

DODD HCBS WAIVERS

Level One (LV1) Individual Options (IO) SELF Empowered Life Funding (SELF) and Transitions DD (TDD)

Instructions for Completion of Initial and Redetermination Applications

MEDICAID DEVELOPMENT AND ADMINISTRATION

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This document contains instructions for completion of the following forms:

- ❖ Initial Level of Care Eligibility Determination**
- ❖ Redetermination: Significant Change In Condition**
- ❖ Redetermination: No Significant Change In Condition**
- ❖ Freedom of Choice Documentation**
- ❖ Functional Assessments**
- ❖ Required Evaluations**
- ❖ LOC Date Change Request Form**

General Instructions

- Use the attached forms for initial and redetermination requests for the Individual Options, SELF, TDD and Level 1 Waivers.
- Do not use these forms for enrollment on the Ohio Home Care Waiver which is administered by the Department of Job & Family Services, the PASSPORT Waiver which is administered by the Department of Aging, or for ICFIID facility level of care, which has a separate process.
- Complete all fields as described in these instructions. Do not leave fields blank. If not applicable, select or enter N/A.
- It is strongly recommended that you use the fill-able forms from the DODD website or use black or blue ink to print neatly when completing the forms. Do not use correction fluid or correction tape to make corrections. Make corrections by drawing a single line through the mistake, add the correct information and initial the change. You may reproduce the forms in exact form for computer use. On request, MDA will provide a Word version of each of the forms.
- Send the application for LV1, IO, or SELF waiver 60 – 90 days prior to waiver start date, along with a copy of all other required documents to MDA.DOC@dodd.ohio.gov
- Send applications for TDD to TDDinbox@dodd.ohio.gov
- Maintain a copy of the entire packet in the county board's official waiver file, so that it is available for DODD review by the Division of Audits, Office of Provider Standards and Review, and by ODJFS Quality Assurance and Audits.
- All instructions and forms related to DODD waiver enrollment can be found at the website listed below.

<https://doddportal.dodd.ohio.gov/forms/Pages/default.aspx>

APPLICANT INFORMATION - Instructions Apply to All Applications

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| Name | Enter the first name, middle initial and last name of the individual applying for waiver services. Use the individual's given name as it appears on legal documents, not a nickname. |
| County | Enter the county board that will be responsible for the delivery of HCBS waiver services, even if a council of government (COG) administers the waiver. |
| DODD # | Enter the 7 digit DODD Client number |
| SSN | Enter the enrollee's 9-digit Social Security Number |
| Date of Birth | Enter the month, day and year of the applicant's date of birth, in mm/dd/yyyy format. |
| Medicaid Case # | Enter 10 digit Medicaid case number. |
| Address | Enter the street address, city and zip code where the individual will receive mail when enrolled on the waiver. |
| Guardian | Enter the name of the individual's guardian, if the individual has a court-appointed legal guardian. If not, write "N/A". If you place a guardian name on the application, you must have the same guardian signature on the Freedom of Choice form. |
| Guardian's Address | Enter the street address, city and zip code of the individual's legal guardian, if the individual has a guardian. Otherwise, write N/A. |
| Waiver Type | Check the box for the waiver which the individual is applying. Check only one box. |
| SELF Classification | SELF waiver only - Check the box if individual is enrolling as a 'Child' or as an 'Adult'. Check only one box. |
| JFS Form 2399 Signature Date | Enter date 2399 form signed by individual/guardian. |

The following instructions apply to:

- **Initial Level of Care Eligibility Determination and**
- **Redetermination: Significant Change In Condition**

ICF/MR WAIVER LEVEL OF CARE DETERMINATION

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| 1a. Peat Date (TDD waiver only) | Enter the date of the most recent PEAT completed by CareStar. Skip to Section 9 of the initial application. |
| 1b. Protective Level of Care OAC 5101:3-3-06 and 5101:3-3-07(C)(1) | Circle Yes or No to indicate whether the individual meets Protective Level of Care. The individual must meet the minimum criteria for Protective Level of Care as defined in rule. |
| 2a. Diagnosed condition that establishes the individual's developmental disability age 6 and above OAC 5101: 3-3-07(C)(2) | Enter the diagnosed condition that establishes the individual's developmental disability. Indicate all conditions that apply. <ul style="list-style-type: none"> ○ If "mental retardation" is indicated, the individual must have mild, moderate, severe or profound mental retardation. ○ Attach a medical evaluation completed by a licensed physician and a psychological evaluation signed by a licensed psychologist or a psychiatric evaluation signed by a licensed psychiatrist that verifies the individual's diagnosed condition. ○ The diagnosis and date of onset is critical to establish the developmental disability. |
| 2b. Developmental delays assessed for individuals birth through age five | ○ Indicate all developmental delays that assessments have identified for this individual, only for individuals from birth through age five (5). |
| 3. Manifested before 22? OAC 5101:3-3-07(C)(3) | ○ Circle Yes or No to indicate whether the disability was manifested before the age of 22. |
| 4. Continue indefinitely? OAC 5101:3-3-07(C)(4) | ○ Circle Yes or No to indicate whether the disability is likely to continue indefinitely. |
| 5. Substantial functional limitations OAC 5101:3-3-07(C)(5) | Circle 'yes' or 'no' for each of the seven questions in this section. Base these answers on a completed functional assessment. Use the correct functional assessment for the individual's age group. Keep the functional assessment on file. Do not submit the assessment form. |
| 6-7. Skill acquisition OAC 5101:3-3-07(C)(6) and (5101:3-3-07C)(7) | Skill acquisition means the individual could benefit from services and supports specifically designed to promote the individual's acquisition of skills and decrease or prevent regression in the performance of those major life activities where substantial functional limitations have been identified. Circle yes or no to indicate whether the individual could benefit from services and supports to promote the acquisition of skills in each area of substantial functional limitation marked in item 5 above and is willing to participate in an individualized plan of services and supports. |
| 8. Level of Care Recommendation | The Service Support Administrator must check a box to indicate which Level of Care is recommended for the individual. The Service and Support Administrator must print and sign name and date the recommendation indicating his/her title. |
| 9. Proposed Date for Waiver Services to Begin | Indicate the month, day and year the county board wants waiver services to begin. MDA will attempt to honor this date, but there is no guarantee that it will be the actual date set. In no case will the level of care effective date be prior to the date that a completed Initial ICF/MR Waiver Level of Care application or a completed Redetermination application is received by the MDA office. |

Initial Level of Care Eligibility Determination (LV1, IO and SELF)

Use these forms when completing a Level of Care packet for an individual's initial waiver enrollment on a DODD administered HCBS Waiver. If an individual is changing from one waiver to another the initial LOC packet is still required.

In no case will the level of care effective date be authorized prior to the date a complete ICF/MR Waiver Level of Care application is received by the MDA office. Once received the department will review the application and make the level of care determination.

TDD Initial Level of Care Eligibility Determination

- Enrollment in TDD is only available to individuals leaving the Ohio Home Care Waiver who meet the eligibility criteria.
- Carestar completes a PEAT for someone enrolled in OHCW which identifies the individual now meets ICF Level of Care.
- Carestar refers the individual to the local county board of developmental disabilities for assessment. The referral packet will include:
 - Copy of the PEAT
 - Copy of the current ASP
 - Proposed date of disenrollment from OHCW
- County board assesses the individual's immediate needs.
- County board submits e-mail to TDD inbox if a request is made for enrollment in TDD.
 - Request must include a description of the skilled nursing services required by the individual for enrollment via reserve capacity.
- MDA will review the PEAT and complete the level of care determination in WMS.
- DODD will place the individual on the TDD waiting list and inform the county board if a slot is available.
- If a slot is available, the county board will submit the revised initial application form and add the individual to the county's PICT.

Redetermination: Significant change in condition

Use this form when completing a Level of Care packet for an individual who is already receiving LV1, IO or SELF funded waiver services and when the individual's physical or mental condition, or functional abilities change to an extent that there is some question about whether the individual's Level of Care may have changed. This form should also be submitted when the individual turns 6 or 16 years of age.

TDD Process for Redetermination: Significant change of condition does **not** require the use of this form. County boards may submit a request to DODD via TDDinbox@dodd.ohio.gov for a reevaluation of the LOC based on an individual's significant change of condition. CareStar will conduct a face-to-face assessment using the PEAT. Results of the PEAT will be documented in Enterprise. MDA will review the PEAT and complete the level of care determination in WMS.

Redetermination: No significant change in condition

In the Waiver Management System the SSA or person who performs SSA functions in accordance with rule 5123:2-1-11 of the Administrative Code and hold the appropriate certification in accordance with rule 5123:2-5-02 of the Administrative Code shall attest to the level of care for individuals who is already receiving DODD HCBS Waiver services and whose condition has not changed to the extent that a different Level of Care could be warranted.

TDD Redetermination: No significant change of condition - CareStar will conduct a face-to-face assessment using the PEAT at least 30 days prior to the level of care due date. Results of the PEAT will be documented in Enterprise. MDA will review the PEAT and complete the level of care determination in WMS.

Freedom of Choice Documentation

Complete this form with the individual and/or guardian at initial enrollment and at the time of the individual's annual redetermination.

CareStar will completed the FOC form for the TDD waiver enrollees and submit to the county board.

This form does not need to be submitted with the initial application. It should remain in the county board files.

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| A. Selection of HCBS Waiver | Check the appropriate box. |
| B. Applicant Responsibilities | Review each item with the applicant. |
| C. Signature boxes | Obtain the signature and date for the applicant and/or legal guardian and the Service and Support Administrator. The authorized representative cannot sign in lieu of the applicant. |

Functional Assessments

The Functional Assessments available on our website reflect the ICF/MR Level of Care criteria for waiver services, found in OAC 5101: 3-3-07. This rule specifies that each individual must have three limitations of the possible seven major areas of life activity (six for children) to qualify for ICF/MR Level of Care. Each Functional Assessment lists the areas of life activity and gives the criteria for determining whether an individual has a functional limitation in the life area. Because the criteria are specific to the individual's age group, a different Functional Assessment applies to each age group. Functional Assessments for all age groups can be found on the DODD website.

Required Evaluations

The process for determining ICF/MR Level of Care is found in OAC 5101:3-3-15.5. Specifically, the rule states evaluations must include:

- (a) Diagnosis, including medical, psychiatric and developmental diagnoses, including dates of onset, if the date of onset is significant in determining whether the individual has a developmental disability; and
- (b) Review of current functional capacity.

Evaluation of the individual's current functional capacity and any other pertinent evaluations should be maintained in the individual's file by the county. Documentation of diagnosis must be submitted with both the Initial ICF/MR Waiver Level of Care and the Redetermination: Significant Change packets.

Incomplete Applications

In the event an application submitted is not complete, notification will be issued to the county board and a copy sent to the individual and/or guardian. If the requested information is not received within the specified time period, the initial or redetermination application may be denied. In no case will the level of care effective date be authorized prior to the date a completed ICF/MR Waiver Level of Care application is received by the MDA office. Once received the department will review the application and make the level of care determination.

LOC Date Change Request Form (N/A for TDD waiver)

Complete the LOC Date Change Request Form and submit to the waiver unit at MDA.DOC@dodd.ohio.gov

The LOC date change may occur any time during the current waiver span and must be prior to the end date of the current LOC. In no case can the span dates extend beyond 365 days. Requests to change the LOC date must be submitted on or prior the new LOC date requested.

| EXAMPLE | | |
|-------------------|--------------------|--------------------------------------|
| LOC Dates: | | Required PAWS: |
| Current LOC | 7/1/12 to 6/30/13 | 7/1/12 to 9/14/12 - Revision |
| New LOC | 9/15/12 to 9/14/13 | 9/15/12 to 9/14/13 - Redetermination |

Changing the LOC dates may affect a Prior Authorization request previously submitted to the department. Submission of a new Prior Authorization request may be necessary.

Submit a PAWS document to fiscal to end date the current LOC and a second PAWS to cover the new requested span dates.

LOC dates may not be changed by county boards for individuals enrolled in TDD.