Title: Eligibility for ODP Waivers - Individuals with Autism and Children Prior to the Age of 9 with Developmental Disability

Policy: Effective July 1, 2017, the Department of Human Services/Office of Developmental Programs (ODP) expanded eligibility in the Home and Community Based Waivers to include individuals of any age with an autism spectrum disorder and to children age 9 and under with a developmental disability diagnosis. To be eligible for the waivers, individuals with these diagnosis must meet the level of care requirements as established in department policy. This policy outlines those requirements and the procedures to be followed by Dauphin County.

Definitions:

Assessed Needs – Needs of waiver participants identified through a valid assessment (such as: Supports Intensity Scale, a physical therapist, occupational therapist, etc.) that have been conducted based on the participant’s unique circumstances, documented in writing including frequency and duration, when applicable prescribed by a licensed medical professional, and identified as a required need by the participant’s team responsible for developing the ISP.

CMU – The CMU is the contracted agency that is delegated by the Dauphin County MH/ID Program to provide intake, eligibility determination, and registration for home and community services enrollment.

Home and Community Services Information System (HCSIS) – The secure web-based information system serving the Department of Human Services (DHS) state program offices that oversee Medicaid Waivers.

Individual Support Plan (ISP) – The comprehensive decisions agreed upon by the participant’s team and documented on the form designated by the Department which identifies outcomes and needed services and supports provided to an individual.
POLICY AND PROCEDURES
Eligibility, Autism and Children Under 9
Page 2 of 6

Prioritization of Urgency of Need for Services (PUNS) – The strategic planning tool and current process used to categorize an applicant’s need for services prior to enrollment in one of the waivers which is then reviewed at least annually thereafter.

Supports Coordinator (SC) – An employee of a Supports Coordination Organization with the primary responsibilities of locating, coordinating, and monitoring needed services and supports for participants. The CMU is Dauphin County’s Supports Coordination Organization.

Service Access Coordinator (SAC) - An employee of CMU with the primary responsibilities of providing intake, eligibility determination, and registration for home and community services enrollment as a delegated function for the Dauphin County MH/ID Program.

Qualified Intellectual & Developmental Disability Professional (QIDDP) – A Qualified Intellectual & Developmental Disability Professional meets the requirements of 42 CFR 483.430 and performs the functions of intake, eligibility determination and registration for home and community services. The QIDDP function is fulfilled by Service Access Coordinators at CMU as a delegated function for the Dauphin County MH/ID Program.

Discussion:

Schools and other service systems determine a person’s eligibility for their particular system. The procedure described in this policy will determine an individual’s eligibility for home and community services that meet the requirements established by the Pennsylvania Office of Developmental Programs.

Eligibility for services does not automatically qualify an individual for waiver funding which is available through the Office of Developmental Programs (ODP). Determining eligibility for the ODP waivers requires additional administrative verification that level of care and financial eligibility criteria are met. The eligibility criteria for enrollment into one of the waivers is also established by the PA Office of Developmental Programs.

Procedure:

A. Procedures for the Initial Level of Care Evaluation for Individuals with Autism
   I. There are four criteria that must be met prior to an individual with autism being determined eligible for an ICF/ORC level of care.
      a. The individual must have a diagnosis of autism, based on the use of a standardized tool and documentation by a licensed psychologist, certified school psychologist, psychiatrist, developmental pediatrician, or licensed physician that practices psychiatry.
      b. The individual must have adaptive skill deficits in three (3) or more areas based on a standardized adaptive functioning test. A Qualified Developmental Disability Professional (QIDDP) must certify that the individual has impairments in adaptive behavior based on the results of a standardized assessment of adaptive functioning,
which shows that the individual has substantial limitations in three (3) or more of the following areas of major life activity:
1. Self-care
2. Receptive and expressive language
3. Learning
4. Mobility
5. Self-direction
6. Capacity for independent living
c. Documentation must substantiate a diagnosis of autism that occurred during the developmental period which is from birth up to the individual’s 22nd birthday.
d. The individual must be recommended for an ICF/ORC level of care based on a medical evaluation based on an examination performed by a licensed physician, physician’s assistant, or nurse practitioner who states that the individual is recommended for ICF/ORC or a Form 51 has been completed by one of the above.

II. In addition, the documentation of the results of the standardized testing must include statements indicating the following:
a. The certifying practitioner certifies that the results are considered valid and consistent with the individual’s functional limitations.
b. The certifying practitioner certifies that the results indicate that the individual has autism.

III. The individual must be eligible for medical assistance.
IV. The individual must participate in completion of the statewide, standardized assessment (Supports Intensity Scale – SIS).

B. Procedures for the Initial Level of Care Evaluation for Children prior to the age of 9 with Developmental Disability
I. There following four criteria must be met prior to a child under the age of 9 with a developmental disability being determined eligible for an ICF/ORC level of care.
1. The child must have a diagnosis of developmental disability based on using a standardized tool and documentation by a licensed psychologist, certified school psychologist, psychiatrist, developmental pediatrician, or licensed physician that practices psychiatry.
2. The child must be under the age of 9.
3. The child must have substantial adaptive skill deficits in three (3) or more areas of major life activity based on a standardized adaptive functioning test, and
4. The child must be recommended for an ICF/ORC level of care based on a medical evaluation and an examination performed by a licensed physician, physician’s assistant, or nurse practitioner states that the individual is recommended for ICF/ORC or a Form 51 has been completed by one of the above.

II. In addition, the documentation of the results of the standardized testing must include statements indicating that:
1. The practitioner certifies that the results are considered valid and consistent with the individual’s functional limitations.
2. The practitioner certifies that the results indicate that the individual has a developmental disability.
C. When Eligibility Can Not Be Determined

I. If the Service Access Coordinator/Qualified Intellectual & Developmental Disability Professional is not able to determine eligibility after reviewing the available documentation, a clinical review of the individual’s record will be completed by a licensed psychologist and/or a clinical team member within the Bureau of Autism Serviced, Office of Developmental Programs. The reviewer will provide written documentation supporting his or her eligibility decision. The results of this review will result in either a Yes or No decision about the person’s eligibility for services.

II. The Dauphin County MH/ID Program contracts with at least two agencies that provide IQ testing, clinical judgment, and eligibility reviews. This assures that the professional conducting the eligibility review and the professional conducting testing will not be from the same agency.

III. When documentation confirms that all criteria are met and the individual is eligible for services, the reviewer’s decision will be **YES** for eligibility.

IV. When the documentation confirms that the individual does not meet the criteria, the reviewer’s decision will be **NO** for eligibility.

V. When the documentation provided is not sufficient information to establish eligibility, the reviewer’s decision will be **NO** for eligibility, and the Reviewer will indicate what additional information is necessary to make a determination.

VI. If testing is recommended, the individual will be referred for additional testing by a licensed professional.

D. Using Clinical Judgement for Eligibility Determinations

I. Clinical judgment is used when the IQ score and other documents cannot clearly determine an individual’s eligibility. The factors considered in making an eligibility determination based on clinical judgment shall be decided and documented by a licensed psychologist, a certified school psychologist, a physician, or a psychiatrist. In cases where individuals display disparate skills, clinical judgment will be exercised to determine eligibility for disability services. Based on the individually administered standardized test used, the reviewer will utilize the documented standard error of measurement for the test administered.

II. The reviewer will consider the following when providing a record review to determine eligibility:

- Did the testing examiner state their belief that testing was a valid reflection of the individual’s ability at the time of the test?
- Was testing conducted at a time during which the person was reasonably stable?
- Was testing adversely impacted by a factor such as: the individual’s socio-economic background; native language or communication, motor and/or sensory challenges?
- When making judgments about adaptive functioning, was the individual scored based on functioning in an environment that provided access and opportunities to perform age appropriate tasks?
- Is there medical documentation that the individual has a degenerative condition that will affect cognition?
Did social/developmental history document onset of the intellectual disability prior to the individual’s 22nd birthday?

III. The reviewing psychologist may conduct a face-to-face, clinical interview if needed to assist in developing clinical judgment.

E. Reviewer Documentation:

The reviewer will document the reasons for their decision using a form provided by the Service Access Coordinator. A copy of this form will be provided to the individual. In determining if the individual DOES or DOES NOT meet eligibility criteria, the reviewer will document the following:

1) Testing scores considered
2) Any concerns about the testing environment or frequency of testing
3) Documentation that other disabilities or conditions impacted cognitive scores
4) Lack of documentation to determine disability, adaptive functioning or evidence of occurrence prior to the individual’s 22nd birthday.
5) Clinical interview, if applicable.

F. Appealing an Eligibility Decision

1) When an individual is determined NOT ELIGIBLE by the Service Access Coordinator or as a result of a written clinical review, the individual will be notified in writing and will be provided with a list of appeal options.
2) Copies of appeal procedures will accompany every eligibility determination report. The individual will be informed that additional records may be submitted at any time and would result in further review for eligibility determination.
3) Appeal options are:

Option 1 – The individual can request a meeting with the reviewer to discuss the reasons for the eligibility decision.

Option 2 - The individual can request that the records be reviewed by the Developmental Services Director at CMU. This request will be processed by the Service Access Coordinator.

Option 3 - The individual can request a county conference, which is held with the Dauphin County MH/ID Administrator.

Option 4 – The individual may file with the County Assistance Office to appeal a determination that they are not financially eligible for waiver enrollment.

Option 5 – The individual may file a request for Fair Hearing to appeal a determination that they do not meet Level of Care eligibility criteria for waiver enrollment.

Option 6 - If the individual or surrogate is not satisfied with the decision, the individual or surrogate has further appeal rights through the Court of Common Pleas. For more
information regarding the appeal process to the Court of Common Pleas, please see 2 Pa.C.S. §§ 751-754 (relating to Local Agency Law).

G. Protocol for Referring Individuals Not Eligible for Waiver Services

Information about Everyday Lives and Supporting Families Throughout the Lifespan framework will be shared with all individuals at first contact regardless of their eligibility for intellectual and developmental disability services. When applicable, Targeted Services Management (TSM) will be provided to individuals eligible for services, but not able to be enrolled in one of the ODP waivers. TSM services include assistance in locating, coordinating, and monitoring services that are available to the individual.

References:
The MH/ID Act of 1966, Section 102 of the Act
Developmental Programs Bulletin # 4210-02-05
Administrative Entity Operating Agreement