

# Guidance: Life Sharing for Individuals with a Medically Complex Condition

The following guidance is for:

- Life Sharing providers, Supports Coordinators (SCs), and Administrative Entities (AEs) who have questions about how to determine if an individual has a medically complex condition and how to complete the **DP1090 Form** (see Section 1);
- Life Sharing providers currently serving individuals who may now meet the medically complex condition criteria (see Section 2); or
- Life Sharing providers that are not currently providing services to individuals who have a verified medically complex condition but may do so in the future and Life Sharing providers that will serve an individual with a verified medically complex condition who enrolls after publication of this communication (see Section 3).

## Section 1: Determining if the individual that is currently receiving Life Sharing has a medically complex condition

To figure out if the individual has a medically complex condition, the individual and their Individual Support Plan (ISP) team will need to use the *Decision Flowchart for ISP Teams* (Attachment 3). If the ISP team suspects the individual may have a medically complex condition the SC, Life Sharing provider, and AE must complete the following steps:

### Completing the DP1090 Form

1. The form may be accessed at **DP1090 (myodp.org)**
2. The Life Sharing provider will submit the completed form to the SC.
3. The SC must submit the form to the AE.
4. The AE reviews the DP 1090 to verify that the individual meets the medically complex condition criteria and documents this information in HCSIS in the Level of Care section.
  - a. If the individual already has the Level of Care section completed for intellectual disability or autism, the AE must add additional text to ensure the medically complex condition is documented.
  - b. This text must be added in the “ELIG. DETERMINATION” section of HCSIS.

- c. Add in the dropdown “ELIGIBILITY DOCUMENTATION” an “ANNUAL MEDICAL EVALUATION” and note in the comments that the individual has a completed DP1090 and that the AE has verified the form.
5. The AE will also verify that the provider is qualified to offer the Medically Complex Life Sharing service by reviewing *Provider Qualifications for Life Sharing Agencies Serving Individuals with a Medically Complex Condition* (Attachment 2).

**Section 2: Individuals who are currently authorized to receive Life Sharing services and may now meet the criteria for a medically complex condition**

- Providers must meet the additional qualifications (Attachment 2) to be authorized for the Medically Complex Life Sharing procedure codes W0062 (1-person home) or W0063 (2-person home) for an individual who has a completed DP 1090 with a verified medically complex condition as outlined in Section 1.
- If the provider does not meet the additional qualifications to render Medically Complex Life Sharing, the provider must continue to provide and bill the Life Sharing codes that are currently authorized in the ISP. The Medically Complex Life Sharing procedure codes (W0062 and W0063) cannot be added to the ISP until the provider becomes qualified.
  - The individual and their ISP team must be informed of the following:
    - The provider does not meet the additional qualifications to provide Medically Complex Life Sharing; and
    - The individual and ISP team will need to decide if the individual’s needs are being met and if they want to continue with their current Life Sharing service and provider or look for a new provider that meets the qualifications to render the Medically Complex Life Sharing service.

**Section 3: Individuals who have a verified medically complex condition who will begin to receive Life Sharing or will transition to a new Life Sharing home or provider**

- The individual must be verified to have a medically complex condition, including a completed DP1090 Form to have the Medically Complex Life Sharing service added and authorized on their ISP.
- The provider must be qualified to provide Medically Complex Life Sharing prior to rendering the service to individuals with a verified medically complex condition.
- Once the provider is qualified, the provider must complete the enrollment process for provider type and specialty codes.