



SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
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Level of Care ICF-IID Fact Sheet

1. An Intermediate Care Facilities –Individuals with Intellectual Disabilities (ICF-IID) level of care (prior approval assessment), is required for any individual under consideration for ICF-IID Residential funding to confirm the resident’s ICF-IID eligibility. This assessment must be completed prior to admission to the facility.
2. Individuals referred for ICF-IID funding will have their eligibility determined by a psychologist/licensed psychological associate or primary care physician as appropriate.
3. If the presenting issue is mental retardation (intellectual disability) or a condition closely related to mental retardation, a psychologist completes the level of care assessment. If the condition is cerebral palsy, epilepsy, or a condition closely related to one of these two disabilities, a primary care physician completes the level of care assessment.
4. Psychologists complete a standardized IQ test and an adaptive behavior assessment to obtain information needed to make the determination as to whether the person meets the level of care. A determination cannot be made without both of these assessments if the person has an intellectual disability. The Managed Care Organization (MCO) ensures that Network providers are well versed in assessment tools that are appropriate for use to measure IQ and adaptive behavior for the population and age range. Network providers (psychologists) are trained on the process, eligibility criteria, and assessments tools.
5. Physicians can be the primary care physician, neurologist or other physician who can assess that the person’s medical condition meets the eligibility criteria. A medical assessment is required if the person has a medical condition.
6. If current assessments are available, the Psychologist will complete an update of the information, if appropriate.
7. Information obtained from the assessments is used to complete the MCO Level of Care Eligibility Determination tool.
8. Primary Care Physicians will complete the Medical Evaluation attachment to the Level of Care Eligibility Determination tool which serves as the medical assessment documentation. Information from the Medical Evaluation is used to complete the MCO Level of Care Eligibility Determination tool.
9. The medical evaluation (if appropriate) and the MCO Level of Care Eligibility Determination tool are forwarded to the Utilization Management Department of the MCO.
10. The Care Manager reviews the information from the assessments and verifies that the documentation supports the eligibility criteria documented on the Level of Care Eligibility Determination tool.
11. If the assessments do not support that the person meets the ICF-IID Level of Care based on review by the Care Manager, the Medical Director will make the final determination.
12. The level of care is valid for 30 days from the signature of the professional who completed the assessment and must be reviewed and approved or denied during that period of time.
13. A unique number is assigned to document the Prior Approval. The MCO can determine the sequence of the numbers.

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14. The form is separated with the following distribution:
 - The white copy remains with Utilization Management,
 - the pink facility copy is forwarded to the facility for their records,
 - the blue copy is forwarded to the appropriate DSS.
15. The determination of the Psychologist or Physician as to whether the individual meets the ICF-IID eligibility criteria will be final and is not subject to appeal. If the individual would like a second opinion, the MCO can arrange for a different assessor to complete the evaluation.
16. If the MCO makes a determination that the individual is not eligible they must offer appeal rights.
17. Every 180 days, following each facilities typical Utilization Review (UR) cycle, the ICF-IID agency will be required to complete an MCO Eligibility Determination form for each resident.
18. This form may be signed by the facility physician or psychologist at the time of the scheduled UR and attached to the completed ICF-IID Utilization Review Request form.
19. The psychologist or physician checks the UR box on the form and submits it to the MCO Utilization Management department.
20. The MCO Level of Care forms and ICF-IID Utilization Review Request form will be submitted to the Utilization Review department for review and approval.
21. Once approved, the pink (facility) copy will be returned to the facility with the approval noted.
22. The blue (DSS) copy will be submitted to the appropriate DSS.
23. The white copy will remain with the MCO.
24. The Care Manager reviews the information on the Level of Care Eligibility Determination tool and verifies that the documentation supports the eligibility criteria.
25. If the assessments do not support that the person meets the ICF-IID Level of Care based on review by the Care Manager, the Medical Director will make the final determination.
26. The MCO develops a tracking system to document the prior approval number, date the level of care was approved/denied, individual's name at a minimum.