Planning and Attending Meetings

Level of Care
Changes in the new LOC rule
The current process for determining a developmental disabilities level of care includes:

- Different level of care tools used
- Two separate process rules
- No standard training for evaluators
  - Leading to inconsistent ratings
DODD heard feedback from across the state about using multiple tools and processes for developmental disabilities level of care determinations.

- We heard that using multiple tools was confusing and overly complicated.

- We heard that it often resulted in inconsistencies for people participating in services, especially if someone was moving from a facility to a waiver.
Statewide Work Group

Recommended a single tool and process for level of care

• That is person-centered and strength-based

• That aligns more closely with county board eligibility

• That incorporates the core data set for Balancing Incentives Program (BIP)
Changes for those age 0-9

Based on the Developmental Disability Assistance and Bill of Rights Act of 2000

Has a substantial developmental delay or specific congenital or acquired condition and

In the absence of individually planned supports, has a high probability of having substantial functional limitations in at least three major life areas

No Protective Level of Care Required
No significant change requirement at age 6
Changes for those age 10+

Based on the Developmental Disability Assistance and Bill of Rights Act of 2000

Severe, chronic disability

- Mental/physical impairment or combination other than impairment caused solely by mental illness
- Manifested before age 22
- Likely to continue indefinitely

and

Substantial functional limitations in at least three major life areas

Photo courtesy of Temple University
Major Life Activities

Substantial functional limitations in three or more of the following areas:

- Self-care
- Receptive and expressive communication
- Learning
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency

Requires only one clinician verification

Medical or Psychological
New Processes

Valid for one year unless there is a change in status
New assessment not required when a person changes waivers, moves to a different ICF, returns to an ICF from a temporary stay in another institution, such as a hospital or nursing facility, or when moving between ICF/waiver

- Notification of Change in Status form
New Processes

Valid for one year unless there is a change in status
Submitted up to 90 days prior to waiver enrollment or annual redetermination
Prior to admission or within 7 days of emergency placement in an ICF
Annual attestation of care for ICFs

One electronic assessment tool
New DODD LOC online application available in July
Major Life Activities

A. Self-care Evaluation

1. The evaluator must consider how well the individual is able to cleanse his/her body using any method. This includes washing/rinsing hair, but does not include transferring in/out of the tub or shower.

Recommended approach and clarifying questions:

Tell me how you get ready for your day.
Is there anything unsafe about how you do it now?
Does anyone help you with bathing/showering?
What kind of help is provided?
Are you left alone in the bathroom while you are bathing/showering?
Have you needed help washing to prevent skin problems (ulcers, rashes, etc.)?

Potential scoring:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>0</td>
<td>Independently</td>
</tr>
<tr>
<td>1</td>
<td>Independently with use of grab bars, bath chair, modified tub/shower, picture schedule, long-handled sponge, etc.</td>
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<tr>
<td>2</td>
<td>Verbal or gestural cueing to initiate by another person, water is started by another person, soap is placed on washcloth, etc.</td>
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<td>4</td>
<td>Another person must remain in the bathroom for supervision, verbal/gestural cueing throughout the task is required, physical assistance to wash some areas is required, etc.</td>
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<tr>
<td>5</td>
<td>The individual must be completely washed by another person</td>
</tr>
<tr>
<td>6</td>
<td>The individual’s teeth must be brushed by another person</td>
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2. The evaluator must consider how well the individual completes oral hygiene tasks.

Recommended approach and clarifying questions:

Tell me how you brush your teeth.
Does someone help get your toothbrush ready for you?
Do you have many problems with cavities or other mouth infections which may be related to hygiene?

Potential scoring:

<p>| | |</p>
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<tr>
<td>0</td>
<td>Independently</td>
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<tr>
<td>1</td>
<td>Independently with use of adaptive toothbrush, etc.</td>
</tr>
<tr>
<td>2</td>
<td>Verbal or gestural cueing to initiate by another person, toothpaste put on the toothbrush, mouthwash is poured, etc.</td>
</tr>
<tr>
<td>4</td>
<td>Another person must be present for supervision, verbal/gestural cueing throughout the task is required, physical assistance to brush some areas is required, etc.</td>
</tr>
<tr>
<td>6</td>
<td>The individual’s teeth must be brushed by another person</td>
</tr>
</tbody>
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3. The evaluator must consider how the individual cares for his/her hair once it is washed.

Recommended approach and clarifying questions:

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Tell me how you style your hair.
Do you brush your own hair or does someone help you?
Does anyone remind you to brush your hair?
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<tr>
<th>Score</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Independently</td>
</tr>
<tr>
<td>1</td>
<td>Independently with use adaptive brush, etc.</td>
</tr>
<tr>
<td>2</td>
<td>Verbal or gestural cueing to initiate by another person, etc.</td>
</tr>
<tr>
<td>4</td>
<td>Another person must be present for supervision, verbal/gestural cueing throughout the task is required, physical assistance to brush/style some areas is required, etc.</td>
</tr>
<tr>
<td>6</td>
<td>The individual’s hair must be brushedstyled by another person</td>
</tr>
<tr>
<td>8</td>
<td>The individual has no hair</td>
</tr>
</tbody>
</table>

4. The evaluator must consider how the individual keeps his/her fingernails and toenails clean and trimmed. Painting or otherwise accessorizing nails is not considered.

Recommended approach and clarifying questions:

```
Tell me how you take care of your nails.
Does anyone need to remind you to do this?
Does anyone help you do this?
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<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Independently</td>
</tr>
<tr>
<td>1</td>
<td>Independently with use of specialized nail clippers, nail brush, files, etc.</td>
</tr>
<tr>
<td>2</td>
<td>Verbal or gestural cueing to initiate by another person, nail brush or other supplies are provided to the individual, etc.</td>
</tr>
<tr>
<td>4</td>
<td>Another person must be present for supervision, verbal/gestural cueing throughout the task is required, physical assistance to wash, cut and/or file some nails is required, etc.</td>
</tr>
<tr>
<td>6</td>
<td>Another person must care for the individual’s nails</td>
</tr>
</tbody>
</table>
From DODD’s LOC application

Available July, 2015
Justin Beaver - LOC2000039

LOC Type: Initial
Assessment Reason: Waiver
LOC Status: Completed

LOC (Active)

General

LOC Type: Initial
Assessment Reason: Waiver
LOC Status: Completed
Waiver Type: IO
Date of Assessment: 3/31/2015

Assigned Assessor: Poopia Barsal
Proposed Effective Date: 4/1/2015

Document(s) Reviewed: docs

INDIVIDUAL DETAILS

Full Name: Justin Beaver
Date of Birth: 9/17/2014
SSN: XXX-XX-4444
Medicaid ID: XXXXXXX02333

Location of Assessment: home
Age Used for Assessment: 0
Informant Information
Informant (LOC)

No informant (LOC) records found.

1. Condition

A medical or psychological evaluation from a qualified clinician must be on file. Submission of the standardized diagnosis form is required, including the clinician's license number, signature, and date.

A school psychologist who is not licensed in accordance with Ohio Administrative Code 3301-24-05 or chapter 4723 or licensed in another state as a psychologist as defined by applicable law is not considered a qualified clinician.

Clinician's Name ddd Title ddd License # 123

LOC Summary (Children birth through age 9)

1. Does the clinician’s verification form indicate the individual has a substantial developmental delay or a specific diagnosed congenital/acquired condition?

2. Does the clinician’s verification form indicate the diagnosed delay or condition is attributable to a mental or physical impairment or combination of mental/physical impairments other than an impairment solely caused by mental illness?

3. Does the clinician’s verification form indicate that, without services and supports, the diagnosed condition is likely to result in at least three substantial functional limitations, as defined in section 2, later in life?

- Self-care (bathing, grooming, eating, toileting, etc.)
- Expressive/receptive language
- Learning/cognition
- Mobility (locomotion, positioning, transfers)
- Self-direction (decision-making, judgment)
- Independent living (household tasks)
- Economic proficiency (money management)

Attestation/Recommendation

LOC Reason Recommendation Attestation2399... AttestationPICT... AttestationICF Status Active Created On 3/30/2015 9:45 AM

Waiver YES YES YES NO Active 3/30/2015 9:45 AM
Sign and submit electronically

Assessor Recommendation

Based upon a review of the information, I recommend that the individual meets criteria for a developmental disabilities level of care.

☑ YES

Attestations required for HCBS enrollment

I attest to the following by checking the associated box and affixing my electronic signature:

A 2399 has been submitted to the county department of job and family services.
Please attest: ☑

The individual’s name has been included on the PICT for waiver enrollment.
Please attest: ☑

I am a person who coordinates or performs evaluations of individuals to make a recommendation to the department as to whether or not the individual meets the criteria for a developmental disabilities level of care. I have completed the required department-approved training for recommendation level of care.

Electronic Signature ☑ Porja Bansal
New Qualifications for Evaluators

Only the following personnel may be trained as an evaluator:

• A person employed by or under contract with a county board
• A person employed by an intermediate care facility
• Or a person designated by the department
New Qualifications for Evaluators

An evaluator must complete department approved training prior to completing LOC evaluations or assessments and recommending a level of care for any person.

Training Requirements

- DODD e-course available in May, with certification test
- Completing Certification requirements initiates access to online LOC tool
- LOC online application tool available in July 2015, with short tutorial
Results of Pilot

New tools and new process piloted by counties and ICFs May – September 2013

Scores from new tool were compared with scores from existing tools

Analyzed validity of new tool, developed scoring algorithm, and determined that new tool ensures maintenance of eligibility
What's next?

ICFs may have to update accounts in PCW.

Watch for links to online training in May on the DODD website (dodd.ohio.gov).

Announcements and reminders will be maid via Pipeline, the DODD Work Space Update email and DODD’s website.

Subscribe to Pipeline at:
http://visitor.r20.constantcontact.com/d.jsp?llr=bkebcxoab&p=oi&m=1115317899585&sit=yxdc7dhijb&f=6ca13b8e-d15a-4e76-95c6-31a8bb990c69

Subscribe to the Work Space Update at:
http://visitor.r20.constantcontact.com/d.jsp?llr=bkebcxoab&p=oi&m=1115317899585&sit=yxdc7dhijb&f=1135a8e2-700d-46f3-8c7-e-c9821b2ac3f3
Thanks for joining us!

For questions contact LOC@dodd.ohio.gov

Watch for links to online trainings in May in Pipeline, the DODD Work Space Update and on our website.