



Level of Care – Intellectual Disability and Related Disabilities (ID/RD) Waiver

Version 1.0 (07/01/20)

This module will review Level of Care evaluations for the Intellectual Disability and Related Disabilities Waiver.

Enrollment in the ID/RD Waiver



Medicaid Eligible

Waiver Slot

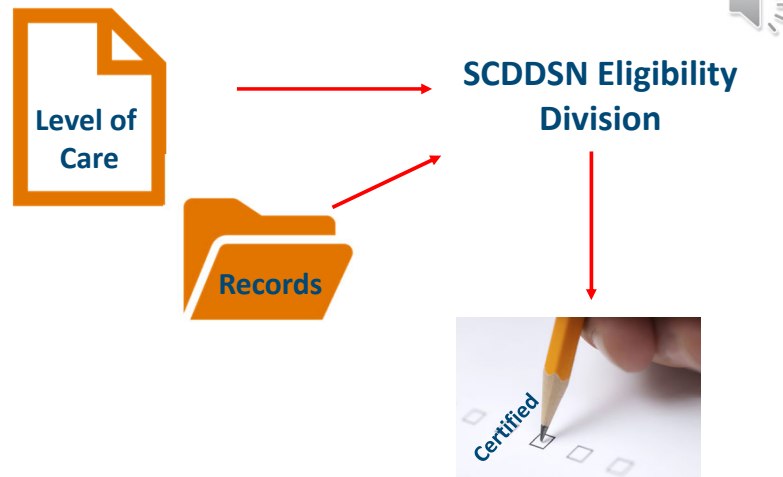
Services in the home/community

ICF/IID Level of Care



In order to be enrolled in the ID/RD Waiver, the participant must be eligible to receive Medicaid, be allocated a waiver slot, choose to receive services in his/her home and community and meet Intermediate Care Facility for Individuals with Intellectual Disabilities or ICF/IID Level of Care.

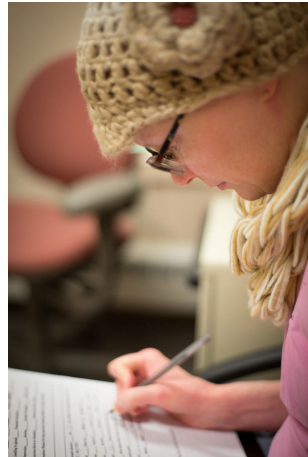
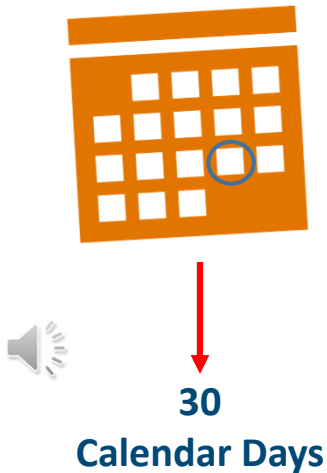
Initial Determination of Level of Care



The SCDDSN Eligibility Division makes the initial determination of ICF/IID Level of Care. The Waiver Case Manager must complete an initial ID/RD Level of Care and submit it to the SCDDSN Eligibility Division for approval. In addition, the Waiver Case Manager must forward records that support the Level of Care. Once the information is received, the SCDDSN Eligibility Division will review the information and when Level of Care determination has been made, the SCDDSN Eligibility Division will certify if the person meets ICF/IID Level of Care criteria or not.

See the Intellectual Disability and Related Disabilities Waiver Manual for recommended records to include.



Waiver Enrollment




Waiver Enrollment must occur within 30 calendar days of the Level of Care Determination date. If the individual's Level of Care Determination was completed 30 calendar days or more prior to waiver enrollment, a new Level of Care must be completed.

See the ID/RD Waiver Manual for more specific information relating to enrollments.

Level Of Care Re-determination







365


✓ **Documentation**

✓ **Direct Observation**



Improved functioning

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ID/RD Level of Care is re-evaluated by the Waiver Case Manager using recommended documentation, information provided by the participant and/or representative, and direct observation of the participant. The Waiver Case Manager is responsible for these annual re-evaluations and determinations except for those participants who are eligible on a time-limited basis. The information is then used to determine if there is a change and/or improvement in functioning that may affect ID/RD Level of Care status. Re-determinations are to be done within 365 calendar days of the prior Level of Care determination and scheduled within enough time to allow consultation with the ID/RD Division, if necessary.

Please see the ID/RD Waiver manual for specific information relating to required documentation.

Level of Care Determination Completion



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graph LR; PF[Participant File] --> LOC[LOC Determination]
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- Reviewed by
WCM Supervisor or Executive Director
- Re-determinations must be documented

Participant File

LOC Determination

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See the ID/RD Waiver Manual for more specific information relating to Level of Care Redeterminations.

Conclusion



This concludes the ID/RD Waiver Level of Care annual training. Please see your Supervisor for any additional questions or concerns.

