

Questions from August 23, 2016, Webinar for  
“DID: Best Practice Guidelines”  
With HHSC Responses

A recording of the Webinar is available at:

<https://attendeegotowebinar.com/recording/5893712555194569218>

1. As a state hospital employee, and doing testing at this facility, where would we find the DADS BPG and the Report Template?

A. The *DID: Best Practice Guidelines*, including the DID report template, is available on the HHSC website at: <http://www.dads.state.tx.us/providers/LA/BestPracticeGuidelines.pdf>.

2. Did you say simply phone contact not face to face would be Ok for endorsement?

A. The requirement for an authorized provider conducting a review and endorsement to interview an individual may be accomplished by phone (e.g., FaceTime) or computer (e.g., Skype). However conducted, the interview must be with the individual. Although an interview with an individual’s guardian or family member is indicated, it would be in addition to (and not a substitute for) an interview with the individual.

Regardless of how an interview is conducted, the choice of medium must align with an individual’s skills and ability to communicate (e.g., telephoning an individual who is non-verbal is inappropriate and would not satisfy the expectation).

3. Is the old Slosson Intelligence Test still acceptable for use with individuals who are unable to take a more comprehensive assessment such as the WAIS or WISC? It is the only test that we have found so far that gives IQ scores within the lower Severe and Profound IQ ranges and measures both verbal and non-verbal abilities.

A. Use of a brief test of intelligence to establish an individual’s initial eligibility programs is discouraged; however, Item 2(e) of the DID BPG provides examples of brief IQ tests and certain limited situations in which a brief test (including the Slosson) may be warranted. It also requires an authorized provider to explain/justify use of a brief test in the DID report. Item 2(f) of the DID BPG provides additional guidance on when a standardized intellectual assessment cannot be administered. Finally, to ensure the test results are valid, Item 2(a) requires the use of “current versions” of tests.

4. What would be a scenario when a brief IQ test would be used?

A. Item 2(e) of the DID BPG provides examples of brief IQ tests (including the Slosson) and certain limited situations in which a brief test may be warranted.

5. When determining eligibility for a related condition, will I need to use the 8662 for any program?

A. Per form instructions, Form 8662 (Related Conditions Eligibility Screening Instrument) is used to determine programmatic eligibility for the ICF/IID program, ICF/IID waiver programs (HCS, TxHmL, CLASS, and DBMD), and Community First Choice services, when the applicant does not have a diagnosis of intellectual disability at the time of application. This form is not used to determine eligibility for GR-funded services.

6. If I diagnose a client with ID per DSM-V standards at seventeen even though their IQ is high enough they don’t currently qualify for services, can they qualify for services in the future if the IQ and adaptive levels meet the standards?

A. If, upon initial testing, an individual does not meet the required IQ cut off score but does in subsequent testing, the DID report should describe the previous test results (per DID BPG, Item

13(b)) and include an explanation/justification of why current results are considered valid and thus an accurate reflection of the individual's functioning level.

7. I had a client come in who was clearly born male, but identifies as a female, had his/her name legally changed to a female name, requested to be called "she", was wearing female clothing, and was in the process of physically transitioning into a female (currently taking female hormones and had plans to be surgically altered). What gender do I put in the system?

A. Female. Historical information such as this should be included in the DID report, as part of information about the individual or in the background.

8. Do current DIDs with a diagnosis of Unspecified ID require a VABS-II be completed to give an estimated IQ score instead of using 19 as done previously?

A. If a standardized intellectual assessment cannot be successfully administered, an authorized provider shall provide an estimated IQ score using a developmental rating scale or an Adaptive Behavior Composite (e.g., provided by the VABS). See Item 2(f) of the DID BPG.

The ID/RC screen in CARE does not permit entry of an IQ-score lower than 19. In lieu of modifying CARE, staff will revise instructions on the ID/RC to provide clarification on the use of 19 for individuals with an IQ below 19.

9. If a client's IQ is in the normal range and there is no question of ID, is it OK to endorse a brief IQ test?"

A. As stated in Item 2(e) of the DID BPG, a brief test may be appropriate for an individual that presents with a well-established, documented testing history based on broad-based batteries and the results of a brief test you administer are consistent with testing history.

10. Can a family member's information be accepted for an older person if there was no testing or verification of onset age?

A. As noted in Item 5 of the DID BPG, an authorized provider may use reports by other people, including the individual's family and friends. The DID report should include evidence supporting the origination before age 18. Authorized providers are reminded of the importance of ruling out other possible causes (e.g., mental illness). For more guidance see Item 13(b) in the DID BPG.

11. Who would complete Form 8662, psychologist or LIDDA?

A. A LIDDA may delegate this task to whomever the LIDDA deems appropriate, including but not limited to an authorized provider or a service coordinator.

12. I have a client who has a suspected IDD diagnosis as his IQ was 60. We are trying to access services for him, but were informed we need his school records indicating he was in special education classes in order to access these services. We are having difficulty accessing these records, and I was wondering if there are other options we could pursue in completing his IDD diagnosis.

A. As noted in Item 5 of the DID BPG, an authorized provider may use reports by other people, including the individual's family and friends. In addition, the DID report should include specific examples as evidence (e.g., the individual did not speak in sentences until school age). The authorized provider also should rule out other possible causes (e.g., mental illness). For more guidance see Item 13(b) in the DID BPG.

13. So, to clarify, if we have ICF providers who have accepted individuals in to their facilities, they will have to arrange for the individuals to see us as the LIDDA before we can authorize the IDRC?

A. Yes, that is correct. In accordance with 40 TAC, Chapter 9, Subchapter E, [§9.244 Applicant Enrollment in the ICF/MR Program](#): (a) Except as provided in subsection (b) of this section, only

a LIDDA may request enrollment of an applicant by DADS. (b) A program provider may request enrollment of an applicant by DADS in accordance with subsection (k) of this section if the applicant: (1) has received ICF/MR services from a non-state operated facility during the 180 days before the enrollment request; and (2) is not moving from or seeking admission to a state school or state center.

14. What is a DID "update?"

A. A DID update is an informal term used by some LIDDAs to refer to a report in which only a portion of the diagnostic assessment is updated. The term does not appear in the DID BPG or in DADS/HHSC rules or policies.

15. To clarify, testing is required for all individuals under the age of 22 for all programs across the board and not just CFC non-waiver, correct?

A. Yes, in determining eligibility for ICF/IID, HCS, TxHmL, GR-funded services, and CFC non-waiver services, a new DID is required if the previous assessment was completed when the individual was under age 22 and the testing is more than five years old.

16. Can evidence of onset be based on verbal feedback provided by family if no actual documentation is available (especially when assisting older individuals whose records might no longer be available)?

A. As noted in Item 5 of the DID BPG, an authorized provider may use reports by other people, including the individual's family and friends. The DID report should include evidence supporting the origination before age 18. The authorized provider is reminded to rule out other possible causes (e.g., mental illness). For more guidance see Item 13(b) in the DID BPG.

17. Just to make sure, if an individual has been diagnosed with Autism with an IQ of 85 but has an ABL of 2, they will qualify with LOC VIII. Right?

A. Correct. We offer a reminder that LOC VIII is applicable to Medicaid programs only. For Medicaid programs, federal rules require a diagnosis of a related condition (e.g., autism) to be made by a licensed physician.

18. What Adaptive Behavior tests are accepted?

A. For examples of tests deemed valid and reliable see the DID BPG Item 2(a).

19. I have a young lady that was previously in HCS and went into an ICF and now is going back into HCS, but her DID is from 2000 and she is now 22. This means she will need a new DID before entering back into the HCS program, right?

A. Correct.

20. Is a non-video telephone interview acceptable for endorsement if face to face interview cannot occur?

A. The rule does not specify how the interview is conducted; therefore, this approach would be acceptable, assuming the individual is able to verbally communicate with the authorized provider.

21. Is the Leiter International Performance Scale, a nonverbal test for kids who are very young and nonverbal, still acceptable test?

A. The Leiter may be used if clinically appropriate.

22. What exactly is meant by structured observation for ASD diagnosis? Or can you simply review the DADS criteria for basing eligibility on ASD.

A. A "structured behavioral observation" refers to an observation period that allows for the opportunity to identify ASD diagnostic criteria, including the use of some on-demand activities.

This observation may be similar to a structured clinical interview in that there are diagnostic components to cover, but it's not structured in the sense that it is of a particular order and length of time. But it also is not a completely informal casual observation of a child during free play or self-directed activity, instead you would observe the individual during various "demand" situations, noting a wide variety of elements (e.g., response style, capacity for focused attention, frustration tolerance, reciprocity of communication, initiation of conversation, expression of emotions, eye contact/other body language, stereotypy movements, response to change/rigidity, interaction with objects such as toys if a child). You may note sensory issues and range of interests as well, although you may get a better understanding of those through reported history versus trying to observe everything.

23. The first presenter stated that there is no rule (other than CFC non-waiver) stating that DIDs must be updated every 5 years. The second presenter stated it does. Is that based on BPG?  
A. Yes, the DID BPG address on-going eligibility for CFC non-waiver services -- see the DID BPG, Item 11.
24. If someone is coming in for a GR evaluation, should I be listing whether or not they are eligible for Medicaid Waiver programs?  
A. As noted in Item 13(g) of the DID BPG, an authorized provider offers recommendations responsive to the identified purpose. In the example given, we assume the person has not received an offer of waiver services and is not a member of an HCS waiver program target group. If that is the case, addressing an individual's eligibility for a Medicaid program in advance of an offer to enroll would be premature.
25. Can a state hospital assist a LIDDA in completing a DID?  
A. As permitted by statute, clinical staff (including one associated with a state hospital) may conduct a DID but that DID would have to be endorsed by an authorized provider associated with a LIDDA. Endorsement of a previous DID is appropriate only if an authorized provider interviews the individual, reviews the previous DID, and determines the previous DID meets all the requirements for a DID and is a valid reflection of the individual's current functioning.
26. Do individuals transitioning from NFs have a different IQ requirement when enrolling in Medicaid Waivers such as HCS? I recall years ago that some information at that level had been discussed during a DADS PASRR training.  
A. An individual who enrolls in HCS as a diversion from nursing facility (NF) admission or who enrolls in HCS directly from an NF must meet either ICF/IID Level-of-Care (LOC) I or VIII criteria. Note that LOC VIII does not have an IQ requirement. For any other individual who enrolls in HCS, eligibility must be based on ICF/IID LOC I criteria.
27. For a medical diagnosis age of onset in NF does this need to be done by a certified physician instead of sending the consumer for a testing with a psychologist who is going to defer to the physician anyway  
A. If the reference to "medical diagnosis" means a related condition, eligibility for HCS with a primary diagnosis of a related condition requires the related condition to be diagnosed by a licensed physician. An adaptive behavioral level (ABL) is also required, but an authorized provider (not the licensed physician) conducts the adaptive behavior assessment.
28. I did not hear/see discussion of best practices for ASD determination? ASD evidence + IQ possibly above 69, but ABL at least Level 1?  
A. An individual diagnosed with ASD based on criteria described in the *DSM-5* may be determined eligible for GR-funded services without regard to the IQ score or ABL.

Recommended practices are described in Item 8(b) of the DID BPG. Also see the DID BPG Summary Chart of Eligibility for IDD Programs and Services.

29. Are the CAPS allowed to exercise clinical judgment in the selection of appropriate adaptive instruments when conducting DID assessments and the need for an “estimated” IQ occurs? For instance, we find the ABAS-3 to be a highly useful instrument that yields rich information regarding the various domains of an individual’s adaptive functioning. It appears to us that it would be an acceptable instrument to provide an “estimated” IQ.
- A. Per Item 2(f) in the DID BPG, if a standardized intellectual assessment cannot be successfully administered, an authorized provider may provide an estimate of the individual’s IQ score, or IQ score equivalent, with clinical justification.
30. Should "provisional" IDD be used if the only source of developmental history is the client themselves?
- A. No. A DID is used to determine eligibility; as such, HHSC would be unable to accept a DID with findings that are inconclusive (i.e., provisional).
- As stated in Item 5 of the DID BPG, an authorized provider must make efforts to obtain as much supporting evidence as possible and include in the DID report a detailed description of the information and sources used to make that determination. Absent any records, collateral contacts (e.g., family, acquaintances), etc., an authorized provider must use clinical judgment in deciding if the individual is a reliable source.
31. Can you send a report template that includes the essential required statements/lists from which report writers can individualized/personalized for the individual?
- A. The DID report template is found in Item 13 of the *DID: Best Practice Guidelines*.
32. That term "update" is used here when we are required to do an update for HCS or TxHmL admission.
- A. DID update is an informal term used by some LIDDAs to refer to a report in which only a portion of the diagnostic assessment is updated. The term does not appear in the DID BPG or in DADS/HHSC rules or policies. In order to recommend eligibility for HCS, DADS requires a LIDDA to either complete a new DID or endorse a previous one.
33. Is a DID a billable activity for a certified authorized provider?
- A. A certified authorized provider (CAP) is not licensed to practice independently. As such, a CAP is not eligible to be an approved Medicaid provider nor can they directly bill Medicaid for their services. A DID is a billable activity only in the following two circumstances:
- 1) The authorized provider is a Ph.D. psychologist licensed to practice in the State of Texas and has a Medicaid provider ID and the individual on whom a DID is conducted is a Medicaid recipient. Medicaid will reimburse for the testing to complete a DID.
  - 2) The individual for whom a DID is conducted is admitted to a nursing facility and the LIDDA staff conducting the PASRR Evaluation refers the individual for a DID because the LIDDA staff has determined that there is insufficient documentation in the individual’s record to rule out the individual has an intellectual disability or a related condition. DADS will reimburse the LIDDA for the DID using DADS Form 1048.