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COVERED SERVICES

The primary purpose of an Intermediate Care Facility for individual(s) with Intellectual Disabilities (ICF/IID) is to provide habilitative or health services to individuals with an intellectual disability. The facility must provide internal or external active treatment program interventions and services as to support the achievement of the objectives identified in the individual habilitation plan (IHP), which is also referred to as the ISP. These services include, but are not limited to, occupational, speech, physical and recreational therapies; psychological, psychiatric, audiological, social work, special education, dietary, and rehabilitation counseling.

NOTE: Supplies, equipment, etc., needed to meet the goals of the IHP cannot be charged to the beneficiaries or their responsible parties.

Active Treatment Components**Individual Habilitation Plan**

Each beneficiary must have an IHP developed by an interdisciplinary team that represents the professions or resource areas that are relevant to that beneficiary's needs.

At the beneficiary's staffing conference, the team member's presence or absence must be documented in the IHP, as well as the reasons for the absence. Within 30 days after admission, the interdisciplinary team must complete assessments or reassessments to supplement the evaluation conducted prior to admission. The team must prepare for each beneficiary an IHP that states specific objectives necessary to meet the beneficiary's needs, and a plan for achieving these objectives. These objectives are derived from the comprehensive functional assessment. The comprehensive functional assessment must take into consideration the beneficiary's age and contain the following:

- The presenting problems and disabilities, including diagnosis, symptoms, complaints and complications;
- The beneficiary's specific developmental strengths;
- The beneficiary's specific developmental and behavioral management needs; and
- An identification of the beneficiary's needs for services.

The comprehensive functional assessment must cover the following developmental areas:

- Physical development and health;

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- Nutritional status;
- Sensorimotor development;
- Affective development;
- Speech and language development;
- Auditory functioning;
- Cognitive development;
- Social development;
- Adaptive behaviors or independent living skills necessary for the beneficiary to be able to function in the community;
- Vocational skills as applicable; and
- Psychological development.

Components of specific IHP objectives must be:

- Stated separately, in terms of a single behavior outcome;
- Assigned projected completion dates;
- Expressed in behavior terms that provide measurable indices of performance;
- Organized to reflect a developmental disability; and
- Assigned priorities.

A copy of each beneficiary's IHP must be made available to all relevant staff, including staff of other agencies who work with the beneficiary, the beneficiary's parents, or legal guardian (if the beneficiary is a minor). The IHP must be implemented within 14 calendar days of its development. The facility must develop and make available to relevant staff an outline of the treatment schedule for the current active treatment program. Each written training program designed to implement these objectives in the IHP shall specify:

- The methods to be used;

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- The schedule for use of the methods;
- The person responsible for the program;
- The type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives;
- The inappropriate beneficiary behavior(s), if applicable; and
- A provision for the appropriate expression and the replacement of inappropriate behavior, if applicable, with behavior that is adaptive or appropriate.

The IHP must describe relevant interventions to support the beneficiary toward independence that includes training in personal skills essential for privacy and independence such as activities of daily living. These interventions must continue until it has been demonstrated that the beneficiary is developmentally incapable of applying them. The IHP must also identify the location where program strategy information can be found (this must be accessible to any person responsible for implementation) and plans for discharge.

The IHP must identify any needed supports to achieve proper body position, balance, or alignment and should indicate the schedule, reason, and situations in which each support is applied and used.

Beneficiaries who have multiple disabling conditions must be provided the opportunity to spend a major portion of each day out of bed and outside the bedroom area, whenever possible.

The IHP must include opportunities for beneficiary choice and self-management.

Documentation

The facility must document data relevant to the accomplishment of IHP objectives. This data must meet the following criteria:

- Be documented in measurable outcomes;
- Include significant events that contribute to an overall understanding of his/her ongoing level and quality of function; and
- Reviewed at least quarterly, or as needed, by a qualified mental retardation professional (QMRP).

In addition, the IHP must be revised as necessary, including but not limited to situations in which the beneficiary:

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- Has successfully completed any objective(s) identified in the individual habilitation plan;
- Is regressing or losing skills;
- Is failing to progress toward identified objectives after reasonable efforts have been made; and
- Is being considered for training toward new objectives.

At least annually, the comprehensive assessment of each beneficiary must be reviewed by the interdisciplinary (ID) team for relevancy and updated as needed. The IHP must be revised as needed or at least by the 365th day after the last review.

NOTE: For Admission Requirements, refer to section 26.1 of this Chapter.

Professional Services

The health care of each beneficiary shall be under the continuing supervision of a Louisiana licensed physician. **The facility must ensure the availability of physician services 24 hours a day.** The facility must provide or obtain preventive and general medical care plus annual physical examinations of each beneficiary. The beneficiary, the family or the responsible party shall be allowed a choice of physicians. If the beneficiary does not have a personal physician, the ICF/IID shall provide referrals to physicians in the area, identifying physicians that participate in the Medicaid Program.

NOTE: The cost of physician and nursing services cannot be charged to the beneficiaries or their responsible party.

Nursing Services

The facility must provide each beneficiary with nursing services as prescribed by the physician, identified by the IHP or as needed.

Nursing services must include:

- The development with a physician, of a **medical care plan of treatment** for a beneficiary when the physician has determined that the beneficiary requires such a plan;

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- 24-hour nursing service as indicated by the medical care plan or other nursing care as prescribed by the physician or as identified in the beneficiary's IHP;
- A quarterly review of the individual beneficiary's health status, or more frequently if needed;
- Beneficiary and staff training, as needed, in appropriate health and hygiene methods and self-administration of medications; and
- Physician notification of any changes in the beneficiary's health status.

The facility must have a ***formal*** arrangement with a registered nurse, licensed to practice in Louisiana, to provide or oversee the nursing services for the beneficiaries.

This registered nurse must also be available for verbal or on-site consultation to the licensed practical nurse or to a facility that has no nurse on staff.

Dental Services

The facility must provide or arrange for comprehensive dental diagnosis and treatment services for each beneficiary. These services are to be provided in-house or through other arrangements by qualified personnel, by licensed dentists and dental hygienists.

The facility must provide comprehensive services that include dental care needed for relief of pain and infections, restoration of teeth, and general dental maintenance. The facility must ensure the availability of emergency treatment on a 24-hour per day basis by a licensed dentist.

NOTE: The cost for these dental services cannot be charged to the beneficiaries or their responsible party.

Pharmaceutical Services

The facility must provide or arrange for the provision of routine and emergency drugs and biologicals for its beneficiaries. Drugs and biologicals may be obtained from community or contract pharmacists or the facility may maintain a licensed pharmacy.

Routine administration of medications shall be done at the facility where the beneficiary resides. Beneficiaries may not be transported elsewhere for the sole purpose of medication administration.

The ICF/IID shall neither expect, nor require, any provider to give a discount or rebate for prescription services rendered by the pharmacists. The ICF/IID shall order at least a one-month supply of medications from a pharmacy of the beneficiaries, the beneficiary's family, or

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responsible party's choice. Less than a month's supply is ordered only when the attending physician specifies that a smaller quantity of medication is necessary for a special medical reason.

The ICF/IID chief executive officer or the authorized representative shall certify receipt of prescribed medications by signing and dating the pharmacy billing.

NOTE: The cost for drugs and biologicals cannot be charged to the beneficiary, family, or responsible party including any additional charges for the use of the unit dose or blister pack system of packing and storing medications.

Aids and Equipment

The facility must furnish, maintain in good repair, and teach beneficiaries to use and to make informed choices about the use of dentures, eyeglasses, hearing aids and other communication aids, braces, and other devices identified by the ID team as needed by the beneficiary.

NOTE: The costs for aids and equipment cannot be charged to the beneficiaries or their responsible party.

Nutritional Services

The facility must provide a nourishing, well-balanced diet for each beneficiary, including modified and specially prescribed diets. The nutritional component must be under the guidance of a licensed dietitian.

NOTE: Nutritional services are included in the per diem rate. Residents of an ICF/IID are not eligible for food stamps, commodities, or other subsidized food programs.

Clothing

The facility should provide adequate seasonal clothing for the beneficiary and must maintain a current clothing inventory for each beneficiary. Adequate is defined as a seven-day supply in good repair and properly fitting. Work uniforms or special clothing/equipment for training will be provided in addition to the seven-day supply. A beneficiary with adequate clothing may purchase additional clothing using his/her personal funds if he/she desires. If a beneficiary desires to purchase a certain brand, the beneficiary has the right to use his/her personal funds in this manner; however, the beneficiary must be made aware of what the facility is providing prior to making his/her decision. It must be documented that the beneficiary was made aware of what the facility is obligated to provide.

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NOTE: For more information on services that must be provided by the ICF/IID or may be purchased by the beneficiary, see Section 26.7 Income Consideration in Determining Payment of this manual chapter.