

Community First Choice Non-Waiver

ICF/IID Level of Care (LOC) Determination Procedure for
Local Intellectual and Developmental Disabilities
Authorities (LIDDAs)



May 26th, 2015

- What are the LOC requirements for CFC?
- What documentation do LIDDAs need to determine LOC for CFC?
- How do LIDDAs submit required documentation to DADS?
- What are some common ID/RC-CFC errors to avoid?
- Where to call with questions about CFC (Non-Waiver)?

Overview of CFC (Non-Waiver) LOC Determination

What are the LOC requirements for CFC?

To be eligible for CFC, an individual must meet the criteria for an institutional LOC:

- Hospital or Nursing Facility
- Facility for psychiatric services for people under age 21 or age 65 and over
- Intermediate Care Facility for individuals with an intellectual disability or a related condition (ICF/IID)

LOC requirements

DADS CFC (non-waiver) unit does determinations for ICF/IID LOC:

ICF/IID LOC for CFC include:

- LOC I
- LOC VIII

LOC requirements

LOC I

A person must meet the following criteria:

- If the primary diagnosis is an intellectual disability...
 - ... have an IQ of 69 or below
 - ... have an intellectual disability manifested before age 18
- OR**
- If the primary diagnosis is a related condition...
 - ... have a DADS approved diagnosis by a licensed physician
 - ... have an IQ of 75 or below
 - ... have a related condition manifested before age 22

AND

- Have an Adaptive Behavior Level (ABL) of 1, 2, 3, or 4

LOC requirements

LOC VIII

A person must meet the following criteria:

- The primary diagnosis is a related condition...
... have a DADS approved diagnosis by a licensed physician
... have a related condition manifested before age 22

AND

- Have an Adaptive Behavior Level (ABL) of 2, 3, or 4

LOC requirements

**What documentation do
LIDDAs need to
determine LOC for CFC?**

Documentation required to determine LOC for CFC:

- Current Determination of Intellectual Disability (DID)
- Current Adaptive Behavior Level (ABL) assessment
- Form 8662: Related Conditions Eligibility and Screening Instrument (RCESI), *if primary diagnosis is a related condition*
- Form 8578-CFC: Intellectual Disability/Related Condition (ID/RC) assessment for CFC

DADS Required Documentation

Determination of Intellectual Disability (DID):

- DID Report (40 TAC §5.155)
An assessment conducted by an *authorized provider** to determine if an individual meets the criteria for a diagnosis of intellectual disability
- DID Review and Endorsement (40 TAC §5.156)
An endorsement conducted by an *authorized provider** to review the most recent DID, interview the individual, and determine if the assessment is an accurate reflection of the individual's ability
- DID Summary
A brief summary of the DID Report or the DID Review and Endorsement

**An authorized provider is a licensed physician, licensed psychologist, or certified authorized provider*

DADS Required Documentation

DID requirements for CFC:

At CFC eligibility determination, best practice is...

...for an *authorized provider** to conduct a new DID and ABL or to review the most recent DID and use professional judgment

A LIDDA MUST obtain a new DID if the most recent DID...

...does not appear to be an accurate reflection of the individual's current ability; or

...was conducted when the individual was under the age of 22 and the DID is more than 5 years old, unless the individual has a severe impairment and has remained in that condition, the LIDDA must obtain a DID review & endorsement

DADS Required Documentation

DID requirements based on age of individual and date of most recent DID:

Age when DID was conducted	Most Recent DID	DID Requirements
Individuals under the age of 22	Within 5 years	The DID is current, unless the most recent DID does not appear to be an accurate reflection of the individual's current ability
	5 years and older	The LIDDA is required to obtain a new DID or, if the individual was severely impaired and has remained in that condition, the LIDDA must obtain a DID review & endorsement
Individuals age 22 and older	Within 5 years	The DID is current, unless the most recent DID does not appear to be an accurate reflection of the individual's current ability
	5 years and older	

DADS Required Documentation

ABL requirements for CFC:

A LIDDA MUST obtain a new ABL if the most recent ABL...

...is NOT within 5 years

Regardless of:

- diagnosis
- severity
- individual's age when DID was conducted
- date when most recent DID was conducted

DADS Required Documentation

Adaptive Behavior Level (ABL) Assessment

DADS approved ABL assessments include:

- Inventory for Client and Agency Planning (ICAP)
- Scales of Independent Behavior-Revised (SIB-R)
- Vineland Adaptive Behavior Scales-II (VABS-II)
- American Association of Intellectual and Developmental Disabilities Adaptive Behavior Scales (AAIDD-ABS)

DADS Required Documentation

DID and ABL Examples:

- Example 1: Andy's (age 13) most recent DID (from 2012) was conducted when he was 10 years old, 3 years ago

Is a new DID and ABL required?

NO...unless DID or ABL are not an accurate reflection of the individual's current ability

- Example 2: Mike's (age 22) most recent DID (from 2008) was conducted when he was 15 years old, 7 years ago

Is a new DID and ABL required?

YES...unless the individual is severely impaired and has remained in that condition, then a DID review & endorsement is required

If the DID is reviewed and endorsed, is a new ABL required?

YES...because the ABL is not within 5 years

DADS Required Documentation

DID and ABL Examples:

- Example 3: Mary's (age 45) most recent DID (from 2005) was conducted when she was 35 years old, 10 years ago

Is a new DID required?

NO...unless DID or ABL are not an accurate reflection of the individual's current ability

Is a new ABL required?

YES...because the ABL is not within 5 years

If the DID is reviewed and endorsed, is a new ABL required?

YES...because the ABL is not within 5 years

DADS Required Documentation

Related Condition Eligibility Screening Instrument (RCESI):

Form 8662 is required if the primary diagnosis is a Related Condition listed on “DADS Approved Diagnostic Codes for Persons with Related Conditions” found at:

http://www.dads.state.tx.us/providers/guidelines/icd-9-cm_diagnostic_codes.pdf

DADS Required Documentation

RCESI requirements for CFC:

- Must indicate related condition manifested before the age of 22
- Must indicate the related condition is likely to continue indefinitely
- Must indicate substantial limitations in at least 3 areas of major life activities
- Must be signed and dated
- Must be current within 1 year

DADS Required Documentation

Related Conditions Eligibility Screening Instrument

Section 1 — Applicant Data		Date of Application (MM/DD/YYYY)
Applicant Name (Last, First, MI)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (MM/DD/YYYY)
Social Security No.	Presenting Diagnosis(es)	
Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other		
Informant's Name (family member or other persons assisting the individual with this form)		Informant's Relationship to Applicant

Section 2 — Functional Criteria

- Manifested before the age of 22 Yes No
- Likely to continue indefinitely Yes No

Section 3 — Major Life Activities

A. Self-Care: Individual often needs the help of another person or a mechanical device, or takes a long time to take care of:

- Personal hygiene – toileting, washing and bathing, tooth brushing Yes No
- Grooming – dressing, undressing, hair and nail care, overall appearance Yes No
- Feeding – eating/drinking, using utensils, chewing and swallowing Yes No
- Needs to be prompted to take care of personal hygiene, grooming or feeding Yes No

B. Receptive and Expressive Language: Individual needs daily assistance from another person, or a person with special skill (such as sign language), or a mechanical device to communicate (verbally or non-verbally).

Expressive:

- Has difficulty speaking intelligibly Yes No
- Has difficulty sharing information or communicating wants or needs Yes No

Receptive:

- Has difficulty hearing (without a hearing aid) Yes No
- Has difficulty understanding an ordinary conversation Yes No

C. Learning: The individual needs special assistance to aid learning. The person may be unable or have very limited ability, even with special intervention, to acquire knowledge or to transfer knowledge or skills to new situations. The person may have difficulties with:

- Cognition – recognition of persons, places, events or objects Yes No
- Retention – short and/or long-term memory Yes No
- Reasoning – ability to grasp concepts, to perceive "cause and effect" relationships, ability to generalize information and skills from one situation to another Yes No
- Academic skills – reading and/or writing, numerical concepts (arithmetic, money and value of objects) Yes No

D. Mobility: Individual needs the assistance of another person or a mechanical device, takes a long time or requires a barrier-free environment in moving from place to place in home or community.

Note: This does not refer to the ability to operate motor vehicles or use public transportation.

- Individual needs or uses crutches, walker or wheelchair for mobility Yes No
- Individual walks independently, but takes a long time due to gait or coordination difficulties Yes No
- Individual requires assistance in performing activities requiring manual dexterity, fine motor control or eye-hand coordination, such as using locks, appliances or light switches Yes No

The following major life activities (self-direction and capacity for independent living) must be considered in relation to age appropriateness and would generally not apply to individuals below the age of 10.

- E. **Self-direction:** Individual needs help in making judgments and decisions concerning personal or social life. They may also need someone to help protect their interests or rights (property rights, civil rights, voting rights).
- Emotional development – unable to routinely cope with fears, anxieties or frustrations; emotionally unstable; exhibits low self-esteem..... Yes No
 - Interpersonal/family relations – has difficulties in establishing and maintaining relationships with family or peers; lacks social maturity and awareness; is unable to protect self from exploitation Yes No
 - Initiative – unable to make independent decisions regarding daily schedules or time management; unable to manage personal finances or initiate routine medical care Yes No
 - Personal independence – unable to make major life decisions concerning work, marriage, voting, where to live... Yes No
- F. **Capacity for Independent Living:** The individual is unable to live independently or to maintain normal societal roles, and may present a danger to him/herself without the assistance or supervision of another person.
- Cannot perform simple household tasks such as bed-making, sweeping and washing dishes Yes No
 - Cannot manage multiple step activities such as meal planning and preparation, house cleaning, laundry (care and selection of clothing), home repair and maintenance, and household and personal safety Yes No
 - Cannot travel around neighborhood independently without presenting significant risk of harm to self or others Yes No
 - Has difficulty using the telephone, using public transportation or going shopping Yes No
 - Does not comprehend rules, restrictions, laws or contracts..... Yes No
 - Has physical impairments that prevent him/her from living independently unless support services (such as attendant care or homemaker services), special equipment, accessible environments and/or skills training are provided..... Yes No

Section 4 – Summary

- (A) Summarize Section 2 – Functional criteria are all marked "Yes": Yes No
- (B) 1. Summarize Section 3 – Major life activities below:
Note: For each "Yes" response below there must be at least one "Yes" in the corresponding activity in Section 3 above.
- A. Self-Care (one or more)..... Yes No
 - B. Receptive/expressive language (one or more) Yes No
 - C. Learning (one or more)..... Yes No
 - D. Mobility (one or more)..... Yes No
 - E. Self-direction (one or more)..... Yes No
 - F. Capacity for independent living (one or more)..... Yes No
- Note:** Consider age as a factor when scoring self-direction and capacity for independent living.
- (B) 2. Does the total "Yes" in A. through F. above indicate substantial limitations in three or more major life activity areas? Yes No
- (C) This applicant does does not meet the eligibility requirements for having a related condition.
Note: Both (A) and (B) 2. must be marked "Yes" to meet eligibility requirements.

Signature – Applicant

Signature – Informant
(family member or other persons assisting the individual with this form)

Signature – Case Manager/HCSSA Nurse

Date

Intellectual Disability/Related Condition (ID/RC) for CFC requirements:

Form 8578-CFC

- Must indicate a primary diagnosis (secondary and tertiary diagnosis is optional)
- Must indicate IQ and IQ instrument per current DID
- Must indicate ABL instrument and score per current ABL assessment
- Must indicate RCESI score (0-6) in the Related Condition – Functional Assessment field if primary diagnosis is a DADS approved related condition
- Although a Physician's Attestation is not required on this form, a physician's attestation must be obtained and stored by the LIDDA if the primary diagnosis is a DADS approved related condition

DADS Required Documentation

Community First Choice (CFC)

Intellectual Disability/Related Condition Assessment

1. Local Authority (LA) Name		2. LA Component Code	
3. LA Mailing address (Street or P.O. Box, City, State, ZIP)			
80. Managed Care Organization (MCO) Name		81. MCO Component Code	82. MCO Plan Code
83. MCO Mailing address (Street or P.O. Box, City, State, ZIP)			
4. Individual's Name (Last/First/Middle)			10. Individual's Date of Birth
5. Individual's Mailing address (Street or P.O. Box, City, State, ZIP)			
11. Social Security No.	8. Medicaid No.	73. Client Assignment and Registration (CARE) ID	

Diagnosis

19. Primary Diagnosis	20. Code	21. Version	22. Onset (MM-YYYY)
23. Secondary Diagnosis		24. Code	25. Version Code
26. Tertiary Diagnosis		27. Code	28. Version Code

Cognitive/Adaptive Functioning

29. Intelligence Quotient (IQ)		68. IQ Instrument	
30. ABL	69. Adaptive Behavior Level (ABL) Instrument and Score Vineland ICAP SIB-R / 90	AAIID	75. Related Conditions – Functional Assessment
13. Purpose Code: <input type="checkbox"/> 2 Initial Assessment <input type="checkbox"/> 3 Annual Reassessment (Renewal) <input type="checkbox"/> 4 Off-Cycle Reassessment (Change) <input type="checkbox"/> 5 MCO Plan Code or LA Change Only		17. Recommended Level of Care (LOC) <input type="checkbox"/> LOC 0 (only use if recommending LOC denial) <input type="checkbox"/> LOC I <input type="checkbox"/> LOC VIII	

LA Certification

On behalf of this agency, I certify that to the best of my knowledge all information on this form is true and I also certify that the information represents the individual's assessment information as currently documented in the record.

56. Signature of LA Representative 

57. Print Full Name of LA Representative 

58. Date (MM-DD-YYYY) 

 Title

LA Comments



Requested Begin/End Dates	
59. Begin Date (MM-DD-YYYY)	60. End Date (MM-DD-YYYY)
Individual's Name	Medicaid No.

Physician's Attestation (Required for LOC VIII only)

This applies only to those individuals that may qualify for LOC VIII.

I attest only to item numbers 19, 20, 22, 23, 24, 26 and 27, and I certify that this individual is medically appropriate to participate in a community-based program.

Signature - M.D./D.O.	Date	License Number
Printed Name - M.D./D.O.	State Licensed	M.D./D.O. Area Code and Telephone Number

For Departmental Use Only

61. Authorized LOC <input type="checkbox"/> LOC 0 – Only use if denying LOC <input type="checkbox"/> LOC I <input type="checkbox"/> LOC VIII	62. Meets Functional/Diagnostic Eligibility: <input type="checkbox"/> Community First Choice (CFC) <input type="checkbox"/> Community Living Assistance and Support Services (CLASS) <input type="checkbox"/> Deaf Blind with Multiple Disabilities (DBMD) <input type="checkbox"/> Home and Community-based Service (HCS) <input type="checkbox"/> Texas Home Living (TxHmL)
63. Effective Date (MM-DD-YYYY) 	64. End Date (MM-DD-YYYY)
65. Name of Reviewer 	66. Date Reviewed (MM-DD-YYYY)

Reviewer Comments

How do LIDDAs submit required documentation to DADS?

LIDDAs submit required documentation to DADS via fax:

Fax only 512-438-5693 DO NOT mail

LOC Determination Packet must contain:

- Form XXXX-CFC LOC Determination Review Cover Sheet
- Form 8578-CFC ID/RC Assessment
- Current DID, DID Review & Endorsement, or DID Summary
- Current ABL assessment scoring pages (*if not included in DID or if DID is more than 5 years old*)
- Form 8662-RCESI (*if primary diagnosis is related condition*)

Sending Documentation to DADS

Individual Information:

Last Name [REDACTED]	First Name [REDACTED]	Client Assignment and Registration (CARE) ID [REDACTED]
Mailing Address [REDACTED]	City, State [REDACTED]	Zip Code [REDACTED]
Name of Legally Authorized Representative (LAR), if applicable [REDACTED]		
Mailing address of LAR, if different than above [REDACTED]	City, State [REDACTED]	Zip Code [REDACTED]

Review Type:

Initial (Purpose Code 2) <input type="checkbox"/>	Annual Reassessment (Purpose Code 3) <input type="checkbox"/>	Off Cycle (Purpose Code 4) <input type="checkbox"/>
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Local Intellectual and Developmental Disability Authority (LIDDA) Contact Information:

LIDDA Name [REDACTED]	LIDDA Component Code [REDACTED]
LIDDA Contact Name [REDACTED]	Email Address [REDACTED]
Area Code and Phone Number [REDACTED]	Area Code and Fax Number [REDACTED]

Submission Must Include:

- Form XXXX LOC Determination Cover Sheet (*use as fax cover sheet*)
- Form 8578-CFC Intellectual Disability/Related Condition Assessment (ID/RC)
- Determination of Intellectual Disability (DID), DID Review & Endorsement, or DID Summary
- Scoring Pages for Adaptive Behavior Level (ABL) Assessment (*if not included in DID or if ABL assessment is not within 5 years*)
- Form 8662 Related Conditions Eligibility Screening Instrument (RCESI) (*required if primary diagnosis is a related condition*)

Is this a Resubmission (Return to DADS):

- Yes
- No

**To: Texas Department of Aging and Disability Services
Access and Intake, Utilization Management and Review, Community First Choice (CFC)**

Mailing Address:
P. O. Box 149030
Mail Code W-254
Austin, TX. 78714-9030

Fax Number: 512-438-5693

**What are some common
ID/RC-CFC errors to
avoid?**

Reasons an ID/RC-CFC is returned (DID):

- Incorrectly labeling primary and secondary diagnoses

DO NOT use Axis I and II as primary and secondary diagnosis, respectively

Unless recommending a LOC 0, primary diagnosis must be an intellectual disability or a related condition.

- Not using the recommended IQ from the DID

If multiple IQ instruments were conducted on the DID, use most recent *authorized provider** recommended IQ

- Not submitting a current DID

Determine whether a new DID or DID review & endorsement is required

Avoiding Common Errors

Reasons an ID/RC-CFC is returned (ABL):

- Not submitting a current ABL assessment

If the most recent DID is older than 5 years and current, conduct a new ABL assessment and send the DID and new ABL assessment (scoring pages only) to DADS

If submitting a DID review & endorsement or DID summary, include ABL assessment administration date(s)

- Not using the recommended ABL from the DID

If multiple ABL assessments were conducted on the DID, use most recent *authorized provider** recommended ABL

- Recording the ICAP service level instead of the ICAP service score in CARE

Avoiding Common Errors

Reasons an ID/RC-CFC is returned (Related Condition):

- Not entering a “Y” in the Physician’s Attestation field in CARE if the primary diagnosis is a Related Condition
- Not submitting the RCESI if a primary diagnosis is a Related Condition

If submitting the RCESI, ensure RCESI requirements are met

Avoiding Common Errors

Where to call with questions about CFC (Non-Wavier)?

Have questions?

Questions about CFC (Non-Waiver):

- General Line: 512-438-2484

Seeking Help from DADS

Useful References:

- CFC Provider Resource Website – <http://www.dads.state.tx.us/providers/CFC/index.cfm>
- LOC I (40 TAC §9.238) – [http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=T&app=9&p_dir=P&p_rloc=153816&p_tloc=&p_ploc=1&pg=3&p_tac=&ti=40&pt=1&ch=9&rl=238](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=P&p_rloc=153816&p_tloc=&p_ploc=1&pg=3&p_tac=&ti=40&pt=1&ch=9&rl=238)
- LOC VIII (40 TAC §9.239) - [http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=153817&p_tloc=&p_ploc=1&pg=4&p_tac=&ti=40&pt=1&ch=9&rl=238](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=153817&p_tloc=&p_ploc=1&pg=4&p_tac=&ti=40&pt=1&ch=9&rl=238)
- DADS Approved Related Conditions - http://www.dads.state.tx.us/providers/guidelines/icd-9-cm_diagnostic_codes.pdf
- DID Rules (40 TAC Subchapter D) – [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=1&ch=5&sch=D&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=1&ch=5&sch=D&rl=Y)
- DID Best Practice Guidelines – www.dads.state.tx.us
- Guidelines on Completing ICAP/SIB-R – <http://www.dads.state.tx.us/providers/guidelines/ICAPGuidelines.pdf>
 - Questions regarding this document, contact CFC (Non-Waiver) at 512-438-2484
- Form 8662 (RCESI) - <http://www.dads.state.tx.us/forms/8662/>
- Form 8578-CFC (ID/RC-CFC) - <http://www.dads.state.tx.us/forms/8578-CFC/>

Presentation References