

Dear Physician/Nurse Practitioner:

Your patient/beneficiary needs your assistance to complete a required part of the eligibility determination process in order to access one of the following services:

- Medicaid coverage through the Act 421 Children's Medicaid Option/TEFRA (Act 421-CMO/TEFRA): This program helps families with youth younger than 19 years of age who have a disability receive care in their homes. The goal is to support individuals with disabilities who also meet intermediate care facility for individuals with intellectual disabilities (ICF/IID) level of care and would otherwise qualify for institutionalization, to live independently with assistance or to remain in the home with their families. Enrollees in this program will receive Medicaid State Plan benefits.
- Waiver services through the Office for Citizens with Developmental Disabilities (OCDD): The Medicaid home and community-based waiver program is available for individuals 3 years of age and older who have an OCDD Statement of Approval (SOA). The waiver program allows for assistance in the home, giving some relief to the primary caregiver. The supports and services in waiver programs are targeted to supporting an individual with a developmental disability to live independently with assistance or to remain in the home with one's family. Centers for Medicare and Medicaid Services (CMS) specifies that "in order for an individual to be considered to require a level of care specified for the waiver, it must be determined that: a) the person requires at least one waiver service, and b) requires the provision of waiver services at least monthly to assure health and welfare." Entrance to the waiver is contingent upon a person requiring one or more of the services offered in the waiver in order to avoid institutionalization.
- ICF/IID placement: ICF/IIDs provide residential care for four or more individuals that require 24 hours of Active Treatment in community, group, or residential home settings. These facilities are licensed by the Louisiana Department of Health (LDH) Health Standards Section (HSS).

Part of the application process is to obtain medical information using the Request for Medical Eligibility Determination Form 90L. This information is used to determine if someone meets level of care for an intermediate care facility for individuals with intellectual disabilities (ICF/IID).

- **Section I** should already have been completed AND SIGNED by the individual/family/legal guardian. If not complete, please assist your patient/beneficiary in completion.

- **Section II** MUST be completed (may be filled out by a Physician, Nurse, Nurse Practitioner, or Physician Assistant).
  - **Note:** Determine if child meets the ICF/IID level of care. If so, check A.
- **Section III** MUST be completed (may be filled out by a Physician, Nurse, Nurse Practitioner, or Physician Assistant).
- **Section III Physician/Nurse Practitioner's signature** MUST reflect your signature. A physician may delegate this to a Physician Assistant under your supervision, however your printed name and address must be listed on the form.

Once completed, signed and dated, the 90-L form is **time-sensitive**.

- **ACT 421-CMO/TEFRA:** The individual/family/legal guardian should promptly return the completed 90L form to the Medicaid Long-term Care office so the Local Governing Entity can complete the level of care assessment.
- **Waiver:** For both initial and annual 90Ls, return the completed form to the support coordinator.
- **ICF/IID:** The ICF should submit the completed certification to the Local Governing Entity (LGE).

Thank you for your time and assistance in this matter. If you have any questions, please feel free to contact 1-866-783-5553.

## **FACT SHEET FOR LEVEL OF CARE: MEDICAL ELIGIBILITY DETERMINATION FORM 90-L**

In order to qualify for the ICF eligibility pathway in the Act 421-CMO/TEFRA Option, The Centers for Medicare and Medicaid Services (CMS) Home and Community-Based Waiver services, or placement in an Intermediate Care Facility (ICF/IID), a person must have a Statement of Approval (SOA) through OCDD or EarlySteps eligibility (birth to 3 years of age) AND meet the requirements for an ICF/IID level of care.

**Note:** Checking the ICF/IID level of care on the Medical Eligibility Determination form 90L does not necessarily mean the person is currently seeking out of home placement in an ICF/IID.

A developmental disability as defined by the Developmental Disability Law, Louisiana Revised Statutes 28:451.1-455.2, used to establish approval into the OCDD system entry is as follows:

“Developmental Disability” means either:

- (a) A severe chronic disability of a person that:
  - (i) Is attributable to an intellectual or physical impairment or combination of intellectual and physical impairments.
  - (ii) Is manifested before the person reaches age twenty-two.

- (iii) Is likely to continue indefinitely.
  - (iv) Results in substantial functional limitation in three or more of the following areas of major life activity:
    - i. Self-care.
    - ii. Receptive and expressive language.
    - iii. Learning.
    - iv. Mobility.
    - v. Self-direction.
    - vi. Capacity for independent living.
    - vii. Economic Self-sufficiency.
  - (v) Is not attributable solely to mental illness.
  - (vi) Reflects the person's need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- (b) A substantial developmental delay or specific congenital or acquired condition in a person from birth through age nine which, without services and support, has a high probability of resulting in those criteria in Subparagraph (a) of this Paragraph later in life that may be considered a developmental disability.