

NC Innovations Fact Sheet

Level of Care Assessment

09-29-16

1. An ICF-IID level of care (prior approval assessment), is required for any individual under consideration for the NC Innovations waiver funding to confirm their ICF-IID eligibility.
2. Individuals referred for Innovations funding will have their eligibility determined by a psychologist/licensed psychological associate or primary care physician as appropriate.
3. If the presenting issue is intellectual disability or a condition closely related to intellectual disability, a psychologist or licensed psychological associate completes the 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 and Licensed Psychological Associates 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 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, psychological associate) 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 and Licensed Psychological Associate will complete an update of the information, if appropriate. For adults the assessment is considered current if it was completed within the last five years and for children within the last 3 years.
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 MCO.
10. The evaluator will check the Prior Approval box on the form.
11. 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.
12. 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.
13. The level of care is valid for 30 days from the signature of the professional who completed the assessment and must be reviewed, approved or denied during that period of time.
14. A unique number is assigned to document the Prior Approval. The MCO can determine the sequence of the numbers.

15. The three part form is separated with the following distribution:
 - The white copy remains with the Utilization Management,
 - the pink copy goes to Care Coordination,
 - the blue copy goes to the local DSS
16. The determination of the Psychologist, Psychological Associate or Physician as to whether the individual meets the ICF-IID eligibility criteria will be final and is not subject to appeal. A second opinion will be offered by the MCO who will arrange for a different assessor to complete the evaluation.
17. If the MCO makes a determination that the individual is not eligible they must offer appeal rights.
18. Annual redetermination of continued eligibility is documented by the QP on the signature page of the Individual Support Plan.
19. If there are suspicions at any time that due to a change in condition the person no longer meets the eligibility criteria they can be referred back through the full process for assessment.
20. 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. The data from this tracking system will be used to report on several of the Innovations performance indicators related to Level of Care.
21. Requests for ICF-IID level of care determination should be made prior to the admission date to NC Innovations however, retroactive authorization may be given for up to 90 days. This needs to be requested in writing (at the time of request NOT after prior approval has been given) and a copy of the bed census must be included. This type of situation may occur in the Track program at Murdoch Center if the placement for out of home respite lasts more than 30 days. Please consult DMA with specific questions.