
CHAPTER 26: ICF/DD SERVICES

SECTION 26.1: ADMISSION PROCESS**PAGE(S) 8**

ADMISSION PROCESS**Interdisciplinary Team (ID Team)**

Prior to admission to an ICF/DD, or before authorization for payment, an interdisciplinary team of health professionals will complete a comprehensive medical, social and psychological evaluation of each individual's need for care in the ICF/DD. As appropriate, other professionals will be included on the team, and at least one member will meet the definition of Qualified Mental Retardation Professional (QMRP). Participation of a nursing professional on this team shall be by a Louisiana licensed nurse.

Exploration of Alternative Services

If the comprehensive evaluations recommend ICF/DD services for an individual whose needs could be met by alternative services that are unavailable, this information will be entered into the individual's record. The ICF/DD will also seek alternative services for this individual.

ICF/DD Submission of Data

Evaluative data for medical certification for ICF/DD level of care will be submitted to the appropriate Office for Citizens with Developmental Disabilities (OCDD) regional office on each individual. This information will include the following:

- Initial application,
- Applications for individuals transferring from one ICF/DD to another,
- Applications for individuals transferring from an acute care hospital to an ICF/DD,
- Applications for individuals who are patients in a mental health facility,
- Applications for individuals already in an ICF/DD program,
- Applications for individuals being readmitted, and
- Applications for individuals who are being converted from private pay to Medicaid coverage.

CHAPTER 26: ICF/DD SERVICES

SECTION 26.1: ADMISSION PROCESS**PAGE(S) 8**

A complete packet of admission information must be received by BHSF/OCDD **within 20 working days** following the completion of the Individual Habilitation Plan (IHP) for newly admitted individuals. Please note the following:

- Notice within the 20-day time frame will also be required for readmission and transfers.
- If an incomplete packet is received, denial of certification will be issued with the reasons(s) for denial.
- If additional information is subsequently *received within* the initial 20 working day time frame, and the individual meets all requirements, the effective date of certification is the date of admission.
- If the additional information is *received after* the initial 20 working day time frame and the individual meets all requirements, *the effective date is no earlier than the date a completed packet is received by OCDD.*

Data may be submitted before admission of the individual if all other conditions for the admission are met.

Requirements for Certification

The following documentation and procedures are required to obtain medical certification for ICF/DD Medicaid vendor payment. The documentation should be submitted to the appropriate OCDD Regional Office/Human Services Authority or Human Services District.

Social Evaluation

The social evaluation must not be completed more than 90 days prior to admission and no later than the date of admission and must address the following:

- Family, educational and social history including any previous placements,
- Treatment history that discusses past and current interventions, treatment effectiveness and negative side effects,
- Current living arrangements,
- Family involvement, if any,

CHAPTER 26: ICF/DD SERVICES

SECTION 26.1: ADMISSION PROCESS**PAGE(S) 8**

- Availability and utilization of community, educational, and other sources of support,
- Habilitation needs,
- Family and/or individual expectations for services,
- Prognosis for independent living, and
- Social needs and recommendation for ICF/DD placement.

Psychological Evaluation

A psychological evaluation must not be completed more than 90 days prior to admission and no later than the date of admission and must include the following components:

- Comprehensive measurement of intellectual functioning,
- Developmental and psychological history and an assessment of current psychological functioning,
- Measurement of adaptive behavior using multiple informants when possible,
- Statements regarding the reliability and validity of informant data including discussion of potential informant bias,
- Detailed description of adaptive behavior strengths and functional impairments in self-care, language, learning, mobility, self-direction, and capacity for independent living,
- Discussion of whether impairments are due to a lack of skills or noncompliance and whether reasonable learning opportunities for skill acquisition have been provided,
- Recommendations for least restrictive treatment alternative, habilitation and custodial needs. The individual's need for supervision and monitoring to ensure his/her safety, and
- Diagnosis/Diagnoses conforming to the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.

CHAPTER 26: ICF/DD SERVICES

SECTION 26.1: ADMISSION PROCESS**PAGE(S) 8**

If an intellectual assessment is attempted, but cannot be completed, documentation will include the assessment tool attempted and an explanation as to why the assessment could not be completed.

If an updated psychological evaluation is submitted, the agency will submit the prior comprehensive psychological report that is referenced in the update.

Psychiatric Evaluation

A psychiatric evaluation must be completed if the individual has a primary or secondary diagnosis of mental illness, is receiving psychotropic medication, has been hospitalized in the past three years for psychiatric problems, or if significant psychiatric symptoms were noted in the psychological evaluation or social assessment. The psychiatric evaluation shall not be completed more than 90 days prior to admission and no later than the date of admission. The psychiatric evaluation should include the following:

- History of present illness,
- Mental status exam,
- Diagnostic impression,
- Assessment of strengths and weaknesses,
- Recommendations for therapeutic interventions, and
- Prognosis.

A psychiatric evaluation may be requested at the discretion of OCDD to determine the appropriateness of placement if admission material indicates the possible need for psychiatric intervention due to behavior problems.

Other Evaluations

Additional evaluations may be requested when the individual currently receives or is in need of one or more of the following therapies:

- Physical,
- Occupational, or
- Speech.

CHAPTER 26: ICF/DD SERVICES

SECTION 26.1: ADMISSION PROCESS**PAGE(S) 8**

Individual Service Plan

The Individual Service Plan (ISP), which may also be referred to as the Support Plan, developed by the interdisciplinary team within 30 days of admission, shall include the following:

- Habilitation needs,
- Specific assessment based objectives,
- Specific services, accommodations, and/or equipment needed to assist the individual's placement in an ICF/DD, and
- Participation by the individual, the parent(s), or legal guardian unless impossible or inappropriate. If the individual is a competent major, the family or advocate participation is only allowed with the consent of the individual.

NOTE: Document the reason(s) for ANY non-participation by the individual, the individual's parent(s), or the individual's legal guardian.

Form 90-L

A request for Level of Care Determination (Form 90-L) must be submitted on each admission or readmission. This form must:

- Not be completed more than 30 days before admission and not later than the date of admission,
- Be fully completed and include prior living arrangements and previous institutional care,
- Be signed and dated by a physician licensed to practice in Louisiana. *Certification will not be effective any earlier than the date the Form 90-L is signed and dated by the physician,*
- Include a diagnosis of developmental disability or related condition as well as any other medical condition, and
- Indicate the ICF/DD level of care.

CHAPTER 26: ICF/DD SERVICES

SECTION 26.1: ADMISSION PROCESS**PAGE(S) 8**

Form 148

A Notification of Admission or Change (Form 148) must be submitted for each new admission and when there is a change in a recipient's status such as, death, discharge, transfer, or readmission from a hospital.

For individuals whose application for Medicaid is later than the date of admission, the date of application must be indicated on the form.

Transfers**Transfer within an Organization**

The following must be completed for a recipient transferring from an organization:

- Form 148 must be submitted by both the discharging facility and the admitting facility.
- Form 148 shall indicate the date the recipient was discharged from the transferring facility, the name of the receiving facility, and the date of admission.
- An updated individual service plan must be submitted by the discharging facility to the receiving facility. The receiving facility ID team may adjust the ISP if they feel it is necessary.

The receiving facility must submit minutes of an ID team meeting addressing the reason(s) for the transfer, the family and recipient's response to the move, and the signatures of the persons attending the meeting.

Transfer of a Recipient outside the Organization

Certification requirements involving the transfer of a recipient from one ICF/DD to another (which is not part of the same organization or network) will be treated the same as for a new admission. Therefore, the receiving facility must follow all the steps for a new admission. The discharging facility will notify OCDD of the discharge by submitting Form 148 giving the date of discharge and destination.

Transfer from an ICF/DD to a Nursing Facility

When a recipient's medical condition has deteriorated to the extent that he/she cannot participate in or benefit from active treatment and requires 24-hour nursing care, the ICF/DD may request

CHAPTER 26: ICF/DD SERVICES

SECTION 26.1: ADMISSION PROCESS**PAGE(S) 8**

prior approval from OCDD to transfer the recipient to a nursing facility by submitting the following information:

- Form 148 showing that transfer to a nursing facility is being requested,
- Form 90-L completed within 30 days prior to request for transfer indicating that nursing facility level of care is needed, and
- Level 1 PASARR completed within 30 days prior to request for transfer.

The ID team meeting minutes must address the reason for the transfer, along with the family and recipient's response to the move and the signature of the persons attending the meeting, and any other medical information that will support the need for nursing facility placement.

Readmission to the Facility**Readmission Following Hospitalization**

The Form 148 must be submitted showing the date Medicaid billing was discontinued and the date of readmission to the facility.

Documentation must be submitted that specifies the recipient's diagnosis, medication regime, and include the physician's signature and date. The documentation can be one of the following:

- Form 90-L,
- Hospital transfer form,
- Hospital discharge summary, or
- Physician's orders.

An updated ISP must be submitted to the local OCDD Regional Office/Human Services Authority or Human Services District showing changes, if any, as a result of the hospitalization.

Readmission Following Exhausted Home Leave Days

The following documentation must be submitted for readmission following exhausted Home Leave days:

- Form 148 showing the date billing was discontinued and the date of readmission, and

CHAPTER 26: ICF/DD SERVICES

SECTION 26.1: ADMISSION PROCESS

PAGE(S) 8

- An updated ISP showing changes, if any, as a result of the extended home leave.