

Protocol for Level of Care Re-Evaluation for NOW/COMP Waiver Services

The following outlines the protocol for the Level of Care Re-Evaluation for NOW/COMP waiver services.

1. **Level of Care Re-Evaluation Form:** The Level of Care (LOC) Re-Evaluation form will be used for annual LOC re-certification, regardless of age, for individuals in the NOW and COMP Waiver Programs as well as those who reside in ICF-ID facilities. The initial level of care evaluations for individuals entering the NOW and COMP Waiver Programs will continue to require the DMA-6 for individuals 19 years and older and the DMA-6A for individuals 18 years and under.
2. **Completion of Level of Care Re-Evaluation Form:** Completion of the Level of Care Re-Evaluation form occurs as follows:
 - a. **Home and Community Based Waiver Level of Care Re-Evaluation:** The individual's Support Coordinator completes the Level of Care Re-Evaluation form for the individual receiving NOW/COMP waiver services (see Attachment A). The Support Coordinator completes the form in accordance with the Instructions for Completing the Level of Care Re-Evaluation Form (see Attachment B). The Support Coordinator ensures the form is signed by the individual or the individual's representative as indicated in Attachment B. The Support Coordinator signs and dates the completed form, and then forwards the completed form, the Individual Service Plan (ISP) and any accompanying assessment updates to the DBHDD Regional Office. The Support Coordinator must forward the completed Level of Care Re-Evaluation form and accompanying documents to the DBHDD Regional Office no later than 30 calendar days prior to expiration of the individual's previously approved level of care. The Support Coordinator provides written notification to the provider(s) of the submission of the form to the DBHDD Regional Office.
 - b. **ICF/ID Facility Level of Care Re-Evaluation:** The facility RN completes the Level of Care Re-Evaluation form for the individual residing in an ICF/ID facility (see Attachment A). The facility RN completes the form in accordance with the Instructions for Completing the Level of Care Re-Evaluation Form (see Attachment B). The facility RN signs and dates the completed form, and then forwards the completed form, the current individualized program plan, and any accompanying assessment updates to the DBHDD Regional Office no later than 30 calendar days prior to expiration of the individual's previously approved level of care.
3. **Support Coordinator Signature Requirements:** The signature of the NOW/COMP waiver participant's support coordinator on the Level of Care Re-Evaluation form for re-evaluations of level of care must be no more than 30 calendar days prior to the LOC approval date. The LOC approval date is the date the Regional Level of Care (LOC) RN signs the form. This Regional LOC RN signature establishes the clinical order for the waiver services.

4. **Regional Level of Care RN Review:** The Regional Level of Care RN reviews the Level of Care Re-Evaluation form, the ISP or the facility's individualized program plan, and any accompanying assessment updates to determine whether the individual continues to meet the level of care requirement. The Regional LOC RN will not approve any level of care re-evaluation until all required documents submitted for approval are complete. Any Individual Service Plan with significant issues (e.g., issues that place the person at imminent risk, goals not matching the budget, major portions of ISP being blank, etc.) is not considered to be complete. If only minor corrections or changes are needed in the ISP, the Regional LOC RN may approve the level of care re-evaluation.
5. **Level of Care RN Signature Requirements:** The signature of Regional Level of Care RN must be within 20 calendar days of receipt of the Level of Care Re-Evaluation Form but no later than five (5) business days prior to the expiration of the individual's previously approved level of care.
6. **Level of Care Approval Requirements:** Each individual receiving NOW/COMP services or residing in an ICF/ID facility must have a LOC annual re-certification approved by the DBHDD Regional Office. The approved LOC annual re-certification (the Level of Care Re-Evaluation form signed by the Regional LOC RN) is uploaded to the DBHDD web based system so that all providers have access.
7. **Level of Care Re-Evaluation Approval Period:** The Level of Care Re-Evaluation Approval Period is the dates of the annual Individual Service Plan (birth date to birth date).
8. **Copy of Level of Care Re-Evaluation Forms:** Each enrolled NOW/COMP waiver provider service type must maintain a copy of the current and approved Level of Care Re-Evaluation forms covering all periods of services rendered, in the participant's record.

Example of Protocol Implementation: The individual's current Level of Care approval expires April 1, 2013. The individual's Support Coordinator forwards the completed Level of Care Re-Evaluation Form, Individual Service Plan, and updated assessments to the DBHDD Regional Office, on February 10, 2013. The Support Coordinator provides written notification to the provider of the submission of the form to the DBHDD Regional Office on February 10, 2013. The Regional Level of Care RN reviews and determines to re-certify level of care in February, and signs the Level of Care Re-Evaluation Form on February 28, 2013 and specifies the Approval Period as April 1, 2013 – March 31, 2014.