

# LEVEL OF CARE

WHAT IT'S ALL ABOUT



# LET'S START AT THE BEGINNING: WHY IS THE LEVEL OF CARE IMPORTANT?

- Level of Care is one of the requirements to determine an individual's eligibility for K-Plan services and/or Medicaid Home and Community Based Waiver Services.
- Waiver and K-State Plan Option services allow Oregon to divert federal Medicaid funds from institutional services to home and community based services, thus allowing Oregon to serve individuals in home and community based settings.



# HOW DOES ONE “MEET LEVEL OF CARE?”

The current Oregon Administrative Rules define Level of Care as:

“Level of Care” means an assessment completed by a services coordinator, *personal agent or DHS case manager [who meets the qualifications described in OAR]* has determined an individual meets institutional level of care. An individual meets institutional level of care for an intermediate care facility for individuals with intellectual or developmental disabilities if –

- (a) The individual has an intellectual disability or a developmental disability as defined in this rule and meets the eligibility criteria in OAR 411-320-0080 for developmental disability services; and
  - (b) The individual has a significant impairment in one or more areas of adaptive behavior as determined in OAR 411-320-0080. *Areas of adaptive behavior include adaptive, self direction, self care, receptive or expressive language or communication, learning or cognition, gross motor, or social.*
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# THE FORM

In order to access a waived service an individual has always had to meet level of care criteria.

This form has been revised to provide clarity and increase accuracy

“Eligibility Specialist” section can only be completed by an Eligibility Specialist and should match the reason why an individual is eligible for DD Services. The adaptive behavior section is designed to align with the ABAS which is commonly used to determine eligibility.

The “Level of Care Assessment” should be an accurate reflection of an individual’s current adaptive needs. This information is gathered by reviewing an individual’s file, speaking to the individual and those who know the individual well and meeting with the individual face-to-face. This should be a conversation between a Services Coordinator, Personal Agent or DHS Case Manager and the individual and individual’s representatives.

# MAIN CHANGES

The main changes made to the form are:

1. Removing Community First Choice (k-plan) and waiver choices from the Individual Choice section. The choices that remain in the section are the same as those on the previous Title XIX form which include a choice of ICF/IDD, nursing facility, hospital, and home and community based service settings.
  - a. Choice Advising regarding services available including Community First Choice (k-plan) and waiver services should be done within the Person Centered Planning process in developing the ISP
2. Annual review of Level of Care has changed from requiring only the Personal Agent or Service Coordinator signature to also needing to have the individual's signature indicating that the Level of Care Assessment and fair hearing rights were reviewed with the individual receiving services



# ELIGIBILITY SPECIALIST

Eligibility Specialist

**Developmental disability eligibility** *(required except for medically involved waiver and hospital waiver):*

provisional  adult

**Eligibility diagnosis:**

intellectual disability  mild (55-75)  moderate (40-55)

severe (20-40)  profound (<20)

Early Childhood Assessment

other developmental disability only *(specify):*

**Significant impairments in adaptive behavior** *(check all that apply, must have at least one):*

communication  community use  home or school living

functional academics  health and safety  leisure

mobility  self care  self direction

socialization  work

IQ 65 or below (no adaptive assessment)  composite score 70 or below (no domains reported)

no adaptive assessment

other:

**I verify individual meets ID/DD eligibility criteria for DD services.**

**Signature eligibility specialist:**

**Date (mm - dd - yy):**

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## TIMELINE FOR ELIGIBILITY SECTION

- Within 10 days of the date of an Eligibility Determination
- Within 10 days of the individual requesting k plan or wavier services if the individual does not have an active Level of Care Assessment completed

*Service Coordinator or Personal Agent must notify the Eligibility Specialist of an individual's request for k plan or wavier services*

# LEVEL OF CARE ASSESSMENT

## Level of Care Assessment

*(To be completed by SC/PA/CM after file review and during or after face-to-face review; must be reviewed annually within 12 months. See instructions for further details.)*

### Level of Care Assessment

**Vision function with correction, if needed (check one):**

- 1 full vision       2 difficulty at level of print       3 difficulty with obstacles       4 blind  
 other:

**Hearing function with correction, if needed (check one):**

- 1 full hearing       2 difficulty at level of communication       3 difficulty with alarm sounds       4 deaf  
 comments:

**Self care (check one):**

- 1 no assists needed       2 occasional assists needed       3 daily assists needed  
 4 frequent assists needed       5 total assists needed  
 comments: \_\_\_\_\_

# LEVEL OF CARE ASSESSMENT CONTINUED

## Personal mobility status (*check one*):

- 1 no assists needed for mobility
- 2 occasional assists needed for mobility but mobile
- 3 adaptive equipment but no assists needed for mobility
- 4 adaptive equipment needed and some assists needed for mobility –Needs assistance
- 5 adaptive equipment needed and full assists needed for mobility
- comments: \_\_\_\_\_

## Communication —Expressive (*check all that apply*):

- 1 speech easily understood
- 2 speech difficult to understand
- 3 uses sign language
- 4 uses gestures and/or some signs
- 5 uses alternative communication device
- 6 has no functional communication
- Comments:

## Communication —Receptive (*check all that apply*):

- 1 other's speech easily understood
- 2 other's speech difficult to understand
- 3 can understand sign language
- 4 can understand gestures and/or some signs
- 5 can understand others using alternative communication device
- 6 has no functional understanding of communication
- comments:

# LEVEL OF CARE ASSESSMENT CONTINUED

## Level of Care Assessment (continued).

### Toileting assists (*check all that apply*):

- 1 has full control bowel and bladder                       2 occasional loss of control in day  
 3 incontinent or frequent loss of control                       4 nighttime enuresis  
 comments: \_\_\_\_\_

### Medical needs (*check one*):

- 1 generally has no serious medical needs       2 needs regular visits with nurse or visits to doctor  
 3 needs to have nurse on site daily but not constantly       4 needs personal nurse on site at all times  
 comments:

### Additional conditions and criteria:

- MICP score that meets criteria for NF waiver (*DD eligibility not required*).  
 MFCU score that meets criteria for waiver enrollment (*DD eligibility not required*).  
 BCS that meets criteria for waiver enrollment (*DD eligibility required*).

### Observed behavior support needs within the last 12 months (*check all that apply*):

- 1 none                       2 behaviors, but not injurious                       3 injurious to self  
 4 Injurious to others                       other  
 comments:

### Diagnosed mental health and emotional disorders (*check all that apply*):

- None       Psychosis                       Depression                       Bipolar  
 Personality disorder                       Other:

# LEVEL OF CARE ASSESSMENT CONTINUED

## This person makes independent correct decisions:

1. Chooses clothing that is appropriate for the weather?  
1  always      2  sometimes      3  never
2. Recognizes and attends to signs/symptoms of illness?  
1  always      2  sometimes      3  never
3. Can identify threatening acts or gestures from other?  
1  always      2  sometimes      3  never
4. Will take action to protect self from threatening acts or gestures?  
1  always      2  sometimes      3  never
5. Independently able to ensure basic needs are met  
1  always      2  sometimes      3  never
6. Independently manages finances to ensure basic necessities are met (*example — banking, sufficient funds to cover basic necessities*)?  
 always       sometimes       never

## Comments

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# LEVEL OF CARE ASSESSMENT CONTINUED

## Level of Care Assessment

Supports individual is currently receiving, or is required in the next 30 days to remain in the community (may be unpaid supports). Check all that apply.

**Medical management** (including OT, PT, medication, Nursing, or other Medical Supports)

- OT     PT     medication management  
 nursing     none

Other (*dietician, neurologist*):     Yes     No

**Behavior management** (including indirect/environmental modifications, Behavior Support Plan, psychologist, Behavior Specialists, medication management or other behavior management supports:     indirect/environmental

- behavioral support plan     psychologist  
 behavior specialist     medication management     none

**Psychiatric services** (including nursing, psychiatry services, therapy/counseling, medication management or other psychiatric services)     nursing     psychiatry services

- therapy/counseling     medication management     none

Comments

# LEVEL OF CARE ASSESSMENT CONTINUED

**Residential supports** (including 24 hour, Foster Care, Supported Living, paid in-home, family, friends/advocates/other, or other residential supports)

- 24 hours                       foster care  
 supported living             family                       paid In-home  
 friends/advocates/other       other                       none

**Community supports** (including family, employment, community inclusion, non-medical transportation, friends/advocates/other, or other community supports)  family

- Community inclusion                       non-medical transportation  
 friends/advocates/other                   other                       none

**Check one:**  personal agent                       service coordinator                       choice advisor

**Signature:**

**Date (mm - dd - yy):**

# INDIVIDUAL CHOICE

Customer/guardian

## Individual choice

By federal regulations, if you need services that may be available in an ICF/IDD, nursing facility or hospital setting, we must inform you of other available services and give you a choice of home and community based or institutional services (*ICF/IDD, nursing facility or hospital services*).

1. I have been informed of the choices available to me and have selected the following service:  
 ICF/IDD     nursing facility     hospital     home and community-based
2. By signing this document, I have reviewed my service needs and options with a representative of: \_\_\_\_\_
3.  I have been notified of my fair hearing rights.

Person signing:     individual     guardian     parent (*of child 0–17*)     designated

Signature:

Date (*mm - dd - yy*):

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Witness (*When customer is unable to sign and does not have a legal representative*)

Signature:

Date (*mm - dd - yy*):

# TIMELINES FOR COMPLETING A NEW LOC

- Level of Care determination demonstrates that an individual will need k plan or waiver services in the near future (one month or less) to remain health and safe in the community; therefore the individual must have a needs assessment and approved ISP by the end of the month following the Level of Care determination
- Services can begin the day that a Level of Care Assessment is completed and signed by the Service Coordinator or Personal Agent and the individual or their representative. The LOC must be submitted to ODDS within 30 days of the individual signing the LOC assessment



## **ANNUAL REVIEW OF LEVEL OF CARE**

**Annual review includes a review of the LOC Assessment and fair hearing rights during a face-to-face meeting with the individual. The Service Coordinator or Personal Agent and the individual or their representative must sign in the Annual Review section.**



# ANNUAL REVIEW OF LEVEL OF CARE

Individuals who already have a D & E Coordinator approved LOC form or Title XIX waiver form and have been receiving k plan and/or waiver services

- Complete Client Information Section, LOC Assessment Section including signature, hand write a note indicating the date LOC was previously approved by the D & E Coordinator, and attach previously approved document
- Complete Annual Review Section with the individual

Individuals who do not have a D & E Coordinator approved LOC form or Title XIX waiver form

- Complete full LOC form including Eligibility Section and Individual Choice Section

# LOC REVIEWS FOR INDIVIDUALS WHO HAVE ALREADY BEEN DETERMINED TO MEET LEVEL OF CARE

Includes:

Hand-written Date of original determination that an individual meets level of care

Demographic Information

Level of Care Assessment Section

Signature on Level of Care Assessment Section

Signature of Service Coordinator or Personal Agent and Individual in Annual Review  
section

Attach to Title XIX or previous Level of Care determination

# TIMELINES FOR ANNUAL RENEWALS

- Annual reviews are considered timely if they take place within 12 calendar months of the month from the date of the last Annual Review or the D & E Coordinator Approval.
  - Annual reviews may not be completed more than 60 days prior to the approval of the annual ISP
  - If an Annual Review is completed prior to the 12 month due date the date of PA/SC and individual signature establishes the new Annual Review Date
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# PROGRESS NOTES

Progress notes should document

- When a Level of Care Assessment is completed
- When the individual receives information about their choices for service setting and signs the Individual Choice Section
- When an Annual Review is completed including documentation of the review of fair hearing rights and the LOC Assessment

# PROGRESS NOTES

Progress Notes should be used to document

- Special or unique circumstances related to the selections within the Level of Care Assessment not captured in the comments fields
- Changes in selected services that do not terminate the Level of Care
- Improvements or other changes in functioning that do not change the individual's adaptive behavior or LOC service needs (the individual continues to have significant impairment in one or more areas of adaptive behavior as determined in OAR 411-320-0080)
- When an individual is unable to sign or uses a mark to sign for the Individual Choice or Annual Review section

# THE TAKE HOME MESSAGE

While it may appear that much has changed in regards to Level of Care - it hasn't.

The LOC is not new to ODDS. There has always been a level of care assessment review required to determine if an individual is eligible for 1915 (c) DD Home and Community Based Waiver services. This has been known to most as the Title XIX Waiver. However after the 2011 CMS site review of ODDS Comprehensive Services Waiver and Support Services Waiver, CMS expressed concern that the level of care assessment (previously referred to as the Title XIX Waiver form) was not sufficient as it did not accurately or clearly reflect an individual's level of care. The "Level of Care" section of the LOC that the Services Coordinator/Personal Agent completes provides details regarding an individual's level of care needs specifically in regards to the individual's current adaptive functioning.

# QUESTIONS

How does one review a Title XIX waiver?

Who signs the form?

How do we know an individual's level of vision impairment if they refuse to see an eye doctor?

When do we review the form?

