



Department of Behavioral Health and Developmental Disabilities,
Division of Developmental Disabilities

NOW and COMP Part II Waiver Policy Changes

Level of Care Re-Evaluation

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Objectives

- ▶ Know how to complete each component of the Level of Care (LOC) Re-Evaluation Form (DMA-7)
- ▶ Understand protocol timelines for DMA-7 submission, review, and approval
- ▶ Be familiar with NOW and COMP waiver policies on LOC re-evaluation



Level of Care (LOC) Re-Evaluation

Chapter 700, Sections 707 and 708

- ▶ Continues DMA 6 use for initial LOC determination
- ▶ Replaces DMA 6 with new form for LOC re-evaluations, the DMA-7
- ▶ Re-evaluates LOC based on disability conditions and major life activities



Level of Care (LOC) Re-Evaluation

Chapter 700, Sections 707 and 708

- ▶ Specifies policies for these re-evaluations
 - Support coordinator (SC) submits completed form to region
 - SC and participant/representative signs form
 - Regional LOC RN reviews/approves
 - SC's signs no more than 30 days prior to LOC approval date
 - Approval period: annual Individual Service Plan dates (birth date to birth date)
- ▶ Establishes new form (part of Appendix C)



Level of Care (LOC) Re-Evaluation



- ▶ April 1, 2013 NOW/COMP policy will include form with a few revisions
- ▶ Title of form will read “Level of Care Re-Evaluation for ICF/ID”
- ▶ Form will have a line for Facility RN signature and date
- ▶ Form will be assigned DMA form number as DMA-7

Level of Care (LOC) Re-Evaluation

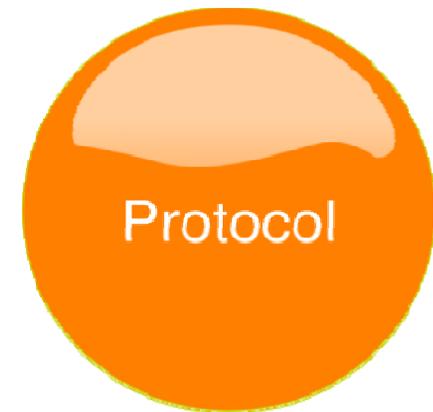
New Form, Instructions, and Protocol

- ▶ Form, Instructions, and Protocol to be available on the web
- ▶ Review of LOC Re-Evaluation Form, Instructions, and Protocol
 - Level of Care Eligibility
 - Signature Requirements
 - Accompanying Documents



Protocol for LOC Re-Evaluation

- ▶ DMA-7 will be used for annual LOC re-certification, regardless of age
- ▶ DMA-6 is used for initial LOC evaluations for individuals 19 years and older.
- ▶ DMA-6A is used for initial LOC evaluations for individuals 18 years and under.



NOW and COMP Waiver LOC Re-Evaluation

The individual's Support Coordinator

- ▶ Completes, signs, and dates the DMA-7
- ▶ Assures signature by individual/representative
- ▶ Forwards DMA-7, Individual Service Plan, and any assessment updates to Regional Office
- ▶ Submits documents no later than 30 calendar days prior to expiration of individual's LOC
- ▶ Notifies provider in writing of DMA-7 submission



NOW and COMP Waiver LOC Re-Evaluation

- ▶ Support Coordinator Signature on DMA-7 must be no more than 30 calendar days prior to LOC approval date
- ▶ LOC approval date is the date LOC RN signs form



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ICF/ID Facility LOC Re-Evaluation

The Facility RN



- ▶ Signs and completes the DMA-7
- ▶ Forwards DMA-7, individualized program plan, and any assessment updates to Regional Office
- ▶ Submits documents no later than 30 calendar days prior to expiration of individual's LOC

Regional Level of Care RN Review

Regional Level of Care RN



- ▶ Reviews the DMA-7, the ISP or IPP, and any updated assessments
- ▶ Does not approve the DMA-7 unless all required documents submitted
- ▶ Does not approve the DMA-7 when ISP has significant issues
- ▶ Does not approve the DMA-7 if incomplete

LOC RN Signature Requirements

LOC RN Signature

- ▶ Must be within 20 calendar days of receipt of DMA-7
- ▶ Be no later than 5 business days prior to expiration of individual's LOC



LOC Approval Requirements

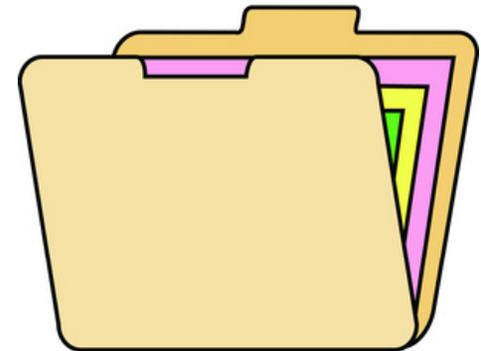
Each individual receiving NOW/COMP services or residing in ICF/ID

- Must have a LOC annual re-certification approved by the DBHDD Regional Office
- Have approved LOC annual re-certification uploaded to DBHDD web based system



Level of Care Re-Evaluation

- ▶ LOC Re-Evaluation Approval Period is dates of annual ISP or IPP (birth date to birth date)
- ▶ Each enrolled NOW/COMP waiver provider type must maintain a copy of the current and approved LOC Re-Evaluation forms covering all periods of services rendered in the individual's record



Example of Protocol Implementation

- ▶ Current LOC expires May 1, 2013
- ▶ Support Coordinator submits DMA-7 and other documents to Regional Office on March 10, 2013
- ▶ Support Coordinator notifies provider(s) in writing of DMA-7 submission on March 10, 2013
- ▶ LOC RN reviews and re-certifies on March 18, 2013
- ▶ LOC RN specifies the Approval Period of May 1, 2013 – April 30, 2014



example

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LOC Re-Evaluation Form

- ▶ DMA-7 form has several sections
- ▶ DMA-7 instructions describe requirements of each section



LOC Re-Evaluation Form (DMA-7)

NAME:	SS#	Region
Support Plan Effective Date:		

LOC Re-Evaluation Form (DMA-7)

Level of Care Eligibility: The individual meets one of the following criteria and is eligible to receive the services provided in an ICF/ID. Check the criteria that are met.

	The individual's disability is intellectual disability.
	The individual is eligible under the category of Other Closely Related Condition.

LOC Re-Evaluation Form (DMA-7)

Please check all that Apply:			
	Disability Conditions		Major Life Activities
	Ambulation Deficits		Self Care
	Sensory Deficits		Understanding and Use of Language
	Chronic Health Problems		Learning
	Behavior Problems		Mobility
	Autism		Self Direction
	Cerebral Palsy		Capacity for Independent Living
	Epilepsy		
	Spina Bifida		
	Prader-Willi Syndrome		
	Other _____ _____		

LOC Re-Evaluation Form (DMA-7)

Medicaid Eligibility:

Individual has a current Medicaid Number. Medicaid # is _____

LOC Re-Evaluation Form (DMA-7)

Eligibility Determination: Check the correct statement:	
<input type="checkbox"/>	Individual has met Level of Care Eligibility (1) has a Medicaid number (2) and is eligible for Waiver Services.
<input type="checkbox"/>	Individual has not met the Level of Care Eligibility and is not eligible for Waiver Services.
<input type="checkbox"/>	Individual is in an ICF-ID and was referred for Medicaid eligibility on _____ Date The result was: Eligible ____ Ineligible ____ Date of Determination _____

LOC Re-Evaluation Form (DMA-7)

Home and Community Based Waiver Level of Care Re-Evaluation (if applicable)

- ✓ Support Coordinator signs the Level of Care Re-Evaluation
- ✓ LOC Nurse with the Regional Intake and Evaluation Team signs the Level of Care Re-Evaluation

Support Coordinator:

Date:

Regional Level of Care RN Signature:

Date:

Approval Period:

LOC Re-Evaluation Form (DMA-7)

ICF-ID Facility Level of Care Re-Evaluation (if applicable)

✓ Facility RN and Regional LOC RN sign the Level of Care Re-Evaluation

Facility RN Signature:

Date:

Regional Level of Care RN Signature:

Date:

Approval Period:

LOC Re-Evaluation Form (DMA-7)

Individual/Representative Signatures:

- ✓ **This section is only completed for individuals residing in the community**

It is the policy of the State of that services are delivered in the least restrictive manner that addresses the service needs of the individual while enhancing the promotion of social integration. Further, it is the policy of the State to recognize the recipient's full citizenship and individual dignity; providing safeguards to protect rights, health and the welfare of recipients.

I have been offered waiver services and choose to receive community based supports and services. I understand that I have a choice of enrolled providers.

Individual Signature:

Date

Representative (if applicable):

Date:

Questions?

