

Level of Care Assessment Process

The Act 421-CMO/TEFRA program is a Medicaid option for children under the age of 19, who have a disability, and would be eligible for Medicaid if they were living in an institution. These children must meet a level of care that is typically provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), a Nursing Facility, or a Hospital.

What Can I Expect During the Level of Care Assessment?

After you apply for Medicaid, you will receive a packet with forms required to proceed with the level of care assessment. You will need to complete ALL of the included forms. Please print clearly on all forms. They will be used to determine your child's level of care eligibility. After you return the completed forms to Medicaid, a representative from your Human Services District/Authority (LGE) will contact you to start the level of care assessment process. An LGE **CANNOT COMPLETE AN ASSESSMENT** unless Medicaid receives all of the requested forms.

What Does a Level of Care Assessment Include?

Staff at your Human Services District/Authority (LGE) will:

- Review the forms you completed (Request for Medical Eligibility Determination 90-L or Health Records Request Form).
- Review all other documents submitted (medical records/evaluations from doctors and/or therapists, Individualized Family Services Plan [IFSP], Individualized Education Program [IEP], Pupil Appraisal, etc.).
- Contact you by phone to discuss your child and documentation that has been provided (if the documentation provided clearly supports they meet one of the levels of care [LOC], then an LGE may not need to further discuss your child's condition).
- May contact doctor(s), teacher(s), therapist(s), etc. to discuss your child if you have provided a signed Authorization to Release Health Information form (HIPAA).

What is the Level of Care Needed to be Eligible?

The child must meet one of the following three levels of care:

- **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID):** In order to qualify under ICF level of care, an applicant must show both:
 - The child has been determined to have a developmental disability through one of the following from the Office for Citizens with Developmental Disabilities (OCDD):
 - Children 0-3 years of age: Current eligibility in Louisiana's Early Steps program
 - Children 3-18 year of age: Current Statement of Approval (SOA)
 - The child requires active treatment under the supervision of a qualified developmental disability professional as indicated by the child's physician on the Request for Medical Eligibility Determination (90-L) form.
- **Nursing Facility:** In order to qualify under nursing facility level of care, a registered nurse at the Human Services District/Authority must assess an applicant via record review and interviews with relevant people. The assessment must show:

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- The child has a diagnosis of a medical/physical condition resulting in needs requiring long term care services of at least 6 months; and
- The child requires skilled nursing interventions and/or has substantial functional limitations (SFLs) requiring hands on assistance from others throughout the day.
- **Hospital:** In order to qualify under hospital level of care, a registered nurse at the Human Services District/Authority must assess an applicant via record review and interviews with relevant people. The assessment must show:
 - Frequent medical care that requires the use of equipment to prevent life-threatening situations, with skilled medical care required more than once during each 24-hour period;
 - Skilled medical interventions that are expected to last at least six months; and
 - An overall health condition that is unstable, presenting constant potential for complications or rapid deterioration, such that the child requires monitoring in order to detect unstable or life threatening condition and respond with appropriate care.

What Information Could Support a Level of Care Determination?

Evaluations performed within the last 12 months. These may include, but are not limited to:

1. An Inventory for Client and Agency Planning (ICAP);
2. An Individualized Family Services Plan (IFSP) with the Battelle Developmental Inventory (BDI);
3. An Ages & Stages Questionnaire;
4. An Individualized Education Plan;
5. A Pupil Appraisal;
6. An Individualized Education Evaluation; or
7. Another comprehensive, standardized assessment.

Substantial Functional Limitations (SFLs) in Activities of Daily Living

In order for a limitation to be considered an SFL, it must:

- be the direct result of the child's disability;
- be exhibited most of the time; and
- result in the child needing extensive, direct, hands-on adult intervention and assistance beyond the level of intervention similar aged peers typically require in order to avoid institutionalization.

In addition, the child must require assistance:

- consistently;
- for at least the next 12 months; and
- to complete the function across all settings, including home, school and community.

A child may exhibit a substantial functional limitation in any of the activities of daily living categories below:

1. **Learning**
2. **Communication / Receptive & Expressive Language**
3. **Self-Care** – includes Bathing, Grooming, Dressing, Toileting, or Eating
4. **Mobility**
5. **Social Competency**
6. **Economic self-sufficiency** – This applies only to children over 16 years of age.
7. **Capacity for independent living** – This applies only to children over 16 years of age.

How Often is a Level of Care Assessment Needed?

A level of care assessment is required annually in combination with the beneficiary's Medicaid renewal. For reassessment, the beneficiary may submit documentation from a qualified licensed professional showing that his or her disability and associated substantial functional limitations have not improved.