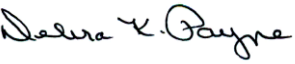
	<p style="text-align: center;">POLICIES AND PROCEDURES State of Tennessee Department of Intellectual and Developmental Disabilities</p>	Policy #: 80.3.2	Page 1 of 3
		Effective Date: February 10, 2016	
		Distribution: B	
Policy Type: Community/Waiver		Supersedes: P-016 (12/3/08)	
<p>Approved by: </p> <p style="text-align: center;">Debra K. Payne, Commissioner</p>	Last Review or Revision: October 8, 2015		
	Subject: LEVEL OF CARE REEVALUATIONS		

- I. **AUTHORITY:** Tennessee Code Annotated Section (TCA) 4-3-2708, TCA 33-1-302(a), TCA 33-1-303, TCA 33-5-105-106, TCA 33-5-111, TennCare Rules 1200-13-01-.15 and Medicaid Home and Community Based Services Waiver.
  
- II. **PURPOSE:** This policy outlines the process for performing annual level of care reevaluations to ensure consistent application of the Medicaid level of care criteria for continuation of services through a Home and Community Based Services (HCBS) waiver.
  
- III. **APPLICABILITY:** This policy applies to Independent Support Coordinators (ISC) and Case Managers responsible for ensuring annual reevaluation of level of care occurs and to those people (e.g., qualified intellectual disabilities professionals, registered nurses, or physicians) responsible for performing annual level of care reevaluations for continuation of services through a HCBS waiver.
  
- IV. **DEFINITIONS:**
  - A. **Home and Community Based Services (HCBS) Waiver or Waiver** shall mean a waiver approved for Tennessee by the Centers for Medicare and Medicaid Services to provide services to a specified number of Medicaid eligible people who have an intellectual disability and who meet Medicaid criteria for reimbursement in an Intermediate Care Facility for People with Intellectual Disabilities (ICF/IID). The HCBS waivers for people with Intellectual Disabilities in Tennessee are operated by the Department of Intellectual Disabilities with oversight from TennCare, the State Medicaid Agency.
  
  - B. **Pre-Admission Evaluation (PAE)** shall mean the Medicaid data collection form used to document that the person supported meets the initial level of care criteria for reimbursement of services through a HCBS waiver, an ICF/IID, or a nursing facility.
  
  - C. **Qualified Intellectual Disabilities Professional (QIDP)** shall mean a Qualified Intellectual Disabilities Professional as defined in 42 CFR 483.430.

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V. **POLICY:** In order for persons supported to continue to receive services through a HCBS waiver program, an annual reevaluation must be performed to ensure that the person supported continues to meet ICF/IID level of care. This policy describes the process for annual re-evaluation of level of care for ongoing HCBS waiver services.

VI. **PROCEDURES:**

- A. The ISC/CM shall ensure completion of processes required for a person to remain medically eligible for HCBS services. The ISC/CM shall initiate and oversee at least annual re-evaluation of the person's need for ICF/IID level of care services. ISC agencies may be sanctioned by DIDD for failing to timely submit the documents that are required for re-evaluation of the person's need for ICF/IID services.
- B. The reevaluation shall be performed by one of the following individuals:
  1. Qualified Intellectual Disabilities Professional
  2. Registered nurse
  3. Physician
- C. The annual level of care evaluation shall be performed in accordance with the guidelines listed in Appendix A. Guidelines for Performing Level of Care Re-evaluations. The reevaluation shall determine whether the person continues to meet all of the four Medicaid level of care criteria listed below.
  1. The person supported needs the level of care being provided and would, but for the provision of waiver services, otherwise be institutionalized in an ICF/ID.
  2. The person supported requires services to enhance functional ability or to prevent or delay the deterioration or loss of functional ability.
  3. The person supported has a significant deficit or impairment in adaptive functioning involving communication, comprehension, behavior or activities of daily living (i.e., toileting, bathing, eating, dressing/grooming, transfer, or mobility).
  4. The person supported requires a program of specialized supports and services provided under the supervision of a Qualified Intellectual Disabilities Professional.

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- D. The outcome of the evaluation shall be documented on Appendix B. Home and Community Based Waiver Annual Re-evaluation of Level of Care. A copy shall be maintained in the person's comprehensive record.
- E. If the person supported is determined not to meet one or more of the level of care criteria for continuation of services through a HCBS waiver, the person performing the reevaluation shall notify the DIDD Regional Director or designee within 1 business day so that appropriate action can be taken.

**VII. CQL STANDARDS:** 2g

**VIII. REVISION HISTORY:** October 8, 2015

**IX. TENNCARE APPROVAL:** December 18, 2015

**X. ATTACHMENTS:**

- A. Appendix A. Guidelines for Performing Level of Care Re-evaluations (DIDD-0609)
- B. Appendix B. Home and Community Based Waiver Annual Re-evaluation of Level of Care Form (DIDD-0609)