

LIDDA Procedures for Reassessment CFC through an MCO ICF/IID Level of Care Reassessment Process

Identifying Members Needs Reassessment

No later than 90 days prior to the expiration of a member's level of care assessment, the Local Intellectual and Developmental Disability Authority (LIDDA) sends a list of members due for a level of care assessment for an intermediate care facility (ICF) level of care to each MCO. In order to facilitate information exchange about reassessment activities occurring between June 1, 2016 and May 31, 2017, DADS will send LIDDAs an Excel spreadsheet titled "Reassessment 16-17.". The LIDDA will insert the Excel spreadsheet into its existing LIDDA/MCO Excel workbooks as a new tab for 2016-2017 reassessments. Note that every year a new reassessment tab will need to be created for tracking CFC level of care renewals for MCO members for June 1 through May 31.

The MCO will respond within 10 calendar days identifying whether each member requires a new Intellectual Disability or Related Condition (ID/RC) assessment for continued CFC eligibility. If the member requires a new ID/RC assessment because the member is currently receiving CFC services, the MCO updates the spreadsheet under the reassessment tab indicating "yes." If the member does not require a new ID/RC assessment because the member is not currently receiving CFC services, the MCO updates the spreadsheet under the reassessment tab indicating "no." The LIDDA conducts a reassessment only for those members for whom the MCO indicated "yes" on the reassessment tab.

ICF Level of Care Reassessment

The LIDDA completes the ID/RC Assessment for CFC (Form 8578-CFC) to determine if the member continues to meet the ICF level of care criteria. The LIDDA may have to complete a new Determination of Intellectual Disability (DID), if warranted or if the member's current DID was completed when the member was under the age of 22 years and the testing was done more than five years ago. (See [*DID: Best Practice Guidelines*](#) for additional information about conducting DIDs.) The LIDDA submits the assessment information to DADS using the CARE system for a level of care determination.

Members 21 years of age or older

Member continues to meet ICF level of care criteria:

For a member 21 years of age or older for whom DADS determines the member continues to meet the ICF level of care criteria, the member is reassessed to determine what services he or she needs. The LIDDA contacts the member or LAR to schedule a time to meet and complete the CFC assessment (Form H6516). The meeting is conducted face-to-face with the member and LAR and occurs at a time and location convenient to the member and LAR. At the scheduled meeting, the LIDDA:

- completes the CFC Assessment (Form H6516);
- completes the Needs Assessment Addendum (Form 2060-B);
- completes the Consumer Directed Services Option Overview (Form 1581);

- with the member and LAR, identify a date, time, and location for the joint meeting with the MCO service coordinator, that is approximately three weeks after the completion of Form H6516; and
- determines if the member or LAR want to change providers.

No later than 45 days prior to the expiration of a member's ICF level of care expiration, the LIDDA must compile a packet with the following documentation and submit it to the MCO via the secure FTP site:

- completed Contact Information Sheet and CFC Packet Checklist (Form 1040) that includes the date, time, and location of the joint meeting, and where to send provider information, if applicable;
- completed ID/RC Assessment for CFC (Form 8578-CFC);
- DID report, if a new DID was completed;
- completed CFC Assessment (Form H6516);
- completed Needs Assessment Addendum (Form 2060-B); and
- completed Consumer Directed Services Option Overview (Form 1581).

When uploading the packet, the LIDDA use the naming convention "*Medicaid ID_XXX_CFC Reasses Packet_First Four Letters of the Member's Last Name_YYYYMMDD*," where "XXX" represents the MCO Component Code and the last 8 characters represent the date the packet is uploaded.

When the MCO receives the packet from the LIDDA, the MCO determines if the member continues to have a need for CFC services.

- If no services are on the recommended service plan (i.e., completed H6516), the MCO denies the request for services and sends the member an adverse determination letter. The MCO updates the reassessment tab indicating the member will not be receiving CFC services.
- If services are on the recommended service plan, the MCO service coordinator reviews the service plan to ensure agreement with the recommended services. If the MCO service coordinator does not agree with the services being recommended, he or she contacts the LIDDA to discuss the service plan and to reach an agreement about what service plan will be presented to the member at the joint meeting.
- After the LIDDA and MCO agree with the service plan, the LIDDA, the member, the LAR, and MCO service coordinator attend the joint meeting to review the services for which the member will be authorized.
- If the member selected a different provider, the MCO notifies the LIDDA of the name of the selected provider using the reassessment tab and posting on the SFTP site.

Member does not continue to meet ICF level of care criteria:

For a member 21 years of age or older for whom DADS determines the member does not continue to meet the ICF level of care criteria, the LIDDA must compile a packet with the following documentation and submit it to the MCO via the secure FTP site:

- completed Contact Information Sheet and CFC Packet Checklist (Form 1040);
- completed ID/RC Assessment for CFC (Form 8578-CFC); and
- DID report, if a new DID was completed.

Members under the age of 21 years

For a member under 21 years of age, the LIDDA must compile a packet with the following documentation and submit it to the MCO via the secure FTP site:

- completed Contact Information Sheet and CFC Packet Checklist (Form 1040);
- completed ID/RC Assessment for CFC (Form 8578-CFC); and
- DID report, if a new DID was completed.