

OFFICE OF DEVELOPMENTAL PROGRAMS BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
06/25/2025	06/25/2025	00-25-02
SUBJECT		BY
Individual Eligibility for the Consolidated, P/FDS, Community Living and Adult Autism Waivers		Kristin Ahrens, Deputy Secretary for Developmental Programs

SCOPE:

Administrative Entity Administrators or Directors
County Mental Health/Intellectual Disability Program Administrators or Directors
Supports Coordination Organization Directors
County Assistance Office Executive Directors
Individuals and Families

PURPOSE:

The purpose of this bulletin is to communicate 1) the requirements and procedures for evaluating an individual's eligibility for services and supports provided through the Consolidated, Person/Family Directed Support (P/FDS), Community Living Waivers (ID/A Waivers), and the Adult Autism Waiver (AAW), and 2) the requirements and procedures for re-evaluating an individual's eligibility for the ID/A Waivers.

BACKGROUND:

To be eligible to receive home and community-based services (HCBS) through the Office of Developmental Programs' (ODP) ID/A Waivers, an individual must have a diagnosis of an intellectual disability or autism spectrum disorder; if 8 or younger, a diagnosis of a developmental disability; or if under age 22, a medically complex condition. In addition, the individual must meet the level of care requirements for either an intermediate care facility for individuals with an intellectual disability (ICF/ID) or an intermediate care facility for individuals with other related conditions (ICF/ORC).

To be eligible to receive HCBS through ODPs' AAW, an individual must be age 21 or older and have a diagnosis of autism spectrum disorder. In addition, the individual must meet the level of care requirements for an ICF/ORC or ICF/ID.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate ODP Regional Office

Visit the Office of Developmental Programs Web site at <https://www.pa.gov/agencies/dhs/contact/regional-intellectual-developmental-contacts.html>

DISCUSSION:

To be eligible to receive services through an ODP HCBS Waiver, an individual must meet both level of care and financial eligibility requirements. This bulletin clarifies the procedures to be used to evaluate whether an individual who is diagnosed with an intellectual disability or autism spectrum disorder is eligible for HCBS provided through an ID/A Waiver or the AAW. It also clarifies the procedures to use to evaluate whether a child age 8 or younger who is diagnosed with a developmental disability or a child or young adult who is under age 22 with a medically complex condition is eligible for an ID/A Waiver.

This bulletin does not affect eligibility for services provided in ICFs/ID or ICFs/ORC, which is discussed in 55 Pa. Code Chapter 6210 and ODP Bulletin 00-02-13, *Need for ICF/ID Level of Care*. Eligibility determinations for county Mental Health/Intellectual Disability (MH/ID) program services should continue to be conducted in accordance with ODP Bulletin 4210-02-05, *Clarifying Eligibility for Intellectual Disability Services and Supports*.

Level of Care Requirements

To be eligible to enroll in an ID/A Waiver or the AAW, an individual must meet the level of care requirements for either ICFs/ID or ICFs/ORC, as described below.

The initial level of care processes described in Section 1 below are used by the Administrative Entity (AE) when determining if an individual is eligible to enroll in an ID/A Waiver or the AAW when there is available Waiver capacity. The re-evaluation process described in Section 2 below is used by the AE to determine if an individual continues to be eligible for an ID/A Waiver. The process for re-evaluating an individual's continued eligibility for the AAW is completed by the Bureau of Supports for Autism and Special Populations and therefore is not addressed in this bulletin.

The AE may arrange for professional services from a qualified professional who can consult with the AE on submitting documents or complete testing or assessments.

Section 1: Initial Level of Care Evaluation

A. Initial ICF/ID Level of Care Evaluation

There are four fundamental criteria that must be met prior to an individual being determined eligible for an ICF/ID level of care:

1. The individual must have a diagnosis of intellectual disability;
2. The individual must have substantial adaptive skill deficits in three or more areas of major life activity based on a standardized assessment of adaptive functioning;
3. The intellectual disability and substantial adaptive skill deficits must have occurred prior to age 22; and

4. The individual must be recommended for an ICF/ID level of care based on a medical evaluation.

The following must be present to document a diagnosis of intellectual disability and need for ICF/ID level of care:

1. A licensed psychologist, certified school psychologist, or licensed physician, including a developmental pediatrician or psychiatrist, must certify that the individual has significantly sub-average intellectual functioning based on a standardized general intelligence test,¹ which is documented by either:
 - Performance that is more than two standard deviations below the mean of a standardized general intelligence test, which reflects a Full Scale IQ score of 70 or below;² or
 - Performance that is slightly above two standard deviations below the mean of a standardized general intelligence test during a period when the individual manifests serious impairments of adaptive functioning.³
2. A Qualified Developmental Disability Professional (QDDP) must certify that the individual has impairments in adaptive functioning based on the results of a standardized assessment of adaptive functioning.⁴ A QDDP is an individual who meets the criteria established in 42 CFR § 483.430(a) and the ODP Waivers. The assessment must show that the individual has a significant limitation in meeting the standards of maturation, learning, personal independence, or social responsibility of the individual's age and cultural group. The results of the assessment must also show that the individual has substantial adaptive skill deficits in three or more of the following areas of major life activity:
 - Self-care;
 - Understanding and use of language;
 - Learning;
 - Mobility;
 - Self-direction; and

¹ An individual's cultural background, ethnicity origin, language, and means of communication should be considered when conducting all evaluations and assessments.

² Individuals with an intellectual disability have scores of approximately two standard deviations or more below the population mean, including a margin for measurement error (generally +/- 5 points). On tests with a standard deviation of 15 and a mean of 100, this involves a score of 65 to 75 (70 +/- 5). Clinical training and judgement are required to interpret test results and assess intellectual performance. For more information, reference the current Diagnostic and Statistical Manual of Mental Disorders.

³ In situations where the individual manifests serious impairments of adaptive functioning, the burden is on the examiner when certifying sub-average intellectual functioning to avoid misdiagnosis and to rule out such factors as emotional disorder, social conditions, sensory impairment, serious mental illness, or other variables which might account for the deficits in intellectual or adaptive functioning.

⁴ An example of a standardized assessment of adaptive functioning is the Vineland Adaptive Behavior Scales© (Copyright 1986, Pearson) or the Adaptive Behavior Assessment System-III© (Copyright 2015, Pearson). The AE must have the ability to score the standardized assessment of adaptive functioning. Please refer to Attachment 1 for Interpretive Guidelines for Standardized Assessments.

- Capacity for independent living.
3. Documentation that substantiates that the individual's intellectual disability and substantial adaptive skill deficits manifested during the developmental period, which is prior to the individual's 22nd birthday.
 4. Documentation of a current medical evaluation performed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner that indicates that the individual is recommended for an ICF/ID level of care, or an MA 51 form completed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner that documents that the individual is recommended for an ICF/ID level of care.

Documentation of the results of both the standardized general intelligence test and the standardized assessment of adaptive functioning shall consist of all the following:

- The clinical data, overall IQ score, and overall standardized assessment score for all testing performed.
- Documentation from the certifying practitioner that the results are considered valid and consistent with the individual's functional limitations.
- A statement by the certifying practitioner as to whether the results indicate that the individual has a diagnosis of an intellectual disability.

If the individual does not have documentation of a standardized general intelligence test⁵ or a standardized assessment of adaptive functioning, the AE shall provide the individual with a list of resources that can assist the individual with obtaining the necessary test or assessment. If it is unclear from existing documentation if an individual has substantial adaptive skill deficits in three or more areas of major life activity, the AE shall assist the individual with obtaining a second review of existing documentation to receive a second opinion.

B. Initial ICF/ORC Level of Care Evaluation for Individuals with Autism Spectrum Disorder

There are four fundamental criteria that must be met prior to an individual with autism spectrum disorder being determined eligible for an ICF/ORC level of care:

1. The individual must have a diagnosis of autism spectrum disorder;
2. The individual must have substantial adaptive skill deficits in three or more areas of major life activity based on a standardized assessment of adaptive functioning;
3. The autism spectrum disorder and substantial adaptive skill deficits must have occurred prior to age 22; and
4. The individual must be recommended for an ICF/ORC level of care based on a medical evaluation.

⁵ Please see Attachment 1 for acceptable common intelligence measures.

The following must be present to document a diagnosis of autism spectrum disorder and need for ICF/ORC level of care:

1. A licensed psychologist, certified school psychologist, licensed physician, including a developmental pediatrician or psychiatrist, licensed physician assistant, or certified registered nurse practitioner must certify that the individual has autism spectrum disorder as documented in a diagnostic tool(s).⁶
2. A QDDP must certify that the individual has impairments in adaptive functioning based on the results of a standardized assessment of adaptive functioning.⁷ The assessment must show that the individual has significant limitation in meeting the standards of maturation, learning, personal independence, or social responsibility of the individual's age and cultural group. The results of the assessment must also show that the individual has substantial adaptive skill deficits in three or more of the following areas of major life activity:
 - Self-care;
 - Understanding and use of language;
 - Learning;
 - Mobility;
 - Self-direction; and
 - Capacity for independent living.
3. Documentation that substantiates that the individual's autism spectrum disorder and substantial adaptive skill deficits manifested during the developmental period, which is prior to the individual's 22nd birthday.
4. Documentation of a current medical evaluation performed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner that indicates that the individual is recommended for ICF/ORC level of care, or an MA 51 form completed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner that documents that the individual is recommended for an ICF/ORC level of care.

Documentation of the results of the diagnostic tool(s) and the standardized assessment of adaptive functioning shall consist of all the following:

- The clinical data and overall standardized assessment score for all testing performed.

⁶ The diagnosis of autism spectrum disorder is based on testing across multiple areas. While there is no one test to diagnose autism spectrum disorder, the diagnosis is based on testing that indicates impairment present prior to the age of 22 and limits on social, adaptive, and/or occupational functioning due to core deficits in: a) reciprocal social communication and social interactions; and b) restricted, repetitive patterns of behavior, interests or activities.

⁷ An example of a standardized assessment of adaptive functioning is the Adaptive Behavior Assessment System-III© (Copyright 2015, Pearson) or the Vineland Adaptive Behavior Scales© (Copyright 1986, Pearson). The AE must have the ability to score the standardized assessment of adaptive functioning. Please refer to Attachment 1 for Interpretive Guidelines for Standardized Assessments.

- Documentation by the certifying practitioner that the results are considered valid and consistent with the individual's functional limitations.
- A statement by the certifying practitioner as to whether the results indicate that the individual has a diagnosis of autism spectrum disorder.

If the individual does not meet the eligibility criteria due to the results of the standardized assessment of adaptive functioning, the AE should follow the process included below for determining substantial adaptive skill deficits for individuals with autism spectrum disorder.

If the individual does not have documentation of the results of the diagnostic tool(s) and assessment or a standardized assessment of adaptive functioning, the AE shall provide the individual with a list of resources that can assist the individual to obtain the necessary assessments. If it is unclear from existing documentation if an individual has substantial adaptive skill deficits in three or more areas of major life activity, the AE shall assist the individual with obtaining a second review of existing documentation to receive a second opinion.

Determining Substantial Adaptive Skill Deficits for Individuals with Autism Spectrum Disorder

The QDDP will review the Vineland Adaptive Behavior Scales or Adaptive Behavior Assessment System scores to determine if an individual has a substantial adaptive skill deficit.

If the individual's assessment scores are two standard deviations below the mean in at least three of the six major areas of life activity, the individual has met the substantial adaptive skill deficit as required by the ID/A Waiver or the AAW.

If the individual's assessment scores are not two standard deviations below the mean in at least three of the six major areas of life activity **and** the individual has an IQ of 85 or above, the QDDP will review the individual's assessment scores using one standard deviation below the mean in at least three of the six major life activities to determine if the individual has met substantial adaptive skills deficits as required by the ID/A Waiver or the AAW.

C. Initial ICF/ORC Level of Care Evaluation for Children Age 8 or Younger with a Developmental Disability

There are four fundamental criteria that must be met prior to a child age 8 or younger with a developmental disability being determined eligible for an ICF/ORC level of care:

1. The child must have a diagnosis of a developmental disability, which is defined as a condition of substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in an intellectual disability or autism spectrum disorder, the disability manifested prior to the age of 9, and the disability is likely to continue indefinitely;
2. The child is 8 years of age or younger;

3. The child must have substantial adaptive skill deficits in three or more areas of major life activity based on a standardized assessment of adaptive functioning; and
4. The child must be recommended for an ICF/ORC level of care based on a medical evaluation.

The following must be present to document a diagnosis of a developmental disability and need for ICF/ORC level of care:

1. A licensed psychologist, certified school psychologist, licensed physician, including a developmental pediatrician or psychiatrist, licensed physician assistant or certified registered nurse practitioner must certify that the child has a developmental disability as defined above, which is documented by the results of a diagnostic tool.⁸
2. A QDDP who meets the criteria established in 42 CFR § 483.430(a) and the ID/A Waivers must certify that the child has impairments in adaptive functioning based on the results of a standardized assessment of adaptive functioning.⁹ The assessment must show that the child has substantial adaptive skill deficits in three or more of the following areas of major life activity:
 - Self-care;
 - Understanding and use of language;
 - Learning;
 - Mobility;
 - Self-direction; and
 - Capacity for independent living.
3. The child is 8 years of age or younger.
4. Documentation of a current medical evaluation performed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner that indicates that the child is recommended for ICF/ORC level of care, or an MA 51 form completed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner that documents that the child is recommended for an ICF/ORC level of care.

Children determined to have a developmental disability prior to the age of 9 must be re-evaluated annually and their continued level of care eligibility must be based on a diagnosis of either intellectual disability or autism spectrum disorder by age 9 (Please see Section 2: Annual ICF/ID or ICF/ORC Level of Care Re-Evaluation Process for more information on re-evaluation).

If the child does not have documentation of the results of the diagnostic tool(s) and assessment or a standardized assessment of adaptive functioning, the AE shall provide the

⁸ A diagnosis of Global Developmental Delay meets the criteria for children 4 years of age or younger.

⁹ An example of a standardized assessment of adaptive functioning is the Adaptive Behavior Assessment System-III© (Copyright 2015, Pearson) or the Vineland Adaptive Behavior Scales© (Copyright 1986, Pearson). The AE must have the ability to score the standardized assessment of adaptive functioning. Please refer to Attachment 1 for Interpretive Guidelines for Standardized Assessments.

child's parent or guardian with a list of resources that can assist them with obtaining the necessary assessments. If it is unclear from existing documentation if a child has substantial adaptive skill deficits in three or more areas of major life activity, the AE shall assist the child's parent or guardian with obtaining a second review of existing documentation to receive a second opinion.

D. Initial ICF/ORC Level of Care Evaluation for an Individual Who is 21 Years of Age or Younger with a Medically Complex Condition

There are four fundamental criteria that must be met prior to a child or young adult with a medically complex condition being determined eligible for an ICF/ORC level of care:

1. The child or young adult must have a medically complex condition, defined as one or more chronic health conditions that meet both of the following:
 - (a) cumulatively affect three or more organ systems; and
 - (b) require medically necessary nursing intervention to execute medical regimens to use technology for respiration, nutrition, medication administration, or other bodily functions;
2. The child or young adult is 21 years of age or younger;
3. The child or young adult must have substantial adaptive skills deficits in three or more areas of major life activity based on a standardized assessment of adaptive functioning; and
4. The child or young adult must be recommended for an ICF/ORC level of care based on a medical evaluation.

The following must be present to document a diagnosis of a medically complex condition and need for ICF/ORC level of care:

1. A licensed physician, including a developmental pediatrician, licensed physician assistant, or certified registered nurse practitioner must certify that the child or young adult has a medically complex condition, as defined above. The professional who certifies that a child or young adult has a medically complex condition must document that the child or young adult has a medically complex condition on form [DP 1090](#).
2. A QDDP must certify that the child or young adult has impairments in adaptive functioning based on the results of a standardized assessment of adaptive functioning.¹⁰ The assessment must show that the child or young adult has a significant limitation in meeting the standards of maturation, learning, personal independence, or social responsibility of the individual's age and cultural group. The assessment must show that the child or young adult has substantial adaptive skill deficits in three or more of the following areas of major life activity:
 - Self-care;

¹⁰ An example of a standardized assessment of adaptive functioning is the Adaptive Behavior Assessment System-III© (Copyright 2015, Pearson) or the Vineland Adaptive Behavior Scales© (Copyright 1986, Pearson). The AE must have the ability to score the standardized assessment of adaptive functioning. Please refer to Attachment 1 for Interpretive Guidelines for Standardized Assessments.

- Understanding and use of language;
- Learning;
- Mobility;
- Self-direction; and
- Capacity for independent living.

3. The child or young adult is 21 years of age or younger.

4. Documentation of a current medical evaluation performed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner that indicates that the child or young adult is recommended for ICF/ORC level of care, or an MA 51 form completed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner that documents that the child or young adult is recommended for an ICF/ORC level of care. Both a DP 1090 and an MA 51 or medical evaluation is required.

If the child or young adult does not have documentation of the results of the diagnostic tool(s) and assessment or a standardized assessment of adaptive functioning, the AE will provide the young adult or the child's parent or guardian with a list of resources that can assist them with obtaining the necessary assessments. If it is unclear from existing documentation if a child or young adult has substantial adaptive skill deficits in three or more areas of major life activity, the AE should assist the young adult or the child's parent or guardian with obtaining a second review of existing documentation to receive a second opinion.

E. Determination of Onset Prior to Age 22

If an individual is age 22 or older and does not have records that verify the individual meets the level of care requirements for an ICF/ID or ICF/ORC or prior testing records, clinical judgment may be used to determine whether the age of onset of an intellectual disability or autism and impairment in adaptive functioning occurred prior to the individual's 22nd birthday. Necessary testing (that is, intellectual, diagnostic testing and adaptive functioning) is still required to determine an individual's eligibility for Waiver services.

Attempts should be made to gather information to support the determination of whether the onset occurred prior to age 22. This would include contacting the following:

1. Schools the individual attended;
2. Individual's primary care physician/pediatrician; and/or
3. Individual's psychologist or psychiatrist.

If a clinician is relying on their clinical judgement to determine the age of onset, documentation must include a description of how the clinician came to the conclusion that the diagnosis and adaptive skill deficits were present prior to the age of 22.

Individuals who do not have evidence that the onset of an intellectual disability or autism and impairment in adaptive functioning occurred prior to age 22 or clinical judgement cannot be used to determine the age of onset, are not eligible for an ID/A Waiver or the AAW.

ODP's services support individuals with neurodevelopmental disorders. Individuals with neurodevelopmental disorders have a disability which occurred during the developmental period, which is defined as birth through age 21. Individuals who have diagnoses that are primarily associated with a neurocognitive disorder are not eligible for ODP services, including Waiver services.

To ensure accurate and consistent identification of individuals eligible for ODP services the differences between neurodevelopmental and neurocognitive disorders are explained below.

Definitions:

1. Neurodevelopmental Disorders:

- Neurodevelopmental disorders are a group of conditions with onset in the developmental period, defined as before the age of 22.
- These disorders are characterized by developmental deficits that produce impairments in personal, social, academic, or occupational functioning.
- Examples include, but are not limited to, intellectual disabilities and autism spectrum disorders.
- Eligibility for ODP services does not extend to all diagnostic categories that are considered neurodevelopmental disorders as identified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), such as attention deficit/hyperactivity disorder (ADHD) and specific learning disorders.

2. Neurocognitive Disorders:

- Neurocognitive disorders are characterized by acquired deficits in cognitive function that occur after the developmental period, defined as after the age of 22.
- These disorders involve a decline in cognitive abilities such as memory, attention, language, and executive function.
- Examples include, but are not limited to, traumatic brain injury (TBI) where an individual does not also have a diagnosis of intellectual disability or autism spectrum disorder; Alzheimer's disease; other dementia related conditions; polypharmacy-induced cognitive dysfunction; cognitive impairment caused by substance abuse; or medical/mental health conditions resulting in a deterioration of cognitive/developmental functioning.

F. Special Circumstances for Level of Care Evaluation or Re-Evaluations

1. The Standardized General Intelligence Test:

Although all individuals can be evaluated or assessed, testing may not be appropriate for all individuals. Clinicians should attempt to test an individual using a standardized general intelligence test. However, there may be situations where the use of such a test will not be feasible due to the extent of an individual's profound intellectual impairment and the clinician

may exercise their clinical judgement to use a measure which is not currently recognized by ODP as a standardized general intelligence test.

In such cases, the psychological report will need a statement from the clinician explaining their decision as to why they chose not to use a standardized general intelligence test. A written statement from a licensed psychologist, certified school psychologist, or licensed physician, including a developmental pediatrician or psychiatrist, that the individual's inability to be tested is itself a manifestation of significantly sub-average intellectual functioning and can be substituted for the requirement for a standardized general intelligence test.

Also, in situations where the individual manifests serious impairments of adaptive functioning, the burden is on the examiner when certifying sub-average intellectual functioning to avoid misdiagnosis and to rule out such factors as emotional disorder, social conditions, sensory impairment, or other variables which might account for the deficits in adaptive functioning.

2. Individuals Who Lived in an ICF/ID or ICF/ORC:

If an individual who lived in an ICF/ID or an ICF/ORC is seeking to enroll in a Waiver, a standardized general intelligence test and standardized assessment of adaptive functioning is not required to determine the individual's eligibility for services if a utilization review was completed in accordance with 42 CFR Part 456, Subpart F, and dated within 365 days prior to the AE's or County Program's determination of need for ICF/ID or ICF/ORC level of care.

3. Resources to Obtain a Standardized General Intelligence Test or a Standardized Assessment of Adaptive Functioning:

If the individual does not have documentation of a standardized general intelligence test and/or a standardized assessment of adaptive functioning, the AE will provide the individual with a list of resources that can assist the individual with obtaining the necessary test and/or assessment.

G. Notification of Results of Review

The AE is responsible for completing form DP 250, *Certification of Need for ICF/ID or ICF/ORC Level of Care* and notifying the individual or surrogate, as appropriate, of the results of the evaluation for ICF/ID or ICF/ORC level of care.¹¹

Section 2: Annual ICF/ID or ICF/ORC Level of Care Re-Evaluation Process

To continue to qualify for services provided through the ID/A Waivers, an individual's need for an ICF/ID or ICF/ORC level of care must be re-evaluated by the AE annually. The first re-evaluation of need for an ICF/ID or ICF/ORC level of care must occur within 365 days of the

¹¹ Letter templates have been developed and can be found on MyODP.

individual's initial level of care determination, and subsequent re-evaluations are to be made within 365 days of the individual's previous re-evaluation.

Re-evaluation requires the following:

1. Completion of the Supports Intensity Scale – Adult Version® (SIS-A)
2. Completion of an MA 51/medical evaluation within 3 years from the date of the last MA 51 or medical evaluation
3. Completion of the Level of Care Re-Evaluation Tool
4. Determination by a QDDP that the individual continues to require ICF/ID or ICF/ORC level of care as documented in Form DP 251.

ODP requires that the SIS-A assessment tool be used in the re-evaluation process to complete the SIS-A. To conduct the re-evaluation, the QDDP should complete the Level of Care Re-Evaluation Tool that uses the SIS-A scores to determine if the individual continues to require an ICF/ID or ICF/ORC level of care and the DP 251. The Level of Care Re-Evaluation Tool will only use the standard scores indicated in the SIS-A report. The re-evaluation must include a review of the individual's Individual Support Plan (ISP) to validate that the individual is receiving Waiver services through the ID/A Waivers.

The QDDP must recertify that the individual continues to require an ICF/ID or ICF/ORC level of care. Form DP 251, *Annual Recertification of Need for ICF/ID or ICF/ORC Level of Care*, must be used to document the re-evaluation. The DP 251 must be signed by the QDDP, and the AE's signature must be obtained within 365 days of when the AE signed the most recently completed DP 251.

The AE will notify the individual or surrogate and the Supports Coordinator (SC) within 20 calendar days after the DP 251 form is completed and signed. A copy of the completed DP 251 form will be included with the notification letter.

An MA 51 or a medical evaluation must be completed within 3 years from the date of the last MA 51 or medical evaluation for all Waiver participants. The QDDP is responsible for tracking and making sure this requirement is met as part of their Annual Level Of Care Re-Evaluation duties. If the individual is served by a provider that is licensed and the licensing regulations require a more frequent physical examination, the provider must comply with the licensing regulations.

The AE is responsible for making sure that the QDDP's recertification of need for an ICF/ID or ICF/ORC level of care is based on the re-evaluation.

If the SIS-A data does not reflect substantial adaptive skill deficits in three or more areas of major life activities, the QDDP should utilize the initial level of care process as part of the re-evaluation process. **If the QDDP is utilizing the initial level of care process, a new standardized assessment of adaptive functioning¹² must be completed and the AE must**

¹² The AE must have the ability to score the standardized assessment of adaptive functioning. Please refer to Attachment 1 for Interpretive Guidelines for Standardized Assessments.

request a current medical evaluation, including the DP 1090, if the child or young adult has a medically complex condition. For an individual to be eligible for an ID/A Waiver, the current medical evaluation must state that the individual is recommended for ICF/ID or ICF/ORC level of care. The AE must maintain the original *Level of Care Re-Evaluation Tool*. However, a new SIS-A assessment should not be requested.

If an individual does not have a completed SIS-A, the following is required:

- If the individual is 14 years of age older, a SIS-A should be requested through the SC.
- If the individual is 13 years of age or younger, the initial level of care evaluation process (described above) should be used.
- If the individual is 13 years of age and younger and has a medically complex condition , a DP 1090 should be completed.
- If there is an unanticipated emergency, the initial level of care evaluation process should be used and a SIS-A should be requested.

If the AE determines that the individual no longer requires an ICF/ID or ICF/ORC level of care, the AE should complete a PA 1768 form and forward it to the County Assistance Office (CAO). Upon receipt of the PA 1768 form indicating that the individual no longer requires an ICF/ID or ICF/ORC level of care, the CAO will give advance notice to the individual that Waiver services will be discontinued and will provide the individual with a PA 162 notice, which terminates eligibility for Waiver services. A copy of the PA 162 notice will be sent to the individual or surrogate, the AE, and designated provider agencies, if applicable. The AE must communicate to the individual or surrogate that the individual no longer meets the ICF/ID or ICF/ORC level of care requirements and provide the DP 458, *Fair Hearing Request Form*. This letter will be sent to the individual or surrogate and the SC within 20 calendar days after the DP 251 form is completed and signed.

The AE must discontinue Waiver services in the ISP for the individual as of the effective date included in the PA-162 notice from the CAO unless the individual requests a fair hearing within the specified timeframes by completing the *Fair Hearing Request Form*. Waiver services must continue to be provided to an individual who is currently receiving Waiver services pending the results of the fair hearing. More information regarding appeals and fair hearings is contained in ODP Bulletin 00-08-05, *Due Process and Fair Hearing Procedures for Individuals with Intellectual Disability*.

Children Age Eight and Older with a Developmental Disability

Children who are age eight and older and eligible for an ID/A Waiver because they have a developmental disability must be re-evaluated during their 8th year (prior to their 9th birthday) to determine whether they have an intellectual disability diagnosis, autism spectrum disorder diagnosis, or a medically complex condition. If a child has an intellectual disability diagnosis, autism spectrum disorder diagnosis, or a medically complex condition, the child can continue

to receive Waiver services and the AE will issue a DP 251 to indicate continued eligibility for an ID/A Waiver. If the child is no longer eligible for an ID/A Waiver, the AE will refer the individual to other sources for support, such as the Office of Children, Youth and Families; the Office of Mental Health and Substance Abuse Services; or the Office of Long-Term Living, as applicable.

Individuals with Medically Complex Conditions

Individuals who have a medically complex condition need to be re-evaluated prior to their 22nd birthday to determine if they continue to meet the level of care criteria to remain eligible for an ID/A Waiver. If an individual meets the criteria, the individual can continue to receive Waiver services, and the AE will issue a DP 251 to indicate continued eligibility for an ID/A Waiver. If the individual is no longer eligible for an ID/A Waiver or if the individual wants to receive services from another program, the AE will refer the individual to other sources for support such as the Office of Mental Health and Substance Abuse Services or the Office of Long-Term Living, as applicable.

NOTE: An individual needs to be determined eligible and enrolled in an ID/A Waiver prior to the age of 22 when the individual has a medically complex condition. If the individual does not continue to have a medically complex condition, the individual should be re-evaluated for possible eligibility based upon a diagnosis of an intellectual disability or an autism spectrum disorder.

Section 3: Establishing Financial Eligibility for Waiver Services and Medical Assistance (MA)

There may be times where an individual meets the level of care requirements for the ID/A Waivers or the AAW and is offered enrollment in a Waiver, but the individual is not currently receiving MA. To enroll an individual not currently receiving MA benefits in a Waiver, the AE or County MH/ID Program should complete the service delivery preference process, verify the need for ICF/ID or ICF/ORC level of care, and submit the financial application to the CAO.

MA eligibility is determined by the CAO based on the individual's reporting of income and resources for the individual and the individual's spouse, if applicable. The CAO will determine if the individual meets the income and resource limits contained in each of the ID/A Waivers or the AAW that are established in accordance with federal requirements.

Notice of MA Ineligibility for Waiver Services by the CAO

If an individual does not meet the financial requirements to be eligible for MA, the CAO will determine that an individual is ineligible for ID/A Waiver or AAW services and deny the application for enrollment in an ID/A Waiver or AAW. The CAO will notify the individual or surrogate and the AE of the CAO's determination in writing by issuing form PA 162, which includes that a fair hearing can be requested. The CAO's notification will include a statement that the individual did not meet the financial requirements for an ID/A Waiver or the AAW. The CAO will continue to review the individual's application to determine eligibility for other MA

programs. When an application for MA is denied, the AE or County MH/ID Program will provide a list of resources for which the individual may be eligible.

If the CAO determines that an individual who was previously enrolled in an ID/A Waiver or the AAW is no longer financially eligible for an ID/A Waiver or the AAW and, as a result, is no longer eligible to continue to be enrolled in an ID/A Waiver or the AAW, the CAO will send the individual a PA 162 notifying them of this determination.

Section 4: ICF/ID and ICF/ORC Level of Care Determination Conflict of Interest

Certification and re-certification of need for an ICF/ID or ICF/ORC level of care by a QDDP, agency, or individual employed or affiliated with a facility who has a conflict of interest is not allowed. The AE is responsible to ensure that no conflict of interest exists in the eligibility determination process.

Certification and re-certification by AE staff of an individual's need for an ICF/ID or ICF/ORC level of care is acceptable as long as the staff is not directly involved in the provision of services to the individual. Certification and re-certification of ICF/ID or ICF/ORC level of care will not be accepted from:

1. A QDDP employed or affiliated with an ICF/ID, ICF/ORC, or nursing facility from which an individual is being referred or discharged.
2. A QDDP employed or affiliated with an agency that provides or may provide Waiver-funded services to the individual.

AEs may contract with another agency or independent professional who meets the criteria established in 42 CFR § 483.430(a) to obtain a QDDP certification of need for an ICF/ID or ICF/ORC level of care to ensure a conflict-free determination.

Additional Resources

Additional resources to assist with the evaluation and re-evaluation of HCBS eligibility for services and supports are available on MyODP.org at the following link:

<https://www.myodp.org/mod/page/view.php?id=23652>

ATTACHMENTS:

Attachment 1: Common Intelligence Measures and Interpretive Guidelines for Standardized Assessments

OBSOLETE BULLETINS:

Office of Developmental Programs 00-19-04, *Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers*