



POLICY & PROCEDURE MANUAL

Section: 4: IDD Waivers

Number: 4-3

Subject: Intellectual and Developmental Disabilities Program Eligibility and Enrollment

Approved: /s/ Duane G. Mayes, Director

Date: 2/1/2011

Effective: February 1, 2011

Purpose

To provide a standardized process for program eligibility determinations.

To delineate responsibilities for the process.

Policy

Senior and Disabilities Services (SDS) administers the Intellectual and Developmental Disabilities (IDD) program, a component of Home and Community-Based Waiver Services. The IDD program is a Medicaid program that funds services for individuals who require a level of care ordinarily provided in an intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID). The Division of Public Assistance determines whether individuals meet financial eligibility requirements, and SDS determines whether individuals meet program eligibility requirements, including the need for ICF/IID level of care services.

Individuals interested in services submit required materials for an initial screening of eligibility for developmental disabilities services. Those individuals found to be eligible then apply for grant-funded services and/or register with SDS for evaluation when waiver services funding becomes available. When an individual is selected for waiver services, SDS determines whether he/she requires an ICF/IID level of care on the basis of a qualifying diagnosis, and an assessment of physical, emotional, and cognitive functioning, and need for care and services using, depending on the age of the applicant, the *Inventory for Client and Agency Planning (ICAP)* or other evaluative materials.

Because the *ICAP* is not an appropriate tool to assess children under the age of 3 years, SDS conducts a developmental review annually to determine whether the ICF/IID level of care requirements are met. Between the ages of 3 and 7 years, the *ICAP* is administered annually; thereafter, the *ICAP* is administered every three years. For each of the two years between *ICAP* assessments, SDS uses an interim assessment process to make the ICF/IID level of care determination.

Individuals who meet the ICF/IID level of care requirements are eligible for IDD program services. When notified of program eligibility, the care coordinator prepares a *Plan of Care* that must be approved by SDS before reimbursement for services can be authorized.

Once enrolled, recipients remain eligible for waiver services as long as both financial and program requirements are met. SDS reviews the need for services and determines whether the participant continues to meet program eligibility requirements annually. The care coordinator then prepares a new *Plan of Care*, and submits it to SDS for approval, resulting in renewal of the waiver.



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Authority

AS 47.07.045 (b) [Termination of payment for services]; AS 47.80.900 (7) “Person with a developmental disability” definition. 7 AAC 130.205 Recipient enrollment and eligibility; 7 AAC 130.230 Screening, assessment, plan of care, and level of care determination; 7 AAC 140.600 ICF/IID enrollment and conditions for payment; 7 AAC 140.640 Qualified intellectual disability professional. SDS Policy and Procedure 2-2: Program Rights information for Recipients. SDS Policy and Procedure 9-2: STAR Discretionary Funds Awards. SDS Policy and Procedure 9-3: Mini-grants for Beneficiaries with Disabilities.

Definitions

“Complete application” means all documents required by SDS to determine eligibility and enroll an applicant, or to renew the waiver of a participant.

“Developmental review” means an evaluation to determine whether an individual is a “person with a developmental disability” defined in AS 47.80.900.

“Early Intervention/Infant Learning Program” means Part C of the Individuals with Disabilities Education Act.

“Grant-funded services” means disability-related services funded through programs managed by provider agencies with grant awards from SDS.

“Individual Education Program” means Part B of the Individuals with Disabilities Education Act.

“Interim assessment” means an evaluation to determine ICF/IID level of care in the years when an Inventory for Client and Agency Planning assessment is not done.

“Intermediate care facility for individuals with an intellectual disability or related condition” means a facility that is primarily for the diagnosis, treatment, habilitation, or rehabilitation of people with intellectual or developmental disabilities, or related conditions; and that has met the conditions for payment set out in 7 AAC 140.600.

“Inventory for Client and Agency Planning” means the instrument used to assess physical, emotional, and cognitive functioning.

“Qualified Intellectual Disability Professional” means an SDS employee who meets the requirements of 7 AAC 140.640, and who determines whether an applicant/recipient meets the ICF/IID level of care criteria.

“Qualifying diagnosis” means any of the conditions specified in 7 AAC 140.600 (c).



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“Recipient” means an individual who is enrolled in the Intellectual and Developmental Disabilities program.

“Representative” means a parent, guardian, or other individual with authority to act on behalf of an applicant/recipient.

“Respondent” means a person who has known the a applicant/recipient for at least three months, sees him/her on a daily basis, and can provide information regarding the applicant/recipient’s current skills and behaviors for the assessment.

Responsibilities

1. The **applicant/recipient** or **representative** is responsible for
 - a. submitting forms necessary for an eligibility determination and for registration, and
 - b. when selected for waiver services, providing all documentation required.
2. The **care coordinator** is responsible for
 - a. submitting a complete application,
 - b. facilitating the scheduling of an assessment when requested,
 - c. providing information for the assessment when requested, and
 - d. developing a plan of care for the applicant/recipient.
3. The **SDS assessor** is responsible for
 - a. contacting respondents to schedule an appointment for an assessment, and
 - b. completing the assessment form.
4. The **SDS qualified intellectual disability professional** is responsible for
 - a. determining whether the applicant/recipient meets the level of care requirement,
 - b. requesting a third-party review when the requirement is not met, and
 - c. notifying the applicant/recipient or representative and the care coordinator of the level of care determination.
5. The **SDS** is responsible for
 - a. evaluating the plan of care,
 - b. approving or denying services,
 - c. confirming Medicaid financial eligibility, and
 - d. notifying the applicant/recipient or representative and the care coordinator of the services approved.



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Procedures

A. Timeframes

1. Initial application.

- a. Registration
 - i. Within 30 business days of receipt of the *Eligibility Determination and Request for Services* form, SDS determines whether the applicant is eligible for services.
 - ii. Within 5 business days of the eligibility determination, SDS notifies the applicant, and directs those who are eligible to submit a *Developmental Disabilities Registration and Review* form.
 - iii. Within 30 business days of receipt of the *Developmental Disabilities Registration and Review*, SDS reviews the scored form and places the applicant on the DD Registry.
- b. Application for waiver services.
 - i. Within 30 business days of notice of waiver selection, the applicant notifies SDS of the name of his/her care coordination agency.
 - ii. Within 60 business days of notice of waiver selection, the care coordinator submits a complete application to SDS.
 - iii. Within 30 business days of receipt of a complete application, SDS conducts an assessment, determines whether the applicant meets the ICF/IID level of care requirement, and notifies the applicant and/or representative and the care coordinator of the determination.
 - iv. Within 60 days of receipt of the ICF/IID level of care determination notice, the care coordinator submits a complete *Plan of Care* to SDS.
 - v. Within 30 days of receipt of a complete *Plan of Care*, SDS approves services and notifies the applicant and/or representative and the care coordinator of the approval.

2. Waiver renewals.

- a. No more than 90 and no later than 60 days before the expiration of the period covered by the preceding ICF/IID level of care approval, the care coordinator submits a complete renewal application with current information regarding the recipient.
- b. No later than 45 days before the expiration of the period covered by the preceding ICF/IID level of care approval, SDS schedules and conducts an assessment (within 365 days of the last assessment), determines whether the recipient continues to meet the level of care requirement, and notifies the recipient/representative and the care coordinator of the determination.
- c. Within 30 days of receipt of the ICF/IID level of care determination notice, the care coordinator submits a complete *Plan of Care* to SDS.



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- d. Within 30 days of receipt of a complete *Plan of Care*, SDS notifies the applicant and/or representative and the care coordinator of service approvals.
- f. For reassessments indicating a recipient no longer meets ICF/IID level of care requirements.
 - i. Within 5 business days of the ICF/IID level of care determination, the SDS reviewer requests an independent third-party review.
 - ii. Within 15 days of receipt of the SDS document packet (or additional materials, if requested), the third-party reviewer notifies SDS of its determination.

B. Application for services.

1. Registration for developmental disabilities services.
 - a. The applicant submits a completed *Eligibility Determination and Request for Services* form and supporting documentation to SDS.
 - b. The SDS qualified intellectual disability professional (QIDP) determines whether the applicant is experiencing a severe, chronic disability as defined by statute, AS 47.80.900 (6), and
 - i. for applicants who do not meet the eligibility requirements, sends a letter advising him/her that the request for services is denied because statutory definition has not been met;
 - ii. for applicants whose eligibility cannot be determined because insufficient information was provided, sends a letter requests additional information; or
 - iii. for applicants who do meet the eligibility requirements,
 - (A) assigns a DSDS ID number for individuals not listed in the SDS database, and
 - (B) sends a letter advising him/her
 - 1) that the request for services is approved, and
 - 2) that to be selected for home and community-based waiver services, he/she must complete the *Developmental Disabilities Registration and Review* form on the SDS website.
 - c. The SDS QIDP
 - i. reviews the form,
 - ii. places the applicant on the DD Registry, and
 - iii. notifies the applicant/representative of the score and registry placement by letter.
 - d. The applicant/representative updates the *Developmental Disabilities Registration and Review* form on the SDS website
 - i. when changes in circumstances or in level of need are noted, and
 - ii. at least annually to maintain eligibility for selection.



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2. Selection of applicants for IDD waiver services.
 - a. The DD Registry ranks applicants from highest score (indicating greatest need for services) to lowest score (indicating lesser need) on the basis of the information provided on the *Developmental Disabilities Registration and Review* form.
 - b. On a quarterly basis, SDS identifies the highest scoring applicants, and sends
 - i. a *Notice to Proceed with IDD Waiver Planning* letter;
 - ii. a list of agencies certified by SDS to provide care coordination services; and
 - iii. a post card notification to be returned to SDS upon selection of a care coordination agency.
 - c. The applicant/representative
 - i. selects agencies from the list provided, and
 - ii. notifies SDS of his/her selection by returning the postcard provided within 30 business days.
 - d. SDS, upon notification by the applicant/representative,
 - i. issues a Care Coordination Assignment Number (CCAN), and
 - ii. notifies the care coordinator of the CCAN by email.
3. Application for waiver services.
 - a. The care coordinator selected by the applicant prepares or obtains, and submits to SDS, all documents required for a complete initial waiver application:
 - i. *Appointment for Care Coordination Services* form;
 - ii. age-appropriate assessment form:
 - A) for applicants younger than three years of age, *Interim ICF/IDD Level of Care Information* form, or
 - B) for applicants three years of age and older, *ICAP Assessment Information and Consent* form;
 - iii. *Authorization for Release of Information* form;
 - iv. diagnostic information
 - A) for applicants younger than three years of age, diagnostic evaluation completed within the previous 12 months, or
 - B) for applicants three years of age and older,
 - 1) *Verification of Diagnosis* form, and
 - 2) diagnostic evaluation completed within the previous 36 months;
 - v. copy of documents (e.g., guardianship or Power of Attorney) indicating another has authority to act on behalf of the applicant.



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- b. The SDS QIDP reviews the application for completeness.
 - i. If complete, the SDS QIDP
 - A) determines whether there is a reasonable indication that the applicant would need the level of care provided in an ICF/IID unless he/she received home and community-based waiver services, and
 - B) assigns an assessor to evaluate the applicant.
 - ii. If incomplete, the SDS QIDP notifies the care coordinator by email regarding the documentation needed to complete the application.
 - A) If the requested documentation is insufficient or not received within 3 business days of the email message, the SDS QIDP notifies the care coordinator and the applicant, allowing an additional 10 days for a response.
 - B) If the requested documentation is not provided or is insufficient for program purposes, the SDS QIDP sends a letter indicating program eligibility cannot be determined.
- c. If the care coordinator, after notification of incompleteness or insufficiency, does not provide a complete application, the SDS QIDP notifies the applicant and sends
 - i. a list of agencies certified by SDS to provide care coordination services, and
 - ii. a post card notification to be returned to SDS upon selection of a care coordination agency.

4. Waiver renewal.

The care coordinator prepares or obtains, and submits to SDS, no more than 90 and no later than 60 days before the expiration of the period covered by the preceding ICF/IID level of care approval, a complete renewal application with current information regarding the recipient:

- a. age-appropriate form
 - i. for a recipients younger than three years of age, *Interim ICF/IDD Level of Care Information* form, or
 - ii. for recipients three years of age and older,
 - A) *ICAP Assessment Information and Consent* form when an ICAP assessment is due, or
 - B) *Interim ICF/IDD Level of Care Information* form if the renewal is for one of the two years between ICAP assessments;
- b. *Authorization for Release of Information* form;
- c. diagnostic information
 - i. for recipients younger than three years of age, diagnostic evaluation completed within the previous 12 months, or
 - ii. for recipients three years of age and older, *Verification of Diagnosis* form;
- d. signed *Senior and Disabilities Services Program Recipient Rights* form.



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C. Assessments.

1. ICAP assessments.

a. Scheduling.

- i. The assessor schedules appointments for the assessment with respondents named in the *ICAP Information and Consent* form.
- ii. If after three attempts (at least three business days apart), the assessor has been unable to contact a respondent, the assessor notifies the care coordinator by email, and
 - A) requests assistance with scheduling an appointment, or
 - B) directs him/her to contact the applicant/participant or representative to request the name and contact information of an alternate respondent.
- iii. If no alternate respondent is named or no appointment is scheduled within three business days of contacting the care coordinator, the assessor sends a certified letter to the applicant/participant or representative requesting that he/she provide to SDS the name of contact information for an alternate respondent.
- iv. If the applicant/ recipient or representative fails to respond to the letter, SDS sends
 - A) a certified letter giving notice of closure of the application or of termination of eligibility for services, and
 - B) a copy of the letter to the care coordinator.

b. Preparation. The assessor reviews

- i. the medical, developmental, and functional information records, and
- ii. previous assessment forms.

c. Appointments. The assessor

- i. interviews the respondents;
- ii. as necessary, collects additional information by contacting
 - A) the care coordinator to request records related to condition of the applicant/participant, and/or
 - B) others knowledgeable about the applicant/ recipient's condition; and
- iii. uses the information collected to complete the *ICAP*.

2. Developmental review for applicants/ recipients younger than 3 years of age.

The care coordinator obtains and submits to SDS

- a. an *Interim ICF/IID Level of Care Information* form;
- b. an evaluation completed as part of the Early Intervention/Infant Learning Program or an Individual Education Program; or



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- c. an evaluation that
 - i. was completed within the previous 12 months;
 - ii. is age appropriate, standardized, and norm-referenced; and
 - iii. includes a comparison of applicant/ recipient skills attainment to that of peers in the following developmental areas or their equivalents: self-help, communication, learning, mobility, and self-direction.
3. Interim assessments.
 - a. The care coordinator
 - i. reviews the most current *ICAP* results, case notes, and the previous plan of care;
 - ii. determines whether there have been significant changes in the recipient's functional abilities during the previous year; and
 - iii. submits to SDS
 - A) an *Interim ICF/IID Level of Care Information* form describing any changes noted in functional abilities, and
 - B) a *Verification of Diagnosis* form.
 - b. SDS may conduct an *ICAP* assessment during an interim year if changes in the recipient's condition or circumstances indicate a need for a full evaluation.

D. Required diagnostic documentation.

1. Intellectual or developmental disability.
 - a. For an applicant/ recipient younger than three years of age:
 - i. diagnosis of a syndrome or chromosomal abnormality likely to result in an intellectual or developmental disability; and
 - ii. an evaluation demonstrating cognitive impairment indicated by
 - A) a delay of at least 25%, or two standard deviations below the mean, in comparison to peer norms, or
 - B) a written statement of clinical judgment of significantly below average intellectual functioning by a licensed psychologist, psychological associate, or developmental pediatrician.
 - b. For an applicant/recipient three years of age and older:
 - i. diagnostic information that is either
 - A) a *Verification to Diagnosis* form signed by a licensed psychologist, psychological associate, or developmental pediatrician indicating a condition specified in 7 AAC 140.600 (c) (1), or



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- B) a diagnostic report by a school psychologist indicating eligibility for special education services, and specifying a category of Intellectual Disability, Cognitive Impairment, or Early Childhood Developmental Delay; and
 - ii. assessment with an individually-administered, standardized intelligence test of an IQ (intelligence quotient) of 70 or less (plus or minus 5 points allowed as a possible measurement error depending on the test used) or the following alternatives:
 - A) when IQ is not ascertained due to severity of impairment, a statement from the evaluator indicating IQ could not be assessed because of the degree of impairment (refusal to participate or disruptive behaviors are not considered to be impairments for the purposes of this requirement); or
 - B) when IQ is not ascertained due to inability to test because of age:
 - 1) diagnosis of a syndrome or chromosomal abnormality likely to result in an intellectual or developmental disability, and
 - 2) an evaluation demonstrating cognitive impairment indicated by
 - a) a delay of at least 25%, or two standard deviations, below the mean in comparison to peer norms, or
 - b) a statement of clinical judgment of significantly below average intellectual functioning, on provider letterhead and signed and dated by a licensed psychologist, psychological associate, or developmental pediatrician.
2. Other related condition.
- a. For an applicant/ recipient younger than three years of age, and for an applicant/participant over three years of age when an IQ has not be ascertained due to severity of the impairment or inability to test because of age: diagnosis by a licensed physician of a condition specified in 7 AAC 140.600 (c) (2), based on an evaluation demonstrating cognitive impairment indicated by delays in at least three developmental areas or their equivalents (i.e., self-care, communication, learning, mobility, and self-direction) as follows:
 - i. in at least two of the areas, a delay of 25%, or two standard deviations below the mean, in comparison to peer norms, and
 - ii. in at least one area, a delay of 50% in comparison to peer norms.
 - b. For an applicant/ recipient three years of age and older: diagnosis by a licensed physician of a condition specified in 7 AAC 140.600 (c) (2), based on an evaluation demonstrating cognitive impairment indicated by a delay of at least 25%, or two standard deviations below the mean, in comparison to peer norms in at least three developmental areas or their equivalents (i.e., self-care, communication, learning, mobility, self-direction, and for those over age 16, independent living and economic self sufficiency).



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- c. For a diagnosis of DSM-IV-TR Code 299.80, Pervasive Developmental Disorder Not Otherwise Specified (Including Atypical Autism), SDS requires two evaluations, with consistent diagnostic conclusions, that were completed on separate occasions by two individuals who are licensed psychologists, child psychiatrists, or developmental pediatricians.
3. Cerebral Palsy. Diagnosis by a licensed physician as specified in 7 AAC 140.600 (c) (3),
4. Seizure Disorder. Diagnosis by a licensed physician as specified in 7 AAC 140.600 (c) (4).
5. Autism. Diagnosis, by a licensed psychologist, child psychiatrist, or developmental pediatrician, of a disorder or condition that meets the diagnostic criteria specified in 7 AAC 140.600 (c) (5).

E. LOC determination.

1. SDS review. The SDS QIDP
 - a. reviews
 - i. assessment information
 - A) for initial determinations, the *ICAP* or developmental review materials, or
 - B) for interim determinations, *Interim ICF/IID Level of Care Information* form,
 - ii. diagnostic information
 - A) for applicants younger than three years of age, diagnostic evaluation completed within the previous 12 months, or
 - B) for applicants three years of age and older, *Verification of Diagnosis* form,
 - iii. other information submitted on behalf of the applicant/participant, and
 - iv. forms and documents on file with SDS from prior annual assessments;
 - b. evaluates functional limitations
 - i. for an applicant/ recipient younger than three years of age, by determining that the submitted documentation indicates a delay of 50% in comparison to peer norms in at least one developmental area or equivalent (i.e., self-care, communication, learning, mobility, and self-direction), or
 - ii. for an applicant/ recipient three years of age or older, by identifying an *ICAP* broad independence score as specified in 7 AAC 140.600 (d) (3) (B);
 - c. determines whether the applicant/recipient requires the level of care provided in an ICF/IID on the basis of the qualifying diagnoses and functional criteria in 7 AAC 140.600 (c) – (d);
 - d. signs the *ICF/IID Level of Care Determination* form indicating that the ICF/IID level of care requirement is or is not met, and
 - e. in the case of a reassessment, requests a third-party review when he/she finds that the recipient does not meet the ICF/IID level of care requirement.



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2. Third-party review. The third-party reviewer
 - a. evaluates the document packet provided by SDS,
 - b. determines whether the recipient's condition has materially improved since the previous assessment, as defined in AS 47.07.045 (b)(3), and
 - c. notifies SDS of the determination.
3. Notice of decision. For both initial assessments and reassessments, SDS sends to the applicant/recipient or representative and to the care coordinator
 - a. a letter indicating whether the ICF/IID level of care requirement is met, and
 - b. a copy of the *ICAP* assessment results.

F. Plan of care.

1. Development. The care coordinator
 - a. develops a *Plan of Care (POC)*, incorporating services based
 - i. on the most recent *ICAP* results or
 - ii. on any changes noted in the *Interim ICF/IID Level of Care Information* form during the years between *ICAP* assessments; and
 - b. submits to SDS
 - i. the complete *POC*,
 - ii. a signed *Senior and Disabilities Services Program Recipient Rights* form, and
 - iii. a current *Authorization for Release of Information* form.
2. Evaluation. SDS evaluates the *POC* to determine whether it
 - a. is consistent with the assessment, and
 - b. meets the identified needs of the applicant/ recipient.
3. Approval. SDS approves services which meet regulatory requirements of 7 AAC 130.230 or denies services which do not.

G. Enrollment.

1. The applicant/recipient is eligible to receive Intellectual and Developmental Disabilities program services funded by Medicaid when he/she is enrolled.
2. The applicant/ recipient is considered to be enrolled when SDS
 - a. confirms program eligibility,
 - b. verifies Medicaid financial eligibility with the Department of Public Assistance, and
 - c. sends a letter approving the *POC*.