019	<b>EFFECTIVE DATE</b> November 26, 2019	<b>NUMBER</b> 00-19-04
<b>SUBJECT</b> Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers		<b>BY</b>  Kristin Ahrens, Deputy Secretary for Developmental Programs

**SCOPE:**

Administrative Entity Administrators or Directors  
County Mental Health/Intellectual Disability Program Administrators or Directors  
Supports Coordination Organization Directors  
County Assistance Office Executive Directors  
Individuals and Families

**PURPOSE:**

The purpose of this bulletin is to communicate the requirements and procedures for evaluating and re-evaluating an individual's eligibility for services and supports provided under the Consolidated, Person/Family Directed Support (P/FDS) and Community Living Waivers.

**BACKGROUND:**

Individuals eligible to receive services under Home and Community Based-Services (HCBS) Waivers authorized under § 1915(c) of the Social Security Act must satisfy level of care and financial eligibility requirements. Prior to July 1, 2017, eligibility for the Consolidated and P/FDS Waivers was restricted to individuals 3 years of age or older with a diagnosis of intellectual disability who met the level of care criteria for an intermediate care facility for individuals with an intellectual disability (ICF/ID). Beginning July 1, 2017, the Department expanded eligibility for the Consolidated and P/FDS Waivers to include individuals of any age with an intellectual disability or autism spectrum disorder and children age 8 or younger with a developmental disability diagnosis, who meet the level of care requirements for either an ICF/ID or for an intermediate care facility for individuals with other related conditions (ICF/ORC). Effective January 1, 2018, individuals of any age with an intellectual disability or autism spectrum disorder and children age 8 or younger with a developmental disability

<p><b>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</b></p> <p>The appropriate ODP Regional Office</p> <p>Visit the Office of Developmental Programs Web site at <a href="https://www.dhs.pa.gov/contact/DHS-Offices/Pages/ODP-Bureau%20for%20Supports%20for%20People%20with%20Intellectual%20Disabilities.aspx">https://www.dhs.pa.gov/contact/DHS-Offices/Pages/ODP-Bureau%20for%20Supports%20for%20People%20with%20Intellectual%20Disabilities.aspx</a></p>
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diagnosis who met the level of care requirements for either an ICF/ID or an ICF/ORC were also eligible for the new Community Living Waiver.

## **DISCUSSION:**

This bulletin clarifies procedures to evaluate whether individuals with an intellectual disability or autism spectrum disorder diagnosis and children age 8 or younger with a developmental disability diagnosis are eligible or continue to be eligible for services provided in the Consolidated, P/FDS and Community Living Waivers.

This bulletin does not affect eligibility for services provided in ICFs/ID or ICFs/ORC, which are set forth in 55 Pa. Code Chapter 6210 and ODP Bulletin 00-02-13, *Need for ICF/ID Level of Care*.<sup>1</sup> Eligibility determinations for county Mental Health/Intellectual Disability (MH/ID) program services should continue to be conducted in accordance with ODP Bulletin 4210-02-05, *Clarifying Eligibility for Intellectual Disability Services and Supports*.<sup>1</sup>

Administrative Entities (AE) can request assistance from a licensed professional, a Regional Office of the Office of Developmental Programs (ODP), or ODP's Bureau of Supports for Autism and Special Populations regarding these requirements.

### **Level of Care Requirements**

To be eligible for enrollment in the Consolidated, P/FDS or Community Living Waivers, an individual must meet the level of care requirements for either ICFs/ID or ICFs/ORC, as described below.

The initial level of care processes described in Section 1 below are used to determine eligibility prior to enrollment in the Consolidated, P/FDS or Community Living Waivers when Waiver capacity becomes available. The re-evaluation process described in Section 2 below is only to be used to determine continued eligibility for the Consolidated, P/FDS or Community Living Waivers after enrollment in one of the Waivers.

### **Section 1: Initial Level of Care Evaluation**

#### **A. Initial ICF/ID Level of Care Evaluation**

There are four fundamental criteria that must be met prior to an individual being determined eligible for an ICF/ID level of care:

1. The individual must have a diagnosis of intellectual disability,
2. The individual must have substantial adaptive skill deficits in three or more areas of major life activity based on a standardized adaptive functioning test,
3. The intellectual disability must have occurred prior to age 22, and

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<sup>1</sup> The term "mental retardation" has been replaced throughout this document with "intellectual disability" in alignment with the intellectual disability terminology update. See the act of November 22, 2011 (P.L. 429, No. 105) and Rosa's Law (P.L. No. 111-256). Please note that ODP Bulletins 00-02-13 and 4210-02-05, until revised and replaced, still contain the term "mental retardation."

4. The individual must be recommended for an ICF/ID level of care based on a medical evaluation.

The following must be met to document a diagnosis of intellectual disability and need for ICF/ID level of care:

1. A licensed psychologist, certified school psychologist, or licensed physician, including a developmental pediatrician or psychiatrist, must certify that the individual has significantly sub-average intellectual functioning based on a standardized general intelligence test<sup>2</sup> which is documented by either:
  - Performance that is more than two standard deviations below the mean of a standardized general intelligence test, which reflects a Full Scale IQ score of 70 or below,<sup>3</sup> or
  - Performance that is slightly above two standard deviations below the mean of a standardized general intelligence test during a period when the individual manifests serious impairments of adaptive functioning.<sup>4</sup>
2. A Qualified Developmental Disability Professional (QDDP) who meets the criteria established in 42 CFR § 483.430(a) and the federally approved ODP HCBS Waiver must certify that the individual has impairments in adaptive functioning based on the results of a standardized assessment of adaptive functioning<sup>5</sup> which shows the individual has significant limitation in meeting the standards of maturation, learning, personal independence, or social responsibility of his or her age and cultural group. The results of the assessment must also show that the individual has substantial adaptive skill deficits in three or more of the following areas of major life activity:
  - Self-care,
  - Receptive and expressive language,
  - Learning,
  - Mobility,
  - Self-direction,
  - Capacity for independent living.

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<sup>2</sup> An individual's cultural background, ethnic origin, language, and means of communication should be considered when conducting all evaluations and assessments.

<sup>3</sup> Individuals with an intellectual disability have scores of approximately two standard deviations or more below the population mean, including a margin for measurement error (generally +/- 5 points). On tests with a standard deviation of 15 and a mean of 100, this involves a score of 65 to 75 (70 +/- 5). Clinical training and judgement are required to interpret test results and assess intellectual performance. DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (Am. Psychiatric Ass'n 5th ed.) (2013).

<sup>4</sup> In situations where the individual manifests serious impairments of adaptive functioning, the burden is on the examiner when certifying sub-average intellectual functioning to avoid misdiagnosis and to rule out such factors as emotional disorder, social conditions, sensory impairment or other variables which might account for the deficits in adaptive functioning.

<sup>5</sup> The standardized assessment of adaptive functioning would be the Vineland Adaptive Behavior Scales© (Copyright 1986, Pearson) or the Adaptive Behavior Assessment System-III© (Copyright 2015, Pearson).

3. Documentation that substantiates that the individual's intellectual and substantial adaptive skill deficits manifested during the developmental period, which is prior to the individual's 22nd birthday.<sup>6</sup>
4. Documentation of a current medical evaluation performed by a licensed physician, physician's assistant, or certified registered nurse practitioner that indicates that the individual is recommended for ICF/ID level of care or an MA 51 form completed by a licensed physician, physician's assistant, or certified registered nurse practitioner may be submitted to document that the individual is recommended for an ICF/ID level of care.

Documentation of the results of both the standardized general intelligence test and the standardized assessment of adaptive functioning shall consist of all of the following:

- The clinical data, overall IQ score and overall standardized assessment score for all testing performed.
- Documentation from the certifying practitioner that the results are considered valid and consistent with the individual's functional limitations.
- A statement by the certifying practitioner as to whether the results indicate that the individual has a diagnosis of an intellectual disability.

If the individual does not have documentation of a standardized general intelligence test and/or a standardized assessment of adaptive functioning, the AE will provide the individual with a list of resources that can assist the individual with obtaining the necessary test and/or assessment.

The AE must offer to an individual who presents with a request for an ICF/ID evaluation, feasible home and community-based service alternatives.<sup>7</sup>

## **B. Initial ICF/ORC Level of Care Evaluation for People with Autism Spectrum Disorder**

There are four fundamental criteria that must be met prior to an individual with autism spectrum disorder being determined eligible for an ICF/ORC level of care:

1. The individual must have a diagnosis of autism spectrum disorder,
2. The individual must have substantial adaptive skill deficits in three or more areas of major life activity based on a standardized adaptive functioning test,
3. The autism spectrum disorder must have occurred prior to age 22, and
4. The individual must be recommended for an ICF/ORC level of care based on a medical evaluation.

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<sup>6</sup> For individuals who are age 22 or older, have never been served in the intellectual disability service system and have no prior records of testing, clinical judgment may be used to determine whether the age of onset of an intellectual disability and impairment in adaptive functioning occurred prior to the individual's 22nd birthday. Necessary testing (that is, intellectual and adaptive functioning) would still need to occur.

<sup>7</sup> The AE must follow the procedures outlined in ODP Bulletin No. 00-08-03, *Procedures for Service Delivery Preference*, and any subsequent updates to this bulletin.

The following must be met to document a diagnosis of autism spectrum disorder and need for ICF/ORC level of care:

1. A licensed psychologist, certified school psychologist, licensed physician, including a developmental pediatrician or psychiatrist, licensed physician's assistant or certified registered nurse practitioner must certify that the individual has autism spectrum disorder as documented in a diagnostic tool(s).<sup>8</sup>
2. A QDDP who meets the criteria established in 42 CFR § 483.430(a) and the federally approved ODP HCBS Waiver must certify that the individual has impairments in adaptive functioning based on the results of a standardized assessment of adaptive functioning<sup>9</sup> which shows that the individual has significant limitation in meeting the standards of maturation, learning, personal independence, or social responsibility of his or her age and cultural group. The results of the assessment must also show that the individual has substantial adaptive skill deficits in three or more of the following areas of major life activity:
  - Self-care,
  - Receptive and expressive language,
  - Learning,
  - Mobility,
  - Self-direction,
  - Capacity for independent living.
3. Documentation that substantiates that the individual's autism spectrum disorder and substantial adaptive skill deficits manifested during the developmental period, which is prior to the individual's 22nd birthday.<sup>10</sup>
4. Documentation of a current medical evaluation performed by a licensed physician, physician's assistant, or certified registered nurse practitioner that indicates that the individual is recommended for ICF/ORC level of care or an MA 51 form completed by a licensed physician, physician's assistant, or certified registered nurse practitioner may be submitted to document that the individual is recommended for an ICF/ID level of care.

Documentation of the results of the diagnostic tool(s) and the standardized assessment of adaptive functioning shall consist of all the following:

- The clinical data, overall IQ score and overall standardized assessment score for all testing performed.

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<sup>8</sup> The diagnosis of autism spectrum disorder is based on testing across multiple areas. While there is no one test to diagnose autism spectrum disorder, the diagnosis is based on testing that indicates impairment present in early childhood and limits on social, adaptive, and/or occupational functioning due to core deficits in: a) reciprocal social communication and social interactions, and b) restricted, repetitive patterns of behavior, interests or activities.

<sup>9</sup> An example of a standardized assessment of adaptive functioning would be the Adaptive Behavior Assessment System-III© (Copyright 2015, Pearson).

<sup>10</sup> For individuals who are age 22 or older who have no prior records of testing, clinical judgment may be used to determine whether the age of onset of autism spectrum disorder and adaptive functioning deficits occurred prior to the individual's 22nd birthday. Necessary testing (that is, adaptive functioning) would still need to occur.

- Documentation by the certifying practitioner that the results are considered valid and consistent with the individual's functional limitations.
- A statement by the certifying practitioner as to whether the results indicate that the individual has a diagnosis of autism spectrum disorder.

If the individual does not have documentation of the results of the diagnostic tool(s) and assessment and/or a standardized assessment of adaptive functioning, the AE will provide the individual with a list of resources that can assist the individual to obtain the necessary assessments.

**c. Initial ICF/ORC Level of Care Evaluation for Children Age 8 or Younger with a Developmental Disability**

There are four fundamental criteria that must be met prior to a child with a developmental disability being determined eligible for an ICF/ORC level of care:

1. The child must have a diagnosis of a developmental disability, which is defined as a condition of substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in an intellectual disability or autism spectrum disorder, the disability manifested prior to the age of 9 and the disability is likely to continue indefinitely;
2. The child is 8 years of age or younger;
3. The child must have substantial adaptive skill deficits in three or more areas of major life activity based on a standardized adaptive functioning test; and
4. The child must be recommended for an ICF/ORC level of care based on a medical evaluation.

The following must be met to document a diagnosis of a developmental disability and need for ICF/ORC level of care:

1. A licensed psychologist, certified school psychologist, licensed physician, including a developmental pediatrician or psychiatrist, licensed physician's assistant or certified registered nurse practitioner must certify that the child has a developmental disability, which is defined as a condition of substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in an intellectual disability or autism spectrum disorder likely to continue indefinitely which is documented by the results of a diagnostic tool.<sup>11</sup>
2. A QDDP who meets the criteria established in 42 CFR § 483.430(a) and the federally approved ODP HCBS Waiver must certify that the child has impairments in adaptive functioning based on the results of a standardized assessment of adaptive functioning which shows that the individual has substantial adaptive skill deficits in three or more of the following areas of major life activity:
  - Self-care,
  - Receptive and expressive language,
  - Learning,

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<sup>11</sup> A diagnosis of Global Developmental Delay meets the criteria for children 4 years of age or younger.

- Mobility,
- Self-direction,
- Capacity for independent living.

3. The child is 8 years of age or younger.

4. Documentation of a current medical evaluation performed by a licensed physician, physician's assistant, or certified registered nurse practitioner that indicates that the individual is recommended for ICF/ORC level of care or an MA 51 form completed by a licensed physician, physician's assistant, or certified registered nurse practitioner may be submitted to document that the individual is recommended for an ICF/ID level of care.

If the child does not have documentation of the results of the diagnostic tool(s) and/or an assessment of adaptive functioning, the AE will provide the child's surrogate with a list of resources that can assist the surrogate with obtaining the necessary assessments. Children determined to have a developmental disability prior to the age of 9 must be re-evaluated annually and continued level of care eligibility must be based on either a diagnosis of intellectual disability or autism spectrum disorder by age 9.

**D. Determining Substantial Adaptive Skill Deficits for Individuals with Autism Spectrum Disorder**

In order to determine if an individual has substantial adaptive skill deficits in any of the six major areas of life activity, the QDDP will review the Vineland Adaptive Behavior Scales (Vineland) or Adaptive Behavior Assessment System (ABAS) scores:

If the individual's assessment scores are two standard deviations below the mean in at least three of the six major areas of life activity, the individual has met the substantial adaptive skill deficit as required by the HCBS Waiver.

If the individual's assessment scores are not two standard deviations below the mean in at least three of the six major areas of life activity **and** the individual has an IQ of 85 or above, the QDDP will review the individual's assessment scores using one standard deviation below the mean in at least three of the six major life activities to determine if the individual has met substantial adaptive skills deficits as required by the HCBS Waiver.

**E. Interpretive Guidelines for Standardized Assessments**

The chart below automatically calculates standard deviation thresholds for all potential scores typically reported in standardized adaptive assessment. The chart should be used as a reference.

POTENTIAL REPORTED SCORE	MEAN	1 STANDARD DEVIATION CALCULATION	2 STANDARD DEVIATIONS CALCULATION
Standard Score (1SD = 15)	100	≤ 85	≤ 70
Scaled Score (1SD = 3)	10	≤ 7	≤ 4
v-Scale (1SD = 3)	15	≤ 12	≤ 9
Z score (1SD = 1)	0	≤ -1	≤ -2
Stanine Score (1SD = 2)	5	≤ 3	≤ 1
T score (1SD = 10)	50	≤ 40	≤ 30

The six major areas of life activity are not captured in a singular standardized assessment. The crosswalk below should be used to align the six major areas of life activity with the sub-domain areas.

SIX MAJOR AREAS OF LIFE ACTIVITY	VINELAND	ABAS
<b>SELF-CARE</b>	Personal & Domestic	Self-Care
<b>LEARNING</b>	NONE	Functional Academics
<b>COMMUNICATION</b>	Receptive, Expressive, & Written	Communication
<b>MOTOR SKILLS</b>	Gross & Fine Motor	NONE
<b>SELF-DIRECTION</b>	Coping	Self-Direction & Health and Safety
<b>CAPACITY FOR INDEPENDENT LIVING</b>	Community, Interpersonal, & Play & Leisure	Social, Community Use, & Home Living

#### **F. Special Circumstances for Level of Care Evaluation or Re-Evaluations**

##### 1. The Standardized General Intelligence test:

Although it is recommended that all individuals can be evaluated or assessed, testing may not be appropriate for all individuals. The requirement for a standardized general intelligence test may be waived for an individual who is profoundly intellectually impaired to the extent that the use of standardized measures is precluded. In such a situation, the requirement for the standardized general intelligence test shall be substituted by a written statement from a licensed psychologist, certified school psychologist, or licensed physician, including a developmental pediatrician or psychiatrist, that the individual's inability to be tested is itself a manifestation of significantly sub-average intellectual functioning.



## 2. The standardized assessment of Adaptive Functioning:

When an individual is currently living in an ICF/ID or ICF/ORC, the individual has been determined eligible for the ICF/ID or ICF/ORC level of care. Therefore, the requirement for a standardized assessment of adaptive functioning is not required to be completed for an individual who applies to receive HCBS Waiver services after living in an ICF/ID or ICF/ORC because it was determined that the individual met the level of care requirements. The AE will accept a utilization review is completed by a licensed physician, physician's assistant, or certified registered nurse practitioner who affirms the individual's need for an ICF/ID or ICF/ORC level of care. The utilization review must be completed in accordance with 42 CFR Part 456 for individuals in ICFs/ID or ICFs/ORC and be dated within 365 days prior to the AE's determination of need for an ICF/ID or ICF/ORC level of care.

### **G. Notification of Results of Review**

The AE is responsible to complete form DP 250, *Certification of Need for ICF/ID or ICF/ORC Level of Care* (Attachment 1) and notify the individual and/or surrogate of the results of the evaluation for ICF/ID or ICF/ORC level of care.<sup>12</sup>

### **Section 2: Annual ICF/ID or ICF/ORC Level of Care Re-Evaluation Process**

To continue to qualify for services funded under the Consolidated, P/FDS or Community Living Waivers, an individual's need for an ICF/ID or ICF/ORC level of care must be re-evaluated annually.

On July 1, 2017, the Supports Intensity Scale (SIS) assessment tool was required to be used in the re-evaluation process. To conduct the re-evaluation, the QDDP should complete the Level of Care Re-Evaluation Tool (Attachment 3), along with the DP 251. The re-evaluation process utilizes the SIS scores to determine if the individual continues to require an ICF/ID or ICF/ORC level of care. The re-evaluation process will only use the standard scores indicated in the SIS Report. The re-evaluation must include a review of the individual's Individual Support Plan (ISP) to validate that the individual is receiving Waiver services per the approved Waivers.

The QDDP must recertify that the individual continues to require an ICF/ID or ICF/ORC level of care. The re-evaluation process must be signed by the QDDP, and the AE signatures must be obtained before the end of each 365-day timeframe. Form DP 251, *Annual Recertification of Need for ICF/ID or ICF/ORC Level of Care* (Attachment 2), will be used to document the re-evaluation. A new 365-day timeframe starts the day after the date of the AE representative's signature on the completed DP 251 form.

The AE is responsible to make sure that QDDP makes a recertification of need for an ICF/ID or ICF/ORC level of care based on the evaluation. The first re-evaluation of need for an ICF/ID or ICF/ORC level of care is to be made within 365 days of the individual's initial level of care

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<sup>12</sup> Letter templates have been developed for the entire process and can be found on MyODP.

determination, and subsequent re-evaluations are to be made within 365 days of the individual's previous re-evaluation.

If, through the re-evaluation process using the SIS, the SIS data does not reflect three areas of substantial adaptive skill deficit in the major life activities, the QDDP should utilize the initial level of care process. In these circumstances, the AE shall request a current medical evaluation which states the individual is recommended for ICF/ID or ICF/ORC level of care.<sup>13</sup> The AE must maintain the original *Level of Care Re-Evaluation Tool*.

The AE will notify the individual or surrogate and the Supports Coordinator (SC) within 20 calendar days after the DP 251 form is completed and signed. A copy of the completed DP 251 form will be included with the notification letter.

For individuals who do not have a completed SIS (i.e. children 13 years of age or younger, unanticipated emergencies requiring immediate enrollment into a Waiver, and individuals currently enrolled in a Waiver without a SIS):

- A SIS should be requested through the SC for individuals age 14 years or older.
- For individuals 13 years of age or younger, the initial level of care evaluation process (described above) should be used.
- For unanticipated emergencies, the initial level of care evaluation process should be used and a SIS should be requested.
- A SIS must be requested by the SC within 60 business days of a Supports Coordination Organization's (SCO) acceptance of the referral for individuals who require an ICF/ORC level of care due to an autism spectrum disorder diagnosis.

If the AE determines that the individual no longer requires an ICF/ID or ICF/ORC level of care, the PA 1768 form should be completed with this determination and forwarded to the County Assistance Office (CAO). Upon receipt of the PA 1768 form indicating that the individual no longer requires an ICF/ID or ICF/ORC level of care, the CAO will give advance notice to the individual that Waiver services will be discontinued and will provide the individual with a PA 162 notice terminating eligibility for Waiver services. A copy of the PA 162 notice will be sent to the individual or surrogate, the AE, and designated provider agencies, if applicable. The AE must communicate to the individual or surrogate that the individual no longer meets the ICF/ID or ICF/ORC level of care requirements and provide the DP 458, *Fair Hearing Request Form*. This letter will be sent to the individual or surrogate and the SC within 20 calendar days after the DP 251 form is completed and signed.

If the CAO determines that an individual is not financially eligible and is not eligible to continue enrollment in the waiver, the CAO will need to send the individual a notification and offer a fair hearing. In addition, the AE must discontinue Waiver services in the ISP for the individual based on the CAO discontinuance effective date unless the individual requests a fair hearing within the specified timeframes by completing the *Fair Hearing Request Form*. Waiver services

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<sup>13</sup> An annual medical evaluation for all individuals is considered best practice.

must continue to be provided to an individual who is currently receiving Waiver services pending the results of the fair hearing. More information regarding appeals and fair hearings is contained in ODP Bulletin 00-08-05, *Due Process and Fair Hearing Procedures for Individuals with Intellectual Disability*. The AE will also ensure that the ISP is updated to reflect the waiver status.

### **Section 3: Establishing Financial Eligibility for Waiver Services and Medical Assistance (MA)**

There will be situations where an individual meets the clinical eligibility for the ODP HCBS Waiver and is offered enrollment in a Waiver, but the individual is not currently eligible for MA. When sufficient capacity becomes available to enroll an individual not currently receiving MA benefits in a Waiver, the AE or County MH/ID Program will offer the service delivery preference process, verify the need for ICF/ID or ICF/ORC level of care, and submit the financial application to the CAO.

MA eligibility is determined by the CAO based on the individual's reporting of income and resources for himself or herself and his or her spouse, if applicable. Income and resource limits are established in accordance with federal requirements contained in each of the approved Waivers.

### **Notice of MA Ineligibility for Waiver Services by the CAO**

If an individual does not meet the financial requirements for the MA program, the CAO will determine that an individual is ineligible for Waiver services and deny the application for Waiver enrollment. The CAO will notify the individual or surrogate and the AE of this determination in writing by issuing form PA 162. The CAO's notification will include a statement that the individual did not meet the financial requirements for the Waiver program. The CAO will continue to review the individual's application to determine eligibility for other MA programs. When an application for MA is denied, the AE or County MH/ID Program will provide a list of resources of other funding options for which the individual may be eligible.

### **Section 4: ICF/ID and ICF/ORC Level of Care Determination Conflict of Interest**

Certification of need for an ICF/ID or ICF/ORC level of care by a QDDP, agency, or individual employed or affiliated with a facility who has a conflict of interest will not be accepted. The AE is responsible to ensure that no conflict of interest exists in the eligibility determination process.

Certification by AE staff of an individual's need for an ICF/ID or ICF/ORC level of care is acceptable as long as the staff is not directly involved in the provision of services to the individual. Certification of ICF/ID or ICF/ORC level of care will not be accepted from:

1. A QDDP employed or affiliated with an ICF/ID, ICF/ORC or nursing facility from which an individual is being referred or discharged.
2. A QDDP employed or affiliated with an agency that provides or may provide Waiver-funded services to the individual.

AEs may contract with another agency or independent professional who meets the criteria defined in 42 CFR § 483.430(a) to obtain a QDDP certification of need for an ICF/ID or ICF/ORC level of care to ensure a conflict-free determination.

**ATTACHMENTS:**

- Attachment 1: DP 250, *Certification of Need for ICF/ID or ICF/ORC Level of Care*
- Attachment 2: DP 251, *Annual Recertification of Need for ICF/ID or ICF/ORC Level of Care*
- Attachment 3: *Level of Care Re-Evaluation Tool*
- Attachment 4: *Instructions for Use of the Level of Care Re-evaluation Tool*

Additional resources to assist with the evaluation and re-evaluation of HCBS Waiver eligibility for services and supports are available on MyODP.org at the following link:  
<https://www.myodp.org/mod/page/view.php?id=23652>.

**OBSOLETE DOCUMENTS:**

Office of Developmental Programs Bulletin #00-08-04, *Individual Eligibility for Medicaid Waiver Services*

Office of Developmental Program Communication 073-13, *Public Comment Opportunity: Draft Bulletin On Individual Eligibility for Consolidated and P/FDS Waiver Services*