

## Level of Care Determination

### Instructions

The purpose of this assessment is to determine a person's medical eligibility for the Medicaid Autism Waiver. This form is used to quantify the determination of a child with autism's eligibility for an intermediate care facility for the mentally retarded or persons with related conditions. A licensed psychologist or certified school psychologist is to sign this form, as well as the chair of the child's multidisciplinary team.

The form is designed to determine the level of support a person requires in order to be safely maintained in the community. While the child's functional capacities and maladaptive behaviors are rated, the score in each domain is the total of the level of interventions required to address the child's limitations.

**Substantial need in two of three domains:**

- **basic activities of daily living,**
  - **functional activities of daily living, and**
  - **maladaptive behaviors,**
- warrants significant supervision and continuous active treatment to address functional limitations in the areas of major life activities.**

The assessor is to include input from the multidisciplinary team members, which includes the child's parents, in completing the form. Return the completed, signed form to the applicant's service coordinator, who will send it with the other required forms to the Maryland State Department of Education (MSDE).

Complete the demographic data on the first page. Unless other instructions are specified, circle the number for the appropriate response.

## Activities of Daily Living (ADLs), both Basic and Functional

### Client Functional Capacity

Evaluate child's current level of functioning **compared with age norm**. Address each activity. If child independently uses adaptive equipment, evaluate functioning with prescribed equipment.

<b>0= Independent or N/A</b>	Person is physically and cognitively able to <u>safely</u> perform all essential components of the function <b>that are expected at this age</b> .
<b>1= Mild</b>	Some disability, functional limitations can be accommodated.
<b>2= Moderate</b>	Person is unable to perform most of the essential components of the function; not reaching age appropriate milestones.
<b>3= Severe</b>	Person not making strides toward accomplishing activity.
<b>4= Profound</b>	Person is totally unable to perform the function.

### Client Functioning

This section links the functional capacity with the intensity of support. If the child has a significant impairment in an activity of daily living or life skill area, briefly comment, if necessary. How is the child supported or how are the child's needs met, if the child is unable to meet them independently?

### Intensity of Support

This section demonstrates, based on the child's functional limitation, the frequency and intensity of support necessary to reasonably meet the child's needs in each activity of daily living or specific life area. Major factors to consider in this determination are safety and community living. Each score should be supported or substantiated by the client's functional capacity. Calculate the total score of each domain and enter the total in the box. The score in each domain is the total of the level of intensity of support required. Transcribe total to appropriate box on determination page (page 5 of form).

<b>0= None</b>	No support from another person is needed.
<b>1= Consultation</b>	Child receives or needs professional support; responds to cues.
<b>2= Intermittent weekly</b>	Requires weekly professional consultation/care to address limitations or level of functioning; condition changes; responsiveness unpredictable.
<b>3= Intermittent daily</b>	Requires daily professional consultation/care to address limitations or level of functioning; condition changes; responsiveness unpredictable.
<b>4= Supervision &gt;50%</b>	Limitations requires supervision more than 50% of the time to keep child safe and functioning.
<b>5= 1:1 Supervision</b>	Manifestations of disability threaten child's or other's health; child requires <b>100%</b> continuous intervention/ supervision to successfully and safely perform the activity.

### Maladaptive Behaviors

#### Frequency

Describe the frequency of occurrence of each of the listed behaviors as follows:

- |                        |  |
|------------------------|--|
| <b>0= Never</b>        | Behavior has not been observed or reported for this person.                              |
| <b>1= Infrequently</b> | Behavior reported, possibly never observed.  |
| <b>2= Sometimes</b>    | Behavior observed or reported but not on a regular basis.                                |
| <b>3= Frequently</b>   | Behavior happens regularly; plan is in place to address behavior.                        |
| <b>4= Continuously</b> | Behavior happens despite interventions; plan to address behavior is frequently adjusted. |

#### Intensity of Behavior

- |                    |   |
|--------------------|---|
| <b>0= N/A</b>      | Behavior has not been observed or reported for this person.   |
| <b>1= Mild</b>     | Behavior noted; parent/caregiver not concerned with the behavior.   |
| <b>2= Moderate</b> | Behavior interferes with person's activities of daily/ community living.  |
| <b>3= Severe</b>   | Behavior causes concern for person's, or other's, safety. It interferes extensively with person's activities of daily community living. |
| <b>4= Profound</b> | Behavior has caused injury to person or others. It debilitates person and is not expected to resolve without intervention.              |

#### Interventions

Circle level of intervention required in order to keep person and others safe and the person able to function. For each maladaptive behavior noted, score the level of appropriate intervention. The score in each domain is the total of the level of intensity of support required to address each noted behavior. Calculate the total score of this domain and enter the total in the box. Transcribe total to appropriate box on determination page (page 5 of form).

- |                               |   |
|-------------------------------|---|
| <b>0= None</b>                | No support from another person is needed.   |
| <b>1= Consultation</b>        | Child receives or needs professional support; responds to cues.   |
| <b>2= Intermittent weekly</b> | Requires weekly professional consultation/care to address limitations or level of functioning; condition changes; responsiveness unpredictable.           |
| <b>3= Intermittent daily</b>  | Requires daily professional consultation/care to address limitations or level of functioning; condition changes; responsiveness unpredictable.            |
| <b>4= Supervision &gt;50%</b> | Limitations requires supervision more than 50% of the time to keep child safe and functioning.  |
| <b>5= 1:1 Supervision</b>     | Manifestations of disability threaten child's or other's health; child requires <b>100%</b> continuous intervention/ supervision to keep all people safe. |
| <b>6=Removed from peers</b>   | Behavior threatens self or other's; behavior explosive and unpredictable, requires time out.  |

### History

Based on objective and subjective data, describe significant concerns or findings in each area. The purpose of this section is to report historical effects of child's autism and other conditions on his/her need for community or institutional support. Consider findings when making final determination.

<b>Current Services</b>
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From IFSP or IEP, note which of the services the child currently receives through the school or Early Intervention program. From the parent, note services the child receives from other sources. This helps to substantiate the level of intensity of need for the child.
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### Determination of Eligibility for Level of Care

This page comprises three parts: **verification** that child is developmentally disabled, **determination** that child meets the level of care criteria for institutionalization in an ICF-MR, and **signatures** of the evaluating psychologist and the chair of the multidisciplinary team.

#### Verification of disability

To make the determination of developmental disability and medical eligibility for this program, the assessor attests that:

- (a) the child has a severe, chronic disability that is attributable to autism spectrum disorder as defined in DSM-IV as 299.00 Autistic Disorder or 299.80 PDD, NOS (Atypical Autism);
- (b) the condition manifested before age 22;
- (c) the condition is likely to continue indefinitely; **and**
- (d) the condition results in substantial functional limitations in the areas of major life activities.

These limitations are quantified on pages 1-4 of this tool, and the limitations significantly affect the child's safety and well-being. Without specific interventions and significant support and supervision, the child would require the level of care provided in an intermediate care facility for the mentally retarded or persons with related conditions (ICF-MR).

<b>Scoring of Domains</b>	
• Basic Activities Of Daily Living	minimum score of 24= <b>Substantial need</b>
• Functional Activities Of Daily Living	minimum score of 63= <b>Substantial need</b>
• Maladaptive Behaviors	minimum score of 54= <b>Substantial need</b>

**Substantial need in two of the three domains indicates substantial functional limitations and the need for an active treatment program.**

**Note: Scores will vary according to physical size, strength, and other factors. The score should not be affected by normal variations in abilities or activities because of age.**

#### **Determination**

Fill in the child's name. If child scores higher than minimum score in 2 of the 3 domains, check that child is certified for level of care in an ICF-MR.

If found not eligible, provide brief explanation of findings.

#### **Signatures**

Check appropriate box to indicate type of psychologist (licensed or certified school) making the assessment. Print name, sign, and date. Return completed form to the child's service coordinator for the Autism Waiver.