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ADMISSION PROCESS

Interdisciplinary Team

Prior to admission to an intermediate care facility for individuals with intellectual disabilities (ICF/IID), or before authorization for payment, an interdisciplinary team (IDT) of health professionals will complete a comprehensive medical, social and psychological evaluation of each individual's need for care in the ICF/IID. As appropriate, other professionals will be included on the IDT, and at least one member will meet the definition of qualified intellectual disabilities professional (QIDP). Participation of a nursing professional on the IDT shall be by a Louisiana licensed registered nurse (RN).

Exploration of Alternative Services

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

ICF/IID Submission of Data

Evaluative data for medical certification for ICF/IID level of care will be submitted to the appropriate local governing entity (LGE) on each individual. This information will include the following applications:

1. Initial;
2. Individuals transferring from one ICF/IID to another;
3. Individuals transferring from an acute care hospital to an ICF/IID;
4. Individuals who are patients in a mental health facility;
5. Individuals already in an ICF/IID program;
6. Individuals being readmitted; and
7. Individuals who are being converted from private pay to Medicaid coverage.

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A complete packet of admission information must be received by the LGE **within 20 working days** following the completion of the individual habilitation plan (IHP) for newly admitted individuals.

Please note the following:

1. Notice within the 20-day time frame will be required for readmission and transfers.
2. If an incomplete packet is received, denial of certification will be issued with the reasons(s) for denial.
3. 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.
4. 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 the Office for Citizens with Developmental Disabilities (OCDD).*

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

Requirements for Certification

Documentation to obtain medical certification for ICF/IID Medicaid vendor payment should be submitted to the appropriate LGE. The following documentation and procedures are required:

1. Social evaluation;
2. Psychological evaluation;
3. Psychiatric evaluation;
4. Other evaluations (if applicable);
5. Individual service plan;
6. Form 90-L;

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7. Form 148;
8. Inventory for Client and Agency Planning; and
9. Statement of Approval.

Social Evaluation

The social evaluation must be completed no more than 90 days prior to admission and no later than the date of admission. The social evaluation must address the following:

1. Family, educational and social history including any previous placements;
2. Treatment history that discusses past and current interventions, treatment effectiveness and negative side effects;
3. Current living arrangements;
4. Family involvement, if any;
5. Availability and utilization of community, educational, and other sources of support;
6. Habilitation needs;
7. Family and/or individual expectations for services;
8. Prognosis for independent living; and
9. Social needs and recommendation for ICF/IID placement.

Psychological Evaluation

A psychological evaluation must be completed no more than 90 days prior to admission and no later than the date of admission. The psychological evaluation must include the following components:

1. Comprehensive measurement of intellectual functioning;
2. Developmental and psychological history and an assessment of current psychological functioning;

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3. Measurement of adaptive behavior using multiple informants when possible;
4. Statements regarding the reliability and validity of informant data including discussion of potential informant bias;
5. Detailed description of adaptive behavior strengths and functional impairments in self-care, language, learning, mobility, self-direction, and capacity for independent living;
6. Discussion of whether impairments are due to a lack of skills or noncompliance and whether reasonable learning opportunities for skill acquisition have been provided;
7. Recommendations for the least restrictive treatment alternative, habilitation and custodial needs, supervision needs, and monitoring to ensure the individual's safety; and
8. Diagnosis/diagnoses conforming to the current edition of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association.

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 be completed no more than 90 days prior to admission and no later than the date of admission. The psychiatric evaluation should include the following:

1. History of present illness;
2. Mental status exam;
3. Diagnostic impression;

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4. Assessment of strengths and weaknesses;
5. Recommendations for therapeutic interventions; and
6. 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:

1. Physical;
2. Occupational; or
3. Speech.

Individual Service Plan

The individual service plan (ISP), which may also be referred to as the support plan, developed by the IDT within 30 days of admission, shall include the following:

1. Habilitation needs;
2. Specific assessment based objectives;
3. Specific services, accommodations, and/or equipment needed to assist the individual's placement in an ICF/IID; and
4. 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. The IDT minutes with signatures from the participant or legal guardian must be submitted with the ISP.

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

Level of Care Determination (Form 90-L)

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

1. Be completed no more than 30 days before admission and not later than the date of admission;
2. Be fully completed and include prior living arrangements and previous institutional care;
3. 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;***
4. Include a diagnosis of developmental disability or related condition as well as any other medical condition; and
5. Indicate the ICF/IID level of care.

Notification of Admission or Change (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 beneficiary'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.

Inventory for Client and Agency Planning

The Inventory for Client and Agency Planning (ICAP) assessment must be submitted for each new admission. The ICAP should be completed no more than 90 days prior to date of admission and no later than 30 calendar days after the date of admission.

Statement of Approval

The participant must have a current Statement of Approval from an LGE.

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Transfers**Transfer within an Organization**

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

1. Form 148 must be submitted by both the discharging facility and the admitting facility;
2. Form 148 shall indicate the date the beneficiary was discharged from the transferring facility, the name of the receiving facility, and the date of admission; and
3. An updated ISP must be submitted by the discharging facility to the receiving facility. The receiving facility IDT may adjust the ISP if they feel it is necessary.

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

Transfer of a Beneficiary outside the Organization

Certification requirements involving the transfer of a beneficiary from one ICF/IID to another ICF/IID (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/IID to a Nursing Facility

When a beneficiary'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/IID may request prior approval from OCDD to transfer the beneficiary to a nursing facility by submitting the following information:

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

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3. Level 1 Preadmission Screening and Resident Review (PASRR) completed within 30 days prior to request for transfer.

The IDT meeting minutes must address the reason for the transfer, along with the family and beneficiary'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 beneficiary's diagnosis, medication regime, and include the physician's signature and date. The documentation may be one of the following:

1. Form 90-L;
2. Hospital transfer form;
3. Hospital discharge summary; or
4. Physician's orders.

An updated ISP must be submitted to the local OCDD regional office/LGE 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:

1. Form 148 showing the date Medicaid billing was discontinued and the date of readmission; and
2. An updated ISP showing changes, if any, as a result of the extended home leave.