

Level of Care Assessment Tool Instructions

These instructions will assist in the completion of the form. *Note: these instructions supersede all previous instructions on the SDS 0520 LOC Assessment form.*

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Purpose

The Level of Care (LOC) assessment tool determines if an individual with intellectual or developmental disabilities requires the supports typically provided by an institution (i.e., institutional level of care). Institutional care is required to be offered to those who meet institutional level of care; however, Oregon does not currently have any institutions.¹ Instead, Oregon has opted to use the 1915(c) waivers and a state plan (k-plan) to provide services in home and community-based settings. The 1915(c) waivers and the k-plan are ways that Oregon can use federal money for home and community-based services for those who meet institutional level of care and choose a home and community based setting.

This assessment is intended to gather relevant information related to functional eligibility. This assessment must be completed and approved prior to accessing any Medicaid HCBS services (i.e., waiver or k-plan services) through Developmental Disability Services. The determination of the individual's LOC is a necessary step before the individual can access general fund, waiver or Community First Choice (k-plan) services.

It is not necessary in order to access:

- State Plan Personal Care only
- Family Support (DD150) only
- In-Home Support for Children (DD151) when General Fund

¹ In the event that an individual requests institutional care, please speak with your manager and contact ODDS for further guidance.

How an individual meets Level of Care

OAR 411-320-0020(59)

"Level of Care" means an assessment completed by a services coordinator, *personal agent or DHS case manager for children*, which determines an individual meets institutional level of care. An individual meets institutional level of care for an intermediate care facility for individuals with intellectual or developmental disabilities (ICF/IDD) if:

- (a) The individual has a condition of an intellectual disability or a developmental disability as defined in this rule and meets the eligibility criteria for developmental disability services as described in OAR 411-320-0080; and
- (b) The individual has a significant impairment in one or more areas of adaptive functioning. Areas of adaptive functioning include self-direction, self-care, home living, community use, social, communication, mobility, or health and safety.

An individual meets the need for level of care (LOC) provided in an ICF/IDD for Behavioral, Comprehensive and Support Service Waiver Services or Community First Choice State Plan Services if the individual has a condition of intellectual disability (ID) or developmental disability (DD) and meets all eligibility criteria as specified in OAR 411-320-0080. This will be verified in the Eligibility Specialist section of this form. The individual must also have significant impairment in one or more areas of adaptive functioning as listed in the Level of Care Assessment section of this form. This will be verified by having one area in the Level of Care Assessment section rated a two (2) or above. Once the need for ICF/IDD LOC is determined and all other eligibility criteria are met, the individual may choose to receive services in an ICF/IDD or through the Comprehensive, Support Services or Behavioral Model Waiver and/or the Community First Choice State Plan option.

An individual meets the need for LOC provided in a Nursing Facility (NF) or Hospital if the individual has significant impairment in one or more areas of adaptive functioning as listed in the Level of Care Assessment section of this form and meets all financial eligibility criteria. This will be verified by having one area in the Level of Care Assessment section rated a two (2) or above. This will also require verification in the form of a signature from a DHS administrator and the medical director or designee on page x of this form. Once the need for

NF or Hospital LOC is determined and all other eligibility criteria are met, the individual may choose to receive services in a NF or Hospital or through the 1915(c) Home and Community Based Waiver with the corresponding LOC and/or the Community First Choice State Plan Option.

Instructions on processing

When an individual chooses waiver or k-plan services and is Title XIX eligible, a LOC Assessment form (SDS 0520) must be completed. It continues to be recommended that the LOC be completed for individuals who are applying for OSIP-M, or Title XIX OHP Plus or if it is anticipated that an individual will be OSIP-M or Title XIX OHP Plus eligible in the next month as it is required that an individual meet level of care prior to enrollment into a waiver or K-plan service, to receive General Fund services except as excluded below, as well as to qualify using PMDDT or the 300% rule. If an individual is not OSIP-M or Title XIX OHP Plus eligible or is not anticipated to become OSIP-M or Title XIX OHP Plus eligible in the next month *only the "Eligibility Specialists" section of the LOC needs to be complete and placed in the individual's file for individuals who are newly eligible.*

The LOC Assessment form (SDS 0520) is not required for the following services:

- State Plan Personal Care only
- Family Support (DD150) only
- In-Home Supports for Children (DD151) when General Fund

LOC Submission

A) Waiver or k-plan services can begin the day that the individual signs the LOC Assessment or the day that the individual is enrolled into a waiver or k-plan service via a Service Plan, whichever day is later. However, the LOC is designed to demonstrate needs that the individual requires within 30 days to remain healthy and safe in the community (as opposed to an institution). Therefore, the LOC must be submitted to ODDS within 30 days of the individual signing the LOC, for approval.

B) Following approval of the LOC Assessment by the Diagnosis and Evaluation Coordinator (D & E Coordinator), an individual must have a completed needs assessment, service plan and receive a waiver, k-plan or waiver and k-plan service by the end of the calendar month following the month that the LOC assessment was completed (i.e. the LOC assessment was completed in March, the service plan must be authorized no later than the end of April).

C) It is important that ODDS's data systems are updated with current LOC eligibility information. To maintain the integrity of the data, all changes to the data system, eXPRS, will be communicated to ODDS using the Eligibility and Enrollment Form/DHS 0337 in conjunction with the LOC Assessment form/SDS 0520 per SPD AR-08-063. All forms can be located on the DHS website, <https://apps.state.or.us/cf1/FORMS/>. Once completed, send the LOC Assessment to the Office of Developmental Disability Services (ODDS) for Diagnosis & Evaluation Coordinator (D & E Coordinator) approval.

Eligibility Specialist Section

This section can only be completed by an Eligibility Specialist and is based on an individual's Developmental Disability Service eligibility per OAR 411-320-0080 unless the individual was determined eligible prior to 2001 and meets the guidelines in IM-09-033. This section is only required when a new LOC is required (i.e., an individual is newly eligible, is accessing for the first time or after losing LOC eligibility, or after turning 18 and had previously been receiving MIW or MFCU waived services).

ODDS is aware that support needs may change. If an individual has greater impairment indicated in the LOC Assessment than in the ES Section, the individual will continue to meet level of care. However, if an individual has indicated adaptive impairments in the ES section, but no indicated adaptive impairments in the LOC Assessment, please contact the D&E Coordinator for further instruction.

If there are not clear impairments or support needs in an area, or if there is disagreement between the individual and the individual's ISP team and representatives, indicate this in progress notes. If an individual has other impairments or support needs not recognized on this form, please note this in the "other" category on the form or in the "comments" section.

The “Eligibility Specialist section” of the LOC Assessment document must be completed and available to the case manager within 10 days after the eligibility determination or within 10 days after the Eligibility Specialist is notified that an individual is requesting waiver or K-plan services and does not already have a LOC Assessment completed.

The notification that the “Eligibility Specialist section” of the LOC needs to be completed can come from a Services Coordinator, Personal Agent or DHS Case Manager (or other assigned CDDP or Brokerage Representative who meets the qualifications of a Services Coordinator). Each CDDP and Brokerage provider may have a different way to communicate the need for the “Eligibility Specialist section” to be completed.

The “Eligibility Specialist” section of the form must be completed based on OAR 411-320-0080 and should support the eligibility determination and the information on the DHS0337 form.

1. “Developmental disability eligibility”

- a. An individual would be considered “provisional” if the individual does not yet have adult eligibility. Adult eligibility occurs no later than age 18 for individuals with intellectual disability (ID) and no later than age 22 for individuals with developmental disability (DD). The “Developmental disability eligibility” section must be completed based on the individual’s eligibility, *not their age*.
 - i. The “provisional” box may be checked for individuals who are over age 18 if they are eligible due to a DD and not due for redetermination until age 22. If an individual has provisional eligibility and is over age 18, the “provisional” box should be checked to indicate that the eligibility is provisional.
 - ii. The “adult” box may be checked for individuals who are under age 18 but met the adult criteria prior to the age of 18. If an individual has adult eligibility, even when under age 18, the “adult” box must be checked to indicate that the eligibility is adult eligibility.

- iii. Note: For the purposes of the LOC Assessment it does not matter if the individual is provisional as a child less than 7 years old, or a school-aged child. It only needs to be indicated that they are provisional.

Developmental disability eligibility	
Up to age 18 with ID	Provisional
Up to age 22 with DD	
Over 18 but has provisional eligibility (other DD only)	
Over age 18 with ID	Adult
Over age 22 with DD	
Under age 18 but has adult eligibility	

2. “Eligibility diagnosis”

- a. “Intellectual disability” must be marked if an individual has an IQ of 75 or below and meets all other ID eligibility criteria.
 - i. The IQ score used to make the eligibility determination (which should include a FSIQ, GAI or other indication of intellectual functioning based on a standardized and normed intelligence test) should be used to indicate level of ID. If the IQ score used to make the eligibility determination was between 55 and 75 the “mild” box should be checked. *Note:* the Axial or DSM-5 Diagnosis used by a qualified professional to describe an

individual's ID may be different than the IQ score range listed on the LOC Assessment. For instance, an individual may have an IQ of 53 which would be classified as "moderate" on the LOC Assessment but a qualified professional may call it "mild." *Only IQ scores should indicate IQ range for the LOC Assessment, NOT the descriptor used by the qualified professional.*

- ii. If an individual is ID eligible but not able to participate in an intelligence test due to ID, indicate this by checking "profound" (<20).
 - iii. "Early Childhood Assessment" must be checked if the individual was made eligible as a child under age 7 on standardized and normed early childhood assessment(s) demonstrating two or more areas of adaptive impairment at least two standard deviations below norm.
- b. "Other developmental disability" should be indicated for individuals who are eligible due to a qualifying diagnosis of another developmental disability.
- i. Check the box "other developmental disability only," to specify how the individual was determined to be eligible and specify which other DD diagnosis was used to determine eligibility.
 - ii. If the individual is eligible as a child under the age of 7 with a physician's statement that documents another qualified DD diagnosis with significant impairments in adaptive behavior directly related to the other DD diagnosis, check "other developmental disability" and document which other DD diagnosis was used to determine eligibility on the line specified.
- c. The primary reason for eligibility must be included on the LOC Assessment. Individuals can be both ID and DD eligible. If the individual meets OAR criteria for both ID and DD then this can be indicated on the LOC Assessment. *Note: the 0337 must specify whether ID or DD is the primary reason for eligibility.*

Eligibility diagnosis

IQ of 75 or below and meets all other ID eligibility required criteria in OAR 411-320-0080	Intellectual disability
Check the box based on IQ score	Mild to profound
Eligible as a child less than 7 on standardized and normed early childhood assessment(s) demonstrating two or more areas of adaptive impairment at least two standard deviations below norm	Early childhood assessment
Eligible based on a qualified diagnosis of an other developmental disability and meets all other required criteria in OAR 411-320-0080	Other developmental disability (indicate what other DD diagnosis was used to determine eligibility on the line specified.)
Eligible as a child under the age of 7 with a physician's statement that documents another qualified DD diagnosis with significant impairments in adaptive behavior directly related to the other DD diagnosis.	Other developmental disability (indicate what other DD diagnosis was used to determine eligibility on the line specified.)

3. “Significant impairments in adaptive behavior”

- a. The "significant impairments in adaptive behavior" section must be completed by reviewing the adaptive assessment used to determine eligibility.
 - i. This may include a formal or informal adaptive assessment, as determined by OAR 411-320-0080.
 - ii. If an individual has an IQ 65 or below and there was no adaptive assessment required by OAR 411-320-0080, please check the “IQ 65 or below- no adaptive assessment” box.

- iii. If an individual had a composite score of 70 or below, but no reported domain areas, check the “composite score” box and enter the composite score.
- iv. Check all adaptive impairments indicated on the formal or informal adaptive assessment. Remember, “communication” includes both expressive *and* receptive communication. ODDS recognizes that the adaptive assessments do not always line up perfectly with the terms used on the form. However, please use your professional judgment to complete the ES section of the LOC Assessment.
- v. Some sample items of the areas of adaptive behavior measured include:
 - Communication- speaks clearly;
 - Functional academics- counts from 1 to 20;
 - Self-direction- controls temper when disagreeing with friends;
 - Leisure- invites others home for fun activity;
 - Social- says "please" when asking for something;
 - Community use- finds the restroom in public places;
 - Home or school living- sweeps the floor;
 - Self-care- washes hands;
 - Health and safety- carries scissors safely; and
 - Work- performs tasks at work neatly.

Significant impairments in adaptive behavior
Must be completed by reviewing the formal or informal adaptive assessment, as determined by OAR 411-320-0080. Check <i>all</i> adaptive impairments indicated on the formal

or informal adaptive assessment.	
IQ 65 or below and there was no adaptive assessment required by OAR 411-320-0080	IQ 65 or below - no adaptive assessment
Composite score of 70 or below, but no reported domain areas	Check the “composite score” box and enter the composite score

As all Eligibility Specialists are being asked to complete the “Eligibility Specialist” section of the LOC Assessment. Even if an individual is not waiver eligible due to not being financially eligible, it is important to know that the “Eligibility Specialist” section of the LOC Assessment remains “current” in the file until either of the following applies:

- The case manager completes the LOC Assessment and the document is complete and signed, or
- A new eligibility determination has been completed.

Note: While a new “Eligibility Specialist” section of the LOC Assessment does not need to be completed upon all re-determinations, if the “Eligibility Specialist” section was completed but the remainder of the form was not (due to an individual not being financially eligible or requesting a waiver or K-plan service), the D & E Coordinator did not sign off on Level of Care, and the eligibility has changed (for instance, an individual has a redetermination due to age requirements, diagnosis changes, etc.) the “Eligibility Specialist Section” will have to be completed again. If the D & E Coordinator has already approved the LOC Assessment, a new LOC Assessment is not required to document the eligibility change. The only requirement is that the eligibility change is identified in progress notes.

Level of Care Assessment

This section must be completed by a services coordinator (SC), personal agent (PA), case manager (CM) or other person who meets the qualifications of a services coordinator as

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specified in OAR 411-320-0020. This section should be completed after a review of the individual's file and medical records, discussion with the individual's ISP team or other representative, and a face-to-face meeting with the individual.

The Level of Care Assessment is a review of the individual's service and support needs. The assessment asks the case manager to determine the level of impairment and necessary support in the areas such as vision/hearing, communication, medical, etc. This section of the form must be completed via a file review and a face-to-face conversation with the individual, and with the individual's representative or someone who knows the individual well. The file review and face-to-face conversation should focus on the individuals' areas of service and support needs.

- Prior to submitting the form to ODDS, review the document to ensure all relevant boxes are checked to indicate support need. *It is required that each question on the LOC Assessment be answered by checking one box. The D & E Coordinators at ODDS cannot make changes to all of the questions on the Level of Care section of the LOC Assessment. Therefore, if it is determined that a question is not answered (no boxes are checked for a specific question), the D & E Coordinator will likely have to return the form for corrections.*

1. "Vision function with correction"

a. Only check *one* box in this section and indicate overall vision function when an individual is wearing their correction.

b. *Examples:*

- i. An individual may be legally blind in one eye, so please indicate the effect of losing vision in one eye and the impact this has on their overall vision ability.
- ii. Some individuals will not see an eye doctor. The LOC Assessment can be used as a conversation with an individual and their representatives. If there is no medical information to help make this determination, have a discussion about it. Some questions to ask may include:

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- When the individual watches TV, how close do they need to be to see it?
- Does the individual read? If so, do they need larger print?
- Use these questions to start a discussion and then make a determination using your professional opinion.

iii. Progress Notes may be used to describe the individual's vision function and why a particular choice was made on the LOC Assessment

Vision function with correction	
Only check <i>one</i> box in this section and indicate overall vision function when an individual is wearing their correction. Progress Notes may be used to describe the reason for this determination.	
Can see with correction	1 full vision
Cannot see print well with correction. May need large print.	2 difficulty at level of print
Cannot see objects well with correction. May need to be closer to object.	3 difficulty with obstacles
Cannot see with or without correction	4 blind
Legally blind in one eye (example) Progress Note effect of losing vision in one eye and impact on overall vision	Comments

2. “Hearing function with correction”

- Only check *one* box and indicate overall hearing function when an individual is wearing correction using your professional judgment.

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- b. Examples: An individual may be deaf in only one ear, may refuse to go to the doctor, or may refuse to wear their hearing device. Make the determination regarding hearing function based on your professional judgment from speaking with the individual and their representatives and by completing a file review. You may want to consider questions such as, do you need to speak loudly to this individual so that they can understand you? Do they have the volume up loud when they watch TV or listen to the radio?

Hearing function with correction	
Only check <i>one</i> box and indicate overall hearing function when an individual is wearing correction. Progress Notes may be used to describe the reason for this determination.	
Can hear with correction	1 full hearing
Cannot hear speech well with correction. May need hearing device.	2 difficulty at level of communication
Cannot hear alarms well with correction. May need hearing device or new alarm location.	3 difficulty with alarm sounds
Cannot hear with or without correction	4 deaf
Note any observations, such as if individual is deaf in one ear, refuses to see doctor or wear hearing device.	Comments

3. “Self Care”

- a. Only check *one* box to indicate overall self care needs. Self care may include toileting, eating, dressing, grooming and hygiene.

- i. If an individual has no assistance needs in any of these activities, please check “no assists needed.”
- ii. If an individual is between no assists needed and daily assists, check, “occasional assists needed.”
- iii. If an individual requires daily assistance with any of these tasks, check “daily assists needed.”
- iv. If an individual requires more than daily assists, check, “frequent assists needed.”
- v. If an individual always requires assistance with any of these tasks, check “total assists needed.”

b. Assistance may include (but is not limited to) cuing, reminders, visual reminders, hand-over-hand assistance and/or physical assists.

Self care	
Only check <i>one</i> box to indicate overall self care needs. Self care may include (but is not limited to) toileting, eating, dressing, grooming and hygiene. Assistance may include (but is not limited to) cuing, reminders, visual reminders, hand-over-hand assistance and/or physical assists.	
No assistance needs in any of these tasks	1 no assists needed
Between no assists needed and daily assists	2 occasional assists needed
Requires daily assistance with any of these tasks	3 daily assists needed
Requires more than daily assists	4 frequent assists needed

Always requires assistance with any of these tasks	5 total assists needed
Note any observations here	Comments

4. “Personal mobility status”

- c. Check only *one* box to indicate personal mobility assists. This question identifies the type of assistance required for an individual to get around their home and in the community. If the individual requires different supports in different locations, consider the location which requires the most support.
- i. If an individual is able to get around without assistance, check, “no assists needed for mobility.”
 - ii. If an individual requires occasional assists from another individual but does not require the aid of adaptive equipment to get around, check “occasional assists needed for mobility but mobile.”
 - Assistance may include (but is not limited to) verbal or visual cues, reminders, arm-in-arm assistance or physical assists. The assistance may be required when on uneven ground, using stairs, in an unfamiliar situation, etc.
 - iii. If an individual requires assistance from adaptive equipment but can operate the adaptive equipment without the assistance of another individual to get around, check “adaptive equipment but no assists needed for mobility.”
 - Adaptive equipment may include (but is not limited to) leg braces, canes, crutches, walkers, wheelchairs, etc.
 - iv. If an individual requires assistance from adaptive equipment and some assistance from another individual to either use the adaptive equipment or to get around when adaptive equipment cannot be used, check “adaptive

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equipment needed and some assists needed for mobility- needs assistance.”

- v. If an individual requires the assistance of adaptive equipment and the assistance of another individual to use the adaptive equipment or another individual’s assistance when adaptive equipment cannot be used, check “adaptive equipment needed and full assists needed for mobility.”

Personal mobility status	
Check only <i>one</i> box to indicate personal mobility assists. This question identifies the type of assistance required for an individual to get around their home and in the community.	
<i>Assistance</i> may include (but is not limited to) verbal or visual cues, reminders, arm-in-arm assistance or physical assists. The assistance may be required when on uneven ground, using stairs, in an unfamiliar situation, etc.	
Adaptive equipment may include (but is not limited to) leg braces, canes, crutches, walkers, wheelchairs, etc.	
Able to get around without assistance	1 no assists needed for mobility
Occasional assists from another individual but does not require the aid of adaptive equipment to get around	2 occasional assists needed for mobility but mobile
Requires assistance from adaptive equipment but can operate the adaptive equipment without the assistance of another	3 adaptive equipment but no assists needed for mobility
Requires assistance from adaptive	4 adaptive equipment needed and

equipment and some assistance from another individual to either use the adaptive equipment or when adaptive equipment cannot be used	some assists needed for mobility-Needs assistance
Requires the assistance of adaptive equipment and the assistance of another individual to use the adaptive equipment or another individual's assistance when adaptive equipment cannot be used	5 adaptive equipment needed and full assists needed for mobility
Note any observations here	Comments

5. "Communication – Expressive"

- a. Check *all* expressive communication types and needs to indicate an individual's expressive communication style and assist needs.
 - i. If an individual's expressive speech is typically easily understood, check "speech easily understood."
 - ii. If an individual's speech is typically difficult to understand but no other types of expressive language are used, check "speech difficult to understand."
 - iii. If an individual typically uses sign language but no other type of expressive communication check "uses sign language."
 - iv. If an individual typically uses gestures and/or some signs but no other type of expressive communication check "uses gestures and/or some signs."
 - v. If an individual typically uses alternative communication device or devices check "uses alternative communication device."

- vi. If an individual typically has no functional expressive communication check “has no functional communication.”
 - vii. If an individual typically uses any combination of these types of communication check all that apply. For instance, if an individual’s speech is difficult to understand but they use sign language, check “speech difficult to understand” and “uses sign,” to indicate this. Use the comments section to indicate any other form of expressive communication or notes specific to the individual.
- b. It may be difficult to capture cognitive supports regarding expressive and receptive communication. If an individual's speech is functionally easy to understand but the concept they are communicating is not clear, this could be indicated by checking, "speech difficult to understand." The “comments” box may be used to indicate any required supports not captured elsewhere. Progress notes also may be used to describe the individual's expressive communication abilities and why a particular choice was made on the LOC Assessment.

Communication – Expressive	
Check <i>all typical</i> expressive communication types and needs. If an individual uses any combination of these types of communication check all that apply.	
Speech is easily understood	1 speech easily understood
Speech is difficult to understand but no other types of expressive language are used	2 speech difficult to understand
Uses sign language but no other type of expressive communication	3 uses sign language
Uses gestures and/or some signs but no other type of expressive	4 uses gestures and/or some signs

communication check	
Uses alternative communication device or devices	5 uses alternative communication device
Has no functional expressive communication	6 has no functional communication
The “comments” box may be used to indicate any required supports not captured elsewhere. Progress notes also may be used to describe the individual's expressive communication abilities and why a particular choice was made on the LOC Assessment.	Comments

6. “Communication – Receptive”

- a. Check *all* receptive communication types and needs to indicate an individual’s receptive communication style and assist needs.
 - i. If an individual can typically easily understand other’s speech check “other’s speech easily understood.”
 - ii. If it is typically difficult for this individual to understand other’s speech and the individual cannot typically understand another form of communication check, “other’s speech difficult to understand.”
 - iii. If this individual can typically understand sign language but cannot typically understand other forms of communication check, “can understand sign language.”

- iv. If this individual can typically understand gestures and/or some signs but does not typically understand other forms of communication check “can understand gestures and/or some signs.”
- v. If an individual can typically understand others using an alternate communication device but cannot typically understand other forms of communication check, “can understand others using an alternative communication device.”
- vi. If the individual typically has no functional understanding of communication check, “has no functional understand of communication.”
- vii. If an individual can typically understand any combination of these forms of communication, check all that apply. For instance, if an individual can typically understand sign language but when they cannot they can typically understand gestures and/or some other signs check both, “can understand sign language,” and “can understand gestures and/or some signs.” This may also be indicated if an individual can typically understand both sign language and gestures. Use the comments section to indicate any other form of receptive communication or notes specific to the individual.
- viii. If an individual can functionally understand other's speech but the concept is not clear to them, check, "other's speech difficult to understand." The “comments” box may be used to indicate any required supports not captured elsewhere. Progress notes also may be used to describe the individual's receptive communication abilities and indicate why a particular choice was made on the LOC Assessment.

Communication – Receptive	
Check <i>all typical</i> receptive communication types and needs. If an individual uses any combination of these types of communication check all that apply.	
Other’s speech is easily understood	1 other’s speech easily understood

Other's speech difficult to understand and cannot understand another form of communication. Understands other's speech but the concept is not clear to them	2 other's speech is difficult to understand
Understands sign language but cannot understand other forms of communication	3 can understand sign language
Understands gestures and/or some signs but does not understand other forms of communication	4 can understand gestures and/or some signs
Understands others using an alternate communication device but cannot understand other forms of communication	5 can understand other's using alternative communication device
No functional understanding of communication	6 has no functional understanding of communication
The "comments" box may be used to indicate any required supports not captured elsewhere. Progress notes also may be used to describe the individual's receptive communication abilities and why a particular choice was made on the LOC Assessment.	Comments

7. "Toileting assists"

- a. Although this is also captured under "Self Care;" this question is specific to incontinence. Check *all* that apply.

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- i. If an individual has no incontinence issues and is always able to use the restroom (even if they may not wipe independently, flush independently or wash hands independently,) check, "has full control bowel and bladder."
- ii. If an individual occasionally (less than daily) is incontinent of either bladder or bowel, check, "occasional loss of control in day."
- iii. If an individual is incontinent of either bladder or bowel more than daily please check, "incontinent or frequent loss of control."
- iv. If an individual has incontinence of bladder during the night, even occasionally, please check, "nighttime enuresis."
- v. If an individual has any combination of the above mentioned care needs, check all that apply. For instance, an individual may have occasional loss of control in day and nighttime enuresis. That would be indicated by checking "occasional loss of control in day," and "nighttime enuresis."

Toileting assists	
Check <i>all</i> that apply. This question is specific to incontinence.	
Always able to use the restroom (even if they may not wipe independently, flush independently or wash hands independently.)	1 has full control bowel and bladder
Incontinent of either bladder or bowel at times but not daily.	2 occasional loss of control in day
Incontinent of either bladder or bowel more than daily	3 incontinent or frequent loss of control
Incontinence of bladder during the	4 nighttime enuresis

night, even occasionally	
Note other observations here	Other

8. “Medical needs”

- a. Check only *one* box in this section to indicate medical needs. Make this determination by completing a file review (and reviewing medical information) and by having a conversation with the individual and their representatives.
- i. If an individual only requires visits to the doctor for standard reasons such as regular check-ups, check “generally has no serious medical needs.” This may include individuals who have had medical conditions in the past requiring more frequent visits but those medical issues are currently resolved.
 - ii. If an individual needs to see a nurse or a doctor regularly, check “needs regular visits with nurse or visits to a doctor.” This may include individuals with diagnoses of diabetes, seizures, low blood pressure, etc.
 - iii. If an individual requires the monitoring or assistance of a nurse daily, check “needs to have nurse on-site daily but not constantly.” The nurse has to be on-site daily to visit the individual for whom the LOC Assessment is being completed.
 - iv. If an individual requires around-the-clock nursing and must have a nurse on-site at all times, check, “needs personal nurse on-site at all times.”

Medical needs	
Check only <i>one</i> box in this section. Complete a file review (and reviewing medical information) and by talking with the individual and their representatives.	
Sees provider for regular check-ups, follow-up care after illness	1 generally has no serious medical needs

Sees provider on a regular or recurring basis due to chronic medical conditions or needs	2 needs regular visits with nurse or visits to a doctor.
Needs daily but not continuous monitoring by provider	3 needs to have nurse on-site daily but not constantly
Requires 24/7 care	4 needs personal nurse on-site at all times

9. “Additional conditions and criteria” CIIS waivers only

- a. If an individual meets the Nursing Facility Criteria, check, “MICP score that meets criteria for NF waiver.” This would only occur for individuals who have been evaluated and determined to meet eligibility for this waiver.
- b. If an individual meets criteria for a hospital waiver, check “MFCU score that meets criteria for hospital waiver.” This would only occur for individuals who have been evaluated and determined to meet eligibility for this waiver.
- c. If an individual meets criteria for BEH waiver, check “BCS that meets criteria for BEH waiver.”

Additional conditions and criteria (CIIS waivers only)	
Meets the Nursing Facility Criteria	MICP score that meets criteria for NF waiver
Meets criteria for a hospital waiver	MFCU score that meets criteria for hospital waiver
Meets the BEH criteria	BCS that meets criteria for BEH waiver

10. “Observed behavior support needs within the last 12 months”

- a. Check *all* that apply. Make this determination by completing a file review and ensure that the Service Plan and progress notes are scanned for any type of behavioral supports or reported behavioral support needs. If there is not yet a service plan, review any documentation currently available. This may include (but is not limited to) a Behavior Support Plan, request for a Behavior Support Plan, informal

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interventions, etc. Even if this is not indicated in the file, ensure that you discuss this with the individual and their team to see if this may be an identified need or required support.

- i. If an individual does not have any type of behavior which would have negative implications for themselves or others, check “none.”
- ii. If an individual has behaviors which would have a negative implication(s) for themselves or others but that do not cause harm to themselves or others, check “behaviors, but not injurious.”
- iii. If an individual has behaviors that would cause harm to themselves, but not to others, check “injurious to self.”
- iv. If an individual has behaviors which would cause harm to themselves or others, check “injurious to others.”
- v. If an individual has behaviors which would cause harm to themselves AND others, check both, “injurious to self,” and “injurious to others.”

Observed behavior support needs within the last 12 months	
Check <i>all</i> that apply.	
No behavior that may be negative	1 none
Negative behavior that is not harmful to self or others	2 behaviors, but not injurious
Negative behavior that is harmful to self but not others	3 injurious to self
Negative behavior that is not harmful to self but is harmful to others	4 injurious to others
Negative behavior that is harmful to self	5 injurious to self AND injurious to others

AND others	
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11. “Diagnosed mental health and emotional disorders”

- a. This section captures mental health and emotional disorders. All diagnoses in this section must be made by a qualified professional. This information can be found by completing a records review (including medical and mental health records) and by having a conversation with the individual and their representatives. If an individual reports that they feel depressed or has some other type of mental health problems not documented in the medical records, this may imply that a SC, PA or CM should help the individual address this. Diagnoses include: psychosis, depression, bi-polar disorder, and personality disorder. If the individual has a diagnosed mental health or emotional disorder that is not listed, please check the “other” box and indicate what the diagnosis or diagnoses are on the appropriate line.

12. “Independent and appropriate decisions”

This section relies heavily on conversation with the individual and their representatives and on the service coordinators and personal agents’ professional expertise and judgment. When indicating “always,” an individual typically is able to perform the action appropriately without assistance. When indicating “never,” an individual is not typically able to perform the action appropriately without assistance. When indicating “sometimes,” an individual can sometimes perform the action appropriately without assistance, but may sometimes require assistance to perform the action appropriately. This section reveals independent task performance so if assistance is sometimes or always needed, this should be indicated by checking “sometimes,” or “never.” Assistance includes (but is not limited to) verbal or visual cues, reminders, hand-over-hand assistance, etc. Do not hesitate to use the comments section or progress notes to further explain these support needs. Check only ONE box in this section.

There are a variety of challenges a SC, PA or CM may encounter when completing this section as there are many different scenarios that may be captured. Please use the file

review, conversation with an individual and their representatives and your professional judgment to complete this section. If you have further questions, please contact ODDS.

a. “Chooses clothing that is appropriate for the weather”

- i. If an individual can typically choose clothing that is appropriate for the weather without assistance, check “always.”
- ii. If an individual can sometimes choose clothing that is appropriate for the weather without assistance, check “sometimes.” If an individual consistently needs verbal reminders to take a rain jacket when it rains but they can make appropriate clothing decisions when it does not rain, check “sometimes.”
- iii. If an individual can rarely or never choose clothing that is appropriate for the weather without assistance, or always requires assistance to choose clothing that is appropriate for the weather, check “never.”
- iv. If an individual can typically choose appropriate clothing for the weather including when it rains or is a warm day, check “always.”

b. “Recognizes and attends to sign/symptoms of illness”

- i. If an individual can typically recognize and attend to signs/symptoms of illness without assistance, check “always.”
- ii. If an individual can sometimes recognize signs and symptoms of illness without assistance check “sometimes.” If an individual can typically recognize the signs and symptoms of a headache and knows that they should take or request a PRN for this headache yet may be able to recognize the signs of a cut or scrape but cannot attend to a cut or scrape by applying first aid or requesting that first aid be applied then this would be indicated by checking “sometimes.” *Please note: the individual must be able to recognize and attend to the signs and symptoms of illness, not simply recognize or attend to the signs and symptoms of illness.*

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- iii. If an individual can rarely or never recognize and attend to signs and symptoms of illness, check “never.”
- c. “Can identify threatening acts or gestures from others”
- i. If an individual typically recognizes acts or gestures from others which are threatening without assistance then this should be indicated by checking “yes.” If an individual can sometimes recognize acts or gestures from others which are threatening without assistance then this should be indicated by checking “sometimes.” If an individual can rarely or never recognize acts or gestures from others which are threatening without assistance then this should be indicated by checking “no.”
 - ii. This question is designed to evaluate situations such as talking to strangers and stranger danger awareness, assessing potentially threatening or harmful situations, etc. For instance, if an individual can recognize threatening acts or gestures from someone they know well such as a housemate or vocational peer but is unable to recognize signs and symptoms in new situations then this would be indicated by checking “sometimes.”
- d. “Will take action to protect self from threatening acts or gestures”
- i. This question specifically looks at how an individual responds to threatening acts or gestures. If an individual can typically take action to protect themselves from threatening acts or gestures please check, “yes.” If an individual can sometimes take action to protect themselves from threatening acts or gestures please check, “sometimes.” If an individual can rarely or never protect themselves from threatening acts or gestures please check, “no.”
 - ii. Some questions to discuss may be: if an individual can recognize that another individual is threatening them, or may put them at risk in some way- do they handle it appropriately? If another individual makes a minor

threat can they handle it independently? If an individual makes a major threat, do they report it to the appropriate person? Do they over report? This question is a bit more nuanced as many individuals (ideally) do not often face threatening acts or gestures. However, please use your professional judgment to best respond to this question.

e. “Independently able to ensure basic needs are met”

- i. If an individual can typically ensure basic needs are met without the assistance of others this should be indicated by checking “yes.” If an individual can sometimes ensure basic needs are met without the assistance of others this should be indicated by checking “sometimes.” If an individual can rarely or never ensure basic needs are met, this should be indicated by checking “no”
- ii. This is a broad question. Basic needs include food, clothing and shelter. However, this also includes recognizing the requirement for basic needs and obtaining basic needs. Some examples (but not an exclusive list) which may indicate that an individual cannot independently ensure basic needs are met may be, requiring assistance to recognize when it is time to go grocery shopping, requiring assistance with grocery shopping, requiring assistance with cooking, requiring assistance with going shopping for clothing and choosing appropriate clothing, requiring assistance to find a safe place to live. If an individual is in a 24 hour residential, foster care placement, supported living or with family (and is an adult) it is likely that they need assistance in this area. If they do, please check “sometimes” or “no.”
- iii. If the individual resides in a 24 hour residential or foster care placement and you check “yes,” indicate why you did so in your progress notes.

f. “independently manages finances to ensure basic necessities are met”

- i. If an individual can typically manage finances to ensure basic necessities are met check “yes.” If an individual can sometimes manage finances to ensure basic necessities are met check “sometimes.” If an individual can rarely or never manage finances to ensure basic necessities are met check “no.”
- ii. This is another broad question. If an individual is able to independently manage their finances it would imply that an individual does not have a Representative Payee. Further, this includes knowing what bills they have to pay and when, knowing how to pay said bills, etc. If an individual can go to the store and purchase an item but continues to require support with managing a bank account they would still require assistance to ensure basic necessities are met. Please indicate if an individual needs assistance in this area by checking ‘sometimes’ or ‘no.’

<p>Independent and appropriate decisions</p> <p>Check only <i>ONE</i> box in this section. Please base your answers on the individual’s typical behaviors and skills. “<i>Always</i>” means this action can be done without assistance. “<i>Sometimes</i>” means the action can sometimes be done without assistance but the individual may need assistance at other times. “<i>Never</i>” means this action cannot be done at any time without assistance.</p> <p>There are a variety of challenges a SC, PA or CM may encounter when completing this section as there are many different scenarios that may be captured. Please use the file review, conversation with an individual and their representatives and your professional judgment to complete this section. If you have further questions, please contact ODDS.</p>	
Chooses clothing that is appropriate for the weather	Answer should be based on whether verbal help or reminders are needed or not.
Recognizes and attends to signs/symptoms of illness	Must be able to recognize <u>and</u> attend to the signs and symptoms of illness, not simply recognize or attend to the signs and

	symptoms of illness.
Can identify threatening acts or gestures from others	This question is designed to evaluate situations such as talking to strangers and stranger danger awareness, assessing potentially threatening or harmful situations, etc. For instance, if an individual can recognize threatening acts or gestures from someone they know well such as a housemate or vocational peer but is unable to recognize signs and symptoms in new situations then this would be indicated by checking “sometimes.”
Will take action to protect self from threatening acts or gestures	Some questions to discuss may be: if an individual can recognize that another individual is threatening them, or may put them at risk in some way- do they handle it appropriately? If another individual makes a minor threat, can they handle it independently? If an individual makes a major threat, do they report it to the appropriate person? Do they over report? This question is a bit more nuanced as many individuals (ideally) do not often face threatening acts or gestures. However, please use your professional judgment to best respond to this question.
Independently able to ensure basic needs are met	Basic needs include food, clothing and shelter. However, this also includes recognizing the requirement for basic needs

	<p>and obtaining basic needs. Some examples are: requiring assistance to recognize when it is time to go grocery shopping, requiring assistance with grocery shopping, requiring assistance with cooking, requiring assistance with going shopping for clothing and choosing appropriate clothing, requiring assistance to find a safe place to live.</p> <p>If an individual is in a 24-hour residential, foster care placement, supported living or with family (and is an adult) it is likely that they need assistance in this area. If they do, please check “sometimes” or “no.” If the individual resides in a 24-hour residential or foster care placement and you check “yes,” indicate why you did so in your progress notes.</p>
Independently manages finances to ensure basic necessities are met	<p>Is able to independently manage their finances and does not have a Representative Payee. This includes knowing what bills they have to pay and when, knowing how to pay said bills, etc. If an individual can go to the store and purchase an item but continues to require support with managing a bank account, they would still require assistance to ensure basic necessities are met. Please indicate if an individual needs assistance in this area by checking “sometimes” or “no.”</p>

13. “Supports Individual is currently receiving or is required in the next 30 days to remain in the community (may be unpaid supports)”

These services do not have to be paid services and may be natural supports. For instance, an individual may live with their family and their family may not be paid to provide this support. However, they continue to require this support to be independent and successful both at home and in the community. If this is the case, this should be indicated in the “residential,” and “community” supports sections of the LOC Assessment. Further, an individual may not currently be receiving these supports, but may be required to receive these supports in the next 30 days in order to be healthy and safe in their home and/or community. Thus, if an individual is not currently receiving but is required to receive any of these supports in the next 30 days to remain in their home and/or community, indicate this by checking “yes” to the section which contains the current or required support. For instance, an individual may require a foster care placement in the next 30 days to remain healthy and safe in their community, but not yet have a foster care placement. This would be indicated as “yes” in the “Residential Supports” section. Please see below for further detail.

1. “Medical Management”

- a. This section includes Occupational Therapy (OT), Physical Therapy (PT), Medication, Nursing and Other. If an individual currently receives or requires in the next 30 days any type of “Medical Management,” to remain healthy and safe in their home and/or community check “yes.”
- b. If an individual does not receive or require any type of Medical Management, check “no.”

2. “Behavior Management”

- a. This section includes Indirect/environmental behavior management, behavioral support plan, psychologist, behavior specialist, and medication management. If an individual currently receives or requires in the next 30 days any type of “Behavior Management,” to remain healthy and safe in their home and/or

community check “yes.” Please note, medication management would be checked in this section if the medication management had to do with medication specifically for behavior management.

- b. If an individual does not receive or require any type of Behavior Management, check “no.”

3. “Psychiatric Services”

- a. This section includes nursing, psychiatric services, therapy/counseling and medication management. If an individual currently receives or requires in the next 30 days any type of “Psychiatric Services” to remain healthy and safe in their home and/or community, check “yes.” *Please note*, medication management in this section would be checked if the medication management had to do with medication for psychiatric diagnoses.
- b. If an individual does not receive or require Psychiatric Services, check “no.”

4. “Residential supports”

- a. This section includes 24 hour residential, foster care, supported living, as well as family and paid in-home supports. This segment also includes friends/advocates/others, as some individual do not live in residential settings or with family, but do not live alone. More than one area can be indicated. For instance, if an individual has paid in-home supports but the family also provides supports that are not paid, both “paid in-home supports” and “family,” should be indicated on the form. If an individual currently receives or requires in the next 30 days any type of “Residential Supports” to remain healthy and safe in their home and/or community, check “yes.”
- b. If an individual does not receive or require Residential supports, check “no.”

5. “Community supports”

- a. This section has to do with what supports the individual requires to be successful in the community. It includes family support, employment, community inclusion,

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non-medical transportation, and support in the community from friends, advocates or others. If the individual has any of these paid supports it should be indicated. If the individual has the support of their family, friends or advocates, which is not paid, this should also be indicated. If an individual currently receives or requires in the next 30 days any type of “Community Supports” to remain healthy and safe in their home and/or community check “yes.”

b. If an individual does not receive or require Community supports, check “no.”

<p>Current or Required Supports</p> <p><u>Service received or required to be received in the next 30 days:</u></p>	<p>Indicate “yes” if the service is currently being received or is required to be received in the next 30 days</p> <p>Indicate “no” if the service is not currently being received or is not required to be received in the next 30 days for the individual to remain healthy and safe in their home and/or community.</p>	
<p>Medical Management (OT, PT, medication, nursing or other medical support)</p>	<p>Yes (receives or requires a Medical Management service)</p>	<p>No (does not receive or require a Medical Management service)</p>
<p>Behavior Management (including indirect/environmental modifications, Behavior Support Plan, psychologist, Behavior Specialists, medication management or other behavior management supports)</p>	<p>Yes (receives or requires a Behavior Management service)</p>	<p>No (does not receive or require a Behavior Management service)</p>
<p>Psychiatric Services (nursing, psychiatry services, therapy/counseling, medication management or other)</p>	<p>Yes (receives or requires a Psychiatric service)</p>	<p>No (does not receive or require a Psychiatric service)</p>
<p>Residential Supports (24 hour, Foster Care,</p>	<p>Yes (receives or</p>	<p>No (does not receive</p>

Supported Living, Paid In-Home, family, friends/advocates/other, or other residential supports)	requires a Residential support)	or require a Residential support)
Community Supports (family, employment, community inclusion, non-medical transportation, friends/advocates/other, or other community supports)	Yes (receives or requires a Community support)	No (does not receive or require a Community support)

Individual Choice

Upon completion of the LOC Assessment, the individual’s choice of service setting should be reviewed. The service setting section has been changed to reflect only the choice of ICF/IDD, Nursing Facility, Hospital or Home and Community Based. This is because the Level of Care is designed to determine which service setting an individual may be eligible for. There is no longer the inclusion of waiver or k-plan services. Waiver and k-plan choice selection should be reflected via the Eligibility and Enrollment form (SDS 0337) and in the individual’s Service Plan prior to enrollment onto a waiver or state plan service. The Individual Choice section also informs who completed the choice advising and review of an individual’s fair hearing rights.

1. Service Setting Choice include:

- a. ICF/IDD: An individual should be informed that if they chose ICF/IDD (institutional care) they will not be able to receive this service in the state of Oregon as Oregon no longer has any institutions for those in Developmental Disability Services. Contact ODDS for further instructions if this choice is made.
- b. Nursing Facility: An individual may choose a Nursing Facility; however, this requires additional information and has additional eligibility criteria. If an individual chooses a Nursing Facility let the individual know that there are additional eligibility criteria and contact ODDS for further instructions as needed.

- c. Hospital: Similar to the requirements of a Nursing Facility, placement in a hospital setting also requires additional eligibility information. If an individual chooses a Hospital, let the individual know there are additional eligibility criteria and contact ODDS for further instructions as needed.
 - d. Home and Community Based: if an individual chooses home and community based services, discuss the waiver and state plan options available to them. Prior to enrollment into any waiver or state plan services, complete a Functional Needs Assessment and Service Plan to determine service eligibility.
2. Document who reviewed service needs and options (i.e., Services Coordinator, Personal Agent, DHS Case Manager, etc.)
 3. Review the individual's fair hearing rights and abuse prevention. Check the box to indicate the fair hearing rights were reviewed with the individual.
 4. Signatures: This section must be signed and dated by the individual requesting services, their guardian or representative or by a witness if the individual does not understand the Customer choice options and does not have a guardian, parent (age 0-17) or legal representative to sign.
 - In the event that an individual can sign his/her name or has a signature stamp, the individual would sign the LOC. In the event that the individual is unable to understand the information under the 'Customer Choice' section or uses a mark as their signature a witness may sign in addition to the individual. A witness can be an ISP Team Member, family member, representative, or other person the individual chooses. ODDS recommends that the person signing as a witness not be the case manager who is reviewing Fair Hearing Rights and presenting the K-plan and waiver choices. In the event that the individual is unable to sign, the case manager completing the LOC would write on the signature line indicating, "Unable to sign, refer to progress note." A detailed progress note should be completed which explains why the individual was unable to sign. Please see the white page on "Waiver Signing Documentation (8-28-13)" on the DHS Staff Tools page for additional and more detailed information on signing the LOC.

Submission for LOC approval

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The CDDP must submit the LOC Assessment to the DD Technical Support Unit as well as a DHS 0337 form per SPD AR-08-063. This is the same process that has been in place for submission of the Title XIX waivers, since 2008.

1. The D & E Coordinator shall review the LOC Assessment and mark the appropriate finding: Approved or Disapproved.
2. The date that the D & E Coordinator approves the Level of Care on the LOC Assessment form is the date that establishes the Annual Review date. The Annual Review date is not necessarily tied to the date that the individual is actually enrolled to the waiver or K-plan (dates you may see in eXPRS).
3. Following ODDS approval of the waiver, ODDS will return the LOC Assessment to the CDDP, the CDDP will maintain the LOC approved by the D&E Coordinator in the individual's file.
4. If the individual is enrolled in a Brokerage, the CDDP must send a copy of the LOC Assessment to the individual's Brokerage.

LOC Annual Reviews

A) For individuals who are already receiving waiver or K-plan services (prior to Aug 1, 2013) and have a D & E Coordinator approved Title XIX waiver (prior to 8-1-13):

1. The case manager completes the "Client Information" section at the top of page one of the LOC assessment.
2. The case manager completes the LOC Assessment section following the process outlined in 'II CDDP Service Coordinator' or section 'III Brokerage Personal Agents'. The "Eligibility Specialist" section does not need to be completed and the LOC Assessment document does not need to be submitted to ODDS. Please ensure the LOC Assessment is signed by the Services Coordinator or Personal Agent.

Note: If the case manager identifies significant improvements in the adaptive behavior areas, they should consult with the D & E Coordinator (see section F below).

3. The case manager should add a hand written note on the top of the document noting that the LOC waiver has already been approved by the D & E Coordinator.
4. The case manager should sign the new LOC, as they would have signed the Title XIX waiver. This is now where annual reviews will be indicated.

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5. The individual receiving services should sign the new LOC indicating the LOC Assessment and fair hearing rights were reviewed.
6. Attach the new Level of Care Assessment (SE 0520) to the old Title XIX Waiver (DE 0520).

B) Timely Annual Reviews - General Process:

1. For individuals who are Title XIX eligible, and waiver or K-plan services are accessed per service requirements. The LOC Assessment remains current for 12 months from the date of the D & E Coordinator approval or the date of the last Annual Review.
2. LOC Assessment Annual Reviews:
 - a. Must be completed by a Services Coordinator or someone who meets the qualifications of a Services Coordinator.
 - b. Must be completed in a face-to-face meeting with the individual and others chosen by the individual, such as the individual's representative or someone who knows the individual well.
 - c. Must be completed within 12 months of the month of the approval by the D & E Coordinator or the last timely LOC Annual Review
Note: A timely LOC Annual Review means that the month of the Annual Review must be within or before the same month as the D & E Coordinator approval or the previous timely review, not necessarily on or before the exact day of the month.
 - d. Must be conducted no more than 60 days before an annual plan renewal.
3. If the LOC Annual Review is conducted prior to the 12 month due date, the new date of the case manager's signature establishes a new Annual Review date.
4. **Brokerage Customers only**

- a. The PA must complete the Annual Review on the copy of the original LOC Assessment.
 - b. The CDDP does not need the updated LOC Assessment.
5. If an adult (an individual over the age of 18) is already enrolled in an adult waiver and chooses to change from one waiver to a different waiver a new LOC is not needed. Rather, this change should be documented in a detailed progress note and on the 0337.

For instance, if an adult individual is enrolled in the Support Services waiver and decides they would like to receive services within the Comprehensive waiver from a CDDP, the Brokerage would send the Title XIX form and/or LOC review if it has been completed and/or LOC to the CDDP and the CDDP would continue with annual reviews when they are due (essentially any waiver information would need to be sent upon transfer). If the LOC Annual Review has not yet been completed by the Personal Agent then the new Services Coordinator would complete this process when the annual review was due or within 60 days of the new service plan, whichever came first. As with the Title XIX form, a new LOC form is not required but a detailed progress note regarding why the individual has made the choice to change waivers is required. The waiver choice also needs to be indicated and communicated via the 0337.

- 6. If an individual chooses to exit K-Plan services, but wants to continue waiver case management or any other waiver service, the LOC should not be terminated.**
 - a. Document the change in the service plan and progress notes. Submit an updated 0337 to terminate k-plan services.
7. If an individual chooses to exit waiver services, but wants to continue with K-Plan services, the LOC should not be terminated.
 - a. Document the change in the service plan and progress notes. Submit an updated 0337 to terminate the waiver.

C) Missed Timely Annual Reviews – General Process

1. If the Annual Review is not completed within 12 months of the D & E Coordinator approval or the last Annual Review date, the following process must be followed:

a. If it has been less than 3 calendar months since the LOC Annual Review was required, the case manager completes the review as soon as possible. The Annual Review date must remain the previous month and may not be adjusted to reflect the date that the review is being completed.

*Note: see definition for 'Timely Review' at the end of this document.
The only way that an LOC Annual Review date will change is in the event that the LOC is reviewed prior to the 12 month window due to the need for a new annual plan, change in the level of care, etc.*

b. If it has been more than 3 calendar months since the LOC Annual review was required, contact ODDS for further instruction.

c. **Brokerage Only:** The brokerage sends a Client Information Update form (DHS 4111) to the CDDP indicating the period of time that the LOC Assessment was not current.

d. The CDDP must send an Eligibility and Enrollment Form/DHS 0337 to the DD Provider Technical Support Unit removing the individual from the waiver. The individual is removed from the waiver for the period of time from the last day of the month during which the LOC Assessment was current and the date that the LOC Assessment was completed.

2. Reasons for missed reviews:

a. If the reason for the missed review is related to the individual not being available, even after reasonable accommodations by the case manager, no other services may be authorized.

i. A Notice of Planned Action must be given upon expiration of the LOC by following the guidance in AR-13-093.

- b. If the reason for the missed review is an administrative error on the part of the case management entity, and the individual will be remaining in services, the individual must still be dis-enrolled from the waiver and K-Plan, for the period of time from the last day of the month during which the LOC Assessment was current and the date that the LOC Assessment was completed.

Note: This should not disrupt services to the individual as it was an administrative error.

D) No improvements in the LOC Assessment:

1. If there are no *significant* improvements in the individual's adaptive behavior or service needs, the individual will continue to meet LOC criteria for ICF/IDD. Improvements include both in adaptive behavior and service needs as identified on the LOC Assessment.
2. The case manager/personal agent and individual receiving services must sign and date (month/day/year) the Annual Review during the face-to-face meeting indicating that the LOC Assessment and fair hearing rights were reviewed. The Annual Review must also be documented in a corresponding progress note.

E) Improvements in LOC Assessment:

1. Improvements in functioning that do not change the individual's adaptive behavior or LOC service needs should not be documented on the LOC Assessment form. The improvements should be noted in the progress notes.
2. **Brokerage only:** If the individual is served in a brokerage the Customer Goal Survey must be updated.
3. Improvements that change the individuals adaptive behavior must be discussed with the D & E Coordinator as the individual may be ineligible for the waiver or K-plan:

- a. After communicating with the D & E Coordinator, the case manager completes the appropriate portion of the LOC Assessment (bottom of page 6).

The individual would only be terminated from waived or K-plan services in the event that the individual no longer met level of care.

Note: the terminated LOC does not need to be submitted to PTAU. The terminated LOC only needs to be kept in the file.

- b. **Brokerage only:** The PA sends the updated LOC to a designated CDDP staff member along with a Client Information Update form (DHS 4111) noting the change.
- c. The CDDP sends the new LOC Assessment and an updated Eligibility and Enrollment Form/DHS 0337 to the DD Provider Technical Support Unit noting the change in circumstance.
- d. The D & E Coordinator will review the LOC Assessment and mark the appropriate box; Approved or Disapproved
- e. The LOC Assessment will be returned to the CDDP upon completion.
- f. Not eligible (due to LOC ineligibility or waiver/title XIX ineligibility): Should the CDDP/Brokerage receive a LOC Assessment indicating that the individual is Disapproved for the LOC the case manager must issue a Notification of Planned Action (form SDS0947) notifying the individual that they do not meet the LOC eligibility and are not eligible for waiver K-plan services see AR -13-093 for guidance.

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Transfers

If an individual transfers from one case management entity to another, the LOC Assessment form, including all reviews, must be sent by the sending entity to the receiving entity. As was done with the Title XIX, copies will be accepted.