CHAPTER 511 INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)

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CHAPTER 511 INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)

BACKGROUND

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) are part of the long term care continuum that provides care for individuals with intellectual disabilities and/or related conditions. The services provided are based on each member's needs, which vary according to age and level of intellectual disability and/or developmental disabilities. In order for a facility to participate in the program, it must meet federal and state standards in the areas of member protection, facility staffing, active treatment, member behavior, health care services, physical environment, and dietetic services. ICF/IID services in West Virginia are provided in small facilities throughout the state. Commonly, four to eight members reside in each ICF/IID.

PROVIDER ENROLLMENT AND PARTICIPATION REQUIREMENTS

511.1 PROVIDER PARTICIPATION REQUIREMENTS

In addition to the provider requirements as set forth in *Chapter 300, Provider Participation Requirements*, the ICF/IID provider agencies must:

- Meet and maintain the standards established by the Secretary of the U.S. Department of Health and Human Services (DHHS), and all applicable Federal laws governing the provision of these services. This includes but is not limited to the Code of Federal Regulations (CFR) and Federal Survey Procedures and Interpretative Guidelines for ICF/IID.
- Be in compliance with all applicable state and local laws and regulations affecting the health and safety of the individuals, including fire prevention, building codes, sanitation, medical practice acts, nurse practice acts, laws governing the procurement, storage, packaging, administration and accounting for drugs and other supplies, laws licensing professional clinical staff; communicable and reportable diseases, postmortem procedures, and all other applicable laws and regulations.
- Be certified by the Department of Health and Human Resources (DHHR) Office of Health Facilities Licensure and Certification, (OHFLAC) as meeting the requirement of an ICF/IID and in compliance with relevant State and Federal Regulations. The ICF/IID must maintain standards necessary for licensure and certification. Reviews will be conducted at a minimum annually by OHFLAC. After completion of a certification survey, OHFLAC will report any deficiencies found during the survey to the ICF/IID provider and to BMS.
- Be responsible for the development and implementation of a plan of correction for any identified deficiency.

511.1.1 Documentation and Record Retention Requirements

An ICF/IID must comply with the documentation and maintenance of records requirements described in *Chapter 100, General Administration and Information* and *Chapter 300, Provider Participation Requirements*. In addition to the documentation requirements described in that chapter, the following requirements also apply to payment of ICF/IID services:

- Maintain all required documentation for at least five years in the provider's file subject to review by authorized OHFLAC personnel, BMS personnel, or contracted agents.
- Ensure that all required documentation is maintained by the provider on behalf of the State of West Virginia and is accessible for State and Federal audits.
- Ensure that all documentation meets standards before the claim is submitted for payment.

511.1.1.1 Member Records

Each ICF/IID must:

- Develop and implement policies and procedures governing the release of member information, including consents necessary from the member, or parents (if the member is a minor) or legal guardian.
- Develop and maintain a record-keeping system that includes a separate record for each member and documents the member's health care, active treatment, social information, and protection of the member's rights.
- Keep confidential all information contained in the members' records, regardless of the form or storage method of the records.
- Use data relative to accomplishment of the criteria specified in the member's Individual Program Plan objectives to document progress in measurable terms. Data must be collected in the form and frequency required by the plan. Data must accurately reflect the member's actual individual performance.
- Legibly document, date and sign significant events that are related to the member's Individual Program Plan and assessments that contribute to an overall understanding of the member's ongoing level and quality of functioning.
- Maintain required documentation that includes, but is not limited to, the member's functional status, health condition, accomplishments, activities, or needs which affect the Comprehensive Functional Assessment, Individual Program Plan/Individual Service Plan, and Individual Habilitation Plan. It also includes any occurrence(s) inside or outside the ICF/IID which provides information about the member's interactions, responses, progress, or problems beyond the specific parameters of the Individual Program Plan.
- Provide a legend to explain any symbol or abbreviation used in a member's record.
- Provide each identified residential living unit with appropriate aspects of each member's record.
- Keep an up-to-date picture of the member in the record.
- Maintain records so that they comply with HIPAA regulations.

Providers that wish to computerize any of the DD-1 through DD-5 forms utilized by the ICF/IID program may do so, however, all basic components must be included, and the name/number indicated on the form.

511.1.1.2 Personnel Records

Written job descriptions shall be developed for each category of personnel, to include qualifications, line of authority, and specific duty assignments.

Current employee records shall be maintained and shall include:

- A resume of each employee's training and experience
- Evidence of required licensure, certification and/or registration
- Evidence of education
- Records of in-service training and continuing education, such as but not limited to training in recognizing and reporting abuse and neglect.
- Documentation that staff has received training as needed for their specific position as outlined in Federal Code of Regulations and the Federal Survey Procedures and Interpretative Guidelines for ICF/IID.
- Documentation that the employee has had a Fingerprint-Based Background Checks as described below.

511.1.2 Criminal Background Checks

511.1.2.1 Pre-Screening

All direct access personnel will be prescreened for negative findings by way of an internet search of registries and licensure databases through the Department's designated website, WV Clearance for Access: Registry & Employment Screening (WV CARES).

"Direct access personnel" is defined as an individual who has direct access by virtue of ownership, employment, engagement, or agreement with a covered provider or covered contractor. Direct access personnel does not include volunteers or students performing irregular or supervised functions, or contractors performing repairs, deliveries, installations or similar services for the covered provider.

If the applicant has a negative finding on any required registry or licensure database, the applicant will be notified, in writing, of such finding. Any applicant with a negative finding on any required registry or licensure database is not eligible to be employed.

Negative findings that would disqualify an applicant in the WV CARES Rule:

1. State or federal health and social services program-related crimes;
2. Patient abuse or neglect;
3. Health care fraud;
4. Felony drug crimes;
5. Crimes against care-dependent or vulnerable individuals;
6. Felony crimes against the person; and
7. Felony crimes against property.

511.1.2.2 Fingerprinting

If the applicant does not have a negative finding in the prescreening process, and the entity or independent health contractor, if applicable, is considering the applicant for employment, the applicant must submit to fingerprinting for a state and federal criminal history record information check and may be employed as a provisional employee not to exceed 60 days subject to the provisions of this policy.

Applicants considered for hire must be notified by the hiring entity that their fingerprints will be retained by the State Police Criminal Identification Bureau and the Federal Bureau of Investigation to allow for updates of criminal history record information according to applicable standards, rules, regulations, or laws.

511.1.2.3 Employment Fitness Determination

After an applicant's fingerprints have been compared with the state and federal criminal history record information, the State Police shall notify WV CARES of the results for the purpose of making an employment fitness determination.

If the review of the criminal history record information reveals the applicant does not have a disqualifying offense, the applicant will receive a fitness determination of "eligible" and may be employed.

If the review of the criminal history record information reveals a conviction of a disqualifying offense, the applicant will receive a fitness determination of "not eligible" and may not be employed, unless a variance has been requested or granted.

The hiring entity will receive written notice of the employment fitness determination. Although fitness determination is provided, no criminal history record information will be disseminated to the applicant or hiring entity.

A copy of the applicant's fitness determination must be maintained in the applicant's personnel file.

511.1.2.4 Provisional Employees

Provisional basis employment for no more than 60 days may occur when:

1. An applicant does not have a negative finding on a required registry or licensure database and the employment fitness determination is pending the criminal history record information; or
2. An applicant has requested a variance of the employment fitness determination and a decision is pending.

All provisional employees shall receive direct on-site supervision by the hiring entity until an eligible fitness determination is received.

The provisional employee, pending the employment fitness determination, must affirm, in a signed statement, that he or she has not committed a disqualifying offense, and acknowledge that a disqualifying offense shall constitute good cause for termination. Provisional employees who have requested a variance shall not be required to sign such a statement.

511.1.2.5 Variance

The applicant, or the hiring entity on the applicant's behalf, may file a written request for a variance of the fitness determination with WV CARES within 30 days of notification of an ineligible fitness determination.

A variance may be granted if mitigating circumstances surrounding the negative finding or disqualifying offense is provided, and it is determined that the individual will not pose a danger or threat to residents or their property.

Mitigating circumstances may include:

1. The passage of time;
2. Extenuating circumstances such as the applicant's age at the time of conviction, substance abuse, or mental health issues;
3. A demonstration of rehabilitation such as character references, employment history, education, and training; and
4. The relevancy of the particular disqualifying information with respect to the type of employment sought.

The applicant and the hiring entity will receive written notification of the variance decision within 60 days of receipt of the request.

511.1.2.6 Appeals

If the applicant believes that his or her criminal history record information within the State of West Virginia is incorrect or incomplete, he or she may challenge the accuracy of such information by writing to the State Police for a personal review.

If the applicant believes that his or her criminal history record information from outside the State of West Virginia is incorrect or incomplete, he or she may appeal the accuracy of such information by contacting the Federal Bureau of Investigation for instructions.

If the purported discrepancies are at the charge or final disposition level, the applicant must address this with the court or arresting agency that submitted the record to the State Police.

The applicant shall not be employed during the appeal process.

511.1.2.7 Responsibility of the Hiring Entity

Monthly registry rechecks – The WV CARES system will provide monthly rechecks of all current employees against the required registries. The hiring entity will receive notification of any potential negative findings. The hiring entity is required to research each finding to determine whether or not the potential match is a negative finding for the employee. The hiring entity must maintain documentation establishing no negative findings for current employees. NOTE: This includes the Office of Inspector General List of Excluded Individuals and Entities (OIG LEIE) check.

511.1.2.8 Record Retention

Documents related to the background checks for all direct access personnel must be maintained by the hiring entity for the duration of their employment. These documents include:

1. Documents establishing that an applicant has no negative findings on registries and licensure databases.
2. The employee's eligible employment fitness determination;
3. Any variance granted by the Secretary, if applicable; and
4. For provisional employees, the hiring entity shall maintain documentation that establishes that the individual meets the qualifications for provisional employment.

Failure of the hiring entity to maintain state and federal background check documentation that all direct access personnel are eligible to work, or employing an applicant or engaging an independent contractor who is ineligible to work may subject the hiring entity to civil money penalties.

511.1.2.9 Change in Employment

If an individual applies for employment at another long term care provider, the applicant is not required to submit to fingerprinting and a criminal background check if:

1. The individual previously submitted to fingerprinting and a full state and federal criminal background check as required by this policy;
2. The prior criminal background check confirmed that the individual did not have a disqualifying offense;
3. The individual received prior approval from the Secretary to work for or with the health care facility or independent health contractor, if applicable; and
4. No new criminal activity that constitutes a disqualifying offense has been reported.

The WV CARES system retains all fitness determinations made for individuals.

POLICY

511.2 MEMBER MEDICAL ELIGIBILITY

Medical Eligibility is determined by submitting an application packet to the BMS or the ICF/IID contracted agent for applicant eligibility determination.

511.2.1 Documents Required for Determining Medical Eligibility

The DD-1 (Identification and Demographic Information Face Sheet), DD-2A (Medical Evaluation), DD-3 (Psychological Evaluation), DD-4 (Social History) and DD-5 (Individual Program Plan) need to be submitted to the BMS or the ICF/IID contracted agent to determine medical eligibility for each applicant. The DD-1, DD-2A, DD-3, DD-4, and DD-5 must be current and received by the Bureau for Medical Services or the ICF/IID contracted agent within 90 days of admission to the ICF/IID for authorization of payment.

Financial eligibility is covered in Chapter 17 of the Income Maintenance Manual.

511.2.2 Eligibility Determination of Members

Individuals must meet both medical and financial eligibility to receive ICF/IID services. Individuals seeking ICF/IID services may have their eligibility determined prior to or after their admission to an ICF/IID facility.

To establish eligibility prior to admission, a complete packet of required information must be submitted no more than 30 days prior to placement in the ICF/IID facility and placement must occur within 90 days of the date of the DD-3.

To establish initial eligibility post admission, a complete packet of required information must be submitted no more than thirty 30 days after placement in the ICF/IID facility. The DD-3 must be current (within 90 days of placement).

All submitted information must be current. The prior eligibility packet of information includes the DD-2A, DD-3, and DD-4 and must be submitted to the BMS or the ICF/IID contracted agent in order to determine eligibility for each applicant for whom payment is requested.

Current is defined as:

- DD-2A (Medical Evaluation) must have been completed within 180 days of the placement date. Additionally, any Medical Evaluation dated prior to 180 days of receipt by BMS or the ICF/IID contracted agent shall be considered out of date.
- DD-3 (Psychological Report) must have been completed within 90 days of the placement date. Additionally, any psychological report dated prior to 90 days of receipt by BMS or the ICF/IID contracted agent shall be considered out of date.
- DD-4 (Social History) must have been completed within 180 days of the placement date. Additionally, any social history dated prior to 180 days of receipt by BMS or the ICF/IID contracted agent shall be considered out of date.

Upon receipt of a complete packet, an eligibility determination will be made within 30 days and the decision communicated to the applicant and/or the provider that submitted the packet.

Post-admission eligibility determination requires the provider to submit a DD-1, and a complete DD-5 (IPP) within thirty 30 days after the intake to BMS or the ICF/IID contracted agent. Payment authorization for start and stop dates shall be delayed until the receipt of the DD-1, the DD- 5 (IPP) and the Inventory for Client and Agency Planning (ICAP).

The provider will assume the financial risk of providing services during the period that eligibility is being considered. In the event an individual is determined not to meet ICF/IID eligibility there is no mechanism to reimburse the provider.

511.2.3 Medical Eligibility Criteria

BMS, through the ICF/IID contracted agent, determines the medical eligibility for an applicant in the ICF/IID Program. In order to be eligible for ICF/IID placement, the applicant must meet the following criteria:

1. The applicant must have a diagnosis of intellectual disability with concurrent substantial deficits manifested prior to age 22 or a related condition which constitutes a severe and chronic disability with concurrent substantial deficits manifested prior to age 22.

    a. Examples of related conditions which may, if severe and chronic in nature, make an individual eligible for ICF/IID placement include, but are not limited to, the following:

        - Autism;
        - Traumatic brain injury;
        - Cerebral Palsy;
        - Spina Bifida; and
        - Any condition, other than mental illness, found to be closely related to intellectual disability, because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with an intellectual disability, and requires services similar to those required for persons with an intellectual disability.

    b. Additionally, the applicant who has a diagnosis of intellectual disability or a severe related condition with associated concurrent adaptive deficits must meet the following requirements:

        - Likely to continue indefinitely, and
        - Must have the presence of at least three substantial deficits out of the six identified major life areas listed below.

2. The applicant must have substantial adaptive deficits in three or more of the following six major life areas:

    - self-care,
    - receptive and/or expressive language, (communication)
    - learning, (functional academics)
    - mobility,
    - self-direction,
    - capacity for independent living which includes the following six subdomains,
        - home living,
        - social skills,
        - employment,
        - health and safety,
        - community use
        - leisure activities.

For the capacity for independent living major life area to be met, the applicant must be substantially delayed in at least three of the six sub-domains (home living, social skills, employment, health and safety, community use and leisure activities).

Substantial adaptive deficit is defined as scores on standardized measures of adaptive behavior that are three standard deviations below the mean or less than one percentile when derived from non-ID normative populations, or in the average range or below the 75th percentile when derived from ID normative populations.

The presence of substantial deficits must be supported by the additional documentation submitted for review (e.g. Individual Education Program (IEP), Occupational therapy (OT) evaluations, narrative descriptions, etc.).

Substantial deficits must be documented through both the narrative documents and the standardized measures of adaptive behavior.

3. The applicant must have a need for an ICF/IID level of care that:

   - is certified by a physician (DD-2A) and,
   - is documented as being required by the licensed psychologist (DD-3) and;
   - is recommended by a licensed social worker (DD-4).

4. The applicant must require and would benefit from active treatment.

   - Evaluations of the applicant must demonstrate a need for intensive instruction, services, assistance, and supervision in order to learn new skills and increase independence in activities of daily living.

511.2.4 Initial Admission Requirements

An initial Inventory for Client and Agency Planning (ICAP) must be administered to a member within 90 days of admission to an ICF/IID. If a referred member has an ICAP from another facility that has been accepted by the BMS ICF/IID contracted agent, the admitting ICF/IID has the option to use that ICAP or complete one of its own. The BMS ICF/IID contracted agent may request a current ICAP when deemed necessary.

The admitting ICF/IID service provider must submit ICAP scores to the BMS ICF/IID contracted agent to determine an initial accepted ICAP score to be utilized for reimbursement for services. An anchor date is established upon admission to an ICF/IID facility. The admitting ICF/IID facility must make assurances that the resident/family/guardian is provided information necessary to make an informed choice on admission. Residents must receive supports required, such as but not limited to, transition planning, before the change is made in the potential resident's current place of residence. The ICF/IID facility must have documentation showing that the rights have been explained to the resident/family or guardian.

511.2.5 Annual Redetermination of Eligibility

All members residing in an ICF/IID must be annually redetermined for continued need for ICF/IID level of care. Redetermination of the need for continued services must be made every 12 months after the initial certification. The ICF/IID is responsible for obtaining redetermination documentation by the physician for each member for whom payment is requested under the Medicaid Program.

The ICF/IID service provider must submit a copy of the current Annual DD-2A that documents the physician's certification for the continued need for ICF/IID level of care. The DD-2A must be current within the past 12 months. Each year, an annual DD-2A must be completed within 12 months of the admission anniversary date (AAD) and be submitted within 30 days of the AAD. For example, if the submitted copy of the DD-2A is dated 09/15/13, then a new DD-2A will have to be completed no later than 09/15/14 and submitted within 30 days of the AAD for annual redetermination.

Additional information may be requested by BMS and/or the ICF/IID contracted agent, which may include the DD-3, DD-4, DD-5 or other pertinent information.

The redetermination process is required annually. After review by the ICF/IID contracted agent for BMS, notification of redetermination will be submitted to the ICF/IID service provider. The redetermination date will be based on the AAD and timely receipt of the DD-2A, and will extend for a period not to exceed one calendar year.

The ICF/IID service provider will be responsible for maintaining the documentation of redetermination in the member's chart.

511.2.6 Annual Submission of the ICAP

From the admission date forward, an annual readministration of the ICAP is required. The annual readministration of the ICAP will be within 30 days of the AAD. Providers may also administer an ICAP at a significant life change or juncture. If the significant change is acute in nature and if the condition will likely ameliorate in fewer than six months, then a resubmission of the ICAP would not be appropriate.

Any rate change would become effective the first day of the next calendar month after the administration of the ICAP.

All facilities are subject to an ICAP observational site visit to assure continued accuracy of the ICAP.

511.2.7 Transfer of Members

ICF/IID transfers can only occur when a member moves from one ICF/IID facility to another ICF/IID facility within the same provider agency. Transfers should only occur when the ICF/IID service provider cannot meet the member's needs or when the member/guardian requests a transfer to another facility within the same service provider agency.

Transfers of members are to be for good cause and completed in a time frame that allows the member and the member's family or guardian ample time to prepare for the transfer, unless there is an emergency. Transfers from one ICF/IID facility to another solely for the convenience of the provider agency are unacceptable.

Transfers within the same provider agency must be reported to the BMS ICF/IID contracted agent on the ICF/IID Discharge/Transfer Tracking Form (DD-7) within 10 working days of the date of transfer from the facility. The member's anchor date remains unchanged upon transfer.

511.2.8 Discharge of Members

An ICF/IID discharge occurs when a member leaves an ICF/IID facility without anticipated return to the same ICF/IID service provider agency.

Upon discharging a member, an ICF/IID service provider must:

- Prepare a final summary of the member's health, nutritional, social, behavioral, and functional status. This summary is to become a part of the member's permanent record. The summary can be presented to authorized agencies and persons with the consent of the member, the member's guardian or parent if the member is minor.
- Provide a post-discharge plan of care that will help the member adjust to the new living environment. Information must be sufficient to allow the receiving facility to provide the services and supports needed by the individual in order to adjust to the new placement.

The BMS ICF/IID contracted agent must be notified within 10 working days of discharge by utilizing the ICF/IID Discharge/Transfer Tracking Form (DD-7).

511.3 COVERED SERVICES

The Bureau for Medical Services will pay an all-inclusive per diem rate. This rate represents an inclusive payment for all services and items that are required to be provided by the ICF/IID. This includes but is not limited to active treatment, individual program planning, health care services, dietetic service, routine adaptive equipment, routine durable medical equipment, etc.

Covered services that are part of the per diem rate include room and board, nursing services, non-covered drugs, medical supplies, accessories and equipment, rehabilitation services, such as physical therapy and speech therapy, regular, special, or supplemental diets, day habilitation or day treatment, transportation and all other prescribed care necessary to meet the current health needs of the member. Nursing Services shall include all required nursing needs of the individual by the nursing and attendant staff, the provision of restorative and/or rehabilitative services, medical supplies and treatment, personal hygiene, and the administration of medication and/or medical gases (such as oxygen) prescribed by the physician as part of the plan of care. The facility must provide such items as dressings, bandages, disposable diapers, catheters, bed pans, medicine chest supplies, wheelchairs (unless specialized), walkers, crutches, syringes, needles, etc. Supplies and equipment which are customarily provided by the ICF/IID facility for the care and treatment of members are covered services and are included in the facility costs for rate setting as part of the per diem rate.

No charges will be permitted by the facility to the ICF/IID member/patient or his family, guardian or to any other source over and above the established rate of payment to the facility for those services covered under the Medicaid program.

Reimbursement for the ICF/IID facility services determined to be medically necessary and appropriate constitutes payment in full for services.

511.3.1 Services Provided by Outside Sources

If an ICF/IID does not provide a required service, it may enter into a written agreement with an outside service, program, or resource to do so. The agreement must state clearly the following:

- The responsibilities, functions, objectives, and other terms agreed to by both parties
- Provide that the ICF/IID is responsible for assuring that the outside services meet the standards for quality of services
- The ICF/IID must assure that outside services meet the needs of each individual
- If living quarters are not provided in a facility owned by the ICF/IID, the ICF/IID remains directly responsible for the standards relating to the physical facility.

Required services provided by outside sources are included in the ICF/IID per diem, and cannot be billed separately.

511.4 BILLING AND REIMBURSEMENT

The following revenue codes are to be utilized:

REVENUE CODE	CODE DESCRIPTION
0183	Leave of Absence - Therapeutic
0185	Leave of Absence - Hospitalization
0191	ICAP - Level 1
0192	ICAP - Level 2
0193	ICAP - Level 3
0194	ICAP - Level 4

The ICF/IID service provider:

- Must furnish the Bureau for Medical Services any requested information regarding any payments claimed for members who have received ICF/IID services.
- Collect no more than the established rate of payment for the services rendered and billed to the program; i.e., the ICF/IID service provider may not bill anyone for supplemental payments.
- Must have a record-keeping capability sufficient for determining the cost of services.

- Payment for services provided by an ICF/IID service provider is available only on behalf of members who have been determined to be medically and financially eligible and in need of ICF/IID services.
- Reimbursement rates are based upon the cost report submitted by the ICF/IID service provider and outcomes of the ICAP instrument. The ICAP must be administered by qualified and trained staff with the competencies to administer the assessment. Reimbursement rates will be based on the results of the ICAP.
- Requirements and exclusions listed in *Chapter 100, General Administration and Information* of the Provider Manual are applicable.

511.4.1 Medical Leave of Absence

Reimbursement rate based upon the accepted ICAP level score of the member will be paid to an ICF/IID facility for a medical leave of absence to an inpatient hospital for care and treatment that can only be provided on an inpatient basis.

The maximum bed reservation for such authorized absences shall be limited to 14 consecutive days, **provided the resident is scheduled to return to the ICF/IID facility** following discharge from the hospital. The bed reservation reimbursement is subject to review. According to the WV State Plan Section 4.19-D-2, "If the bed is used during the client's absence for emergency or respite care, it will in no way jeopardize or delay the return of the hospitalized resident to the facility.

511.4.2 Non-Medical Leave of Absence

Reimbursement rate based upon the accepted ICAP level score will be paid to an ICF/IID facility for a non-medical leave of absence for therapeutic home visits and for trial visits to other facilities. Such visits are encouraged, and the policies of the ICF/IID should facilitate rather than inhibit such absences. Non-medical absences shall be initiated as part of the member's individual plan of care at the request of the member, parent(s), or guardian with the approval of the Qualified Intellectual Disabilities Professional (QIDP).

The Medicaid agency will pay to reserve a bed for up to 21 days per calendar year for a member residing in an ICF/IID when that member is absent for therapeutic home visits or for trial visits to another community residential facility. Use of the member's bed for short term emergency or respite care cannot jeopardize or delay the member's return to the ICF/IID facility. No additional payment is allowed for short term use. The bed reservation reimbursement is subject to review.

511.5 MANAGED CARE

West Virginia ICF/IID Program participants are exempt from managed care coverage. All services covered must follow guidelines set forth by Medicaid for reimbursement.

511.6 ICF/IID FORMS

Additional information on the use of forms required by the ICF/IID program of services is found in the following Appendices on the BMS Provider Manual Webpage:

- Appendix DD-1 Identification and Demographic Information Fact Sheet
- Appendix DD-2A Medical Evaluation
- Appendix DD-3 Psychological Evaluation
- Appendix DD-4 Social History
- Appendix DD-5 Individual Program Plan
- Appendix DD-7 ICF/IID Admittance/Discharge/Transfer

GLOSSARY

Definitions in *Chapter 200, Definitions and Acronyms* apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Active Treatment: Aggressive, consistent implementation of a program of specialized and generic training, treatment, and health services. Active treatment does not include services to maintain generally independent members who are able to function with little supervision or in the absence of a continuous active treatment program.

Admission Anniversary Date (AAD): The date used to determine when an ICAP and DD-2A are due for redetermination. This date corresponds with the anchor date. (i.e., if the admission date is 10-21-2012, then the first AAD is 10-21-13).

Anchor Date: The original date of admission to an ICF/IID facility. This date remains the same unless a member is discharged and readmitted.

Discharge of Members: Occurs when a member leaves an ICF/IID facility without anticipated return to the same ICF/IID service provider agency.

Individual Program Plan (IPP) (DD-5): An outline of proposed activities that primarily focus on establishment of a potentially life-long, person-centered, goal-oriented process for coordinating the range of services, instruction and assistance needed by persons with developmental disabilities and their families, including a discharge plan. It is designed to ensure accessibility, accountability, and continuity of support and services. This service also ensures that persons with developmental disabilities have opportunities to make meaningful choices with regard to their life, and inclusion in the community. The IPP (DD-5) is the critical document that combines all information from the evaluations to guide the service delivery process. The completion of the IPP must be a joint effort among all parties involved in the member's life.

Individual Service Plan (ISP): A specific breakdown of the service plan based upon assessments and needs which have been outlined

Individual Habilitation Plan (IHP): Establishes goals and identifies the discrete, measurable, criteria-based objectives the individual is to achieve; and the specific individualized program of specialized and generic strategies, supports, and techniques necessary to allow the individual to function with as much self-determination and independence as possible.

Interdisciplinary Team (IDT): A group of professionals, paraprofessionals, and non-professionals who possess the knowledge, skill, and expertise necessary to accurately identify the comprehensive array of services required to meet the individual's needs and design appropriate services and specialized programs responsive to those needs. All individuals present must sign the required IDT signature page.

Intermediate Care Facility (ICF) – A long-term care institution which meets licensing requirements according to State law, and/or is certified by Office of Health Facility Licensure and Certification (OHFLAC) to provide, on a regular basis, health related care and services to individuals who do not require the degree of care and treatment which a hospital or nursing facility is designed to provide, but who, because of their mental or physical condition, require care and services which can be made available only through institutional facilities

Intermediate Care Facility for Individuals with Intellectual Disabilities (formerly Mentally Retarded - ICF/MR) – A facility certified by the West Virginia Department of Health and Human Resource's Office of Health Facility Licensure and Certification as meeting federal certification regulations as an Intermediate Care Facility for Individuals with Intellectual Disabilities or those with related conditions. These facilities must address the total needs of the resident including physical, intellectual, social, emotional, habilitation and provide "active treatment."

Inventory for Client & Agency Planning (ICAP): Assesses adaptive and maladaptive behaviors and gathers additional information to determine the type and amount of special assistance that people with disabilities may need. The accepted WV service level score determines the rate of reimbursement for the member.

Qualified Intellectual Disabilities Professional (QIDP): formerly known as the QMRP. The change was made by CMS to reflect the Intellectual Disability nomenclature. A QIDP coordinates with facility and staff to ensure that services are organized and delivered in accordance with state and federal regulations.

Substantial Adaptive Deficit: Scores on standardized measures of adaptive behavior that are three standard deviations below the mean or less than one percentile when derived from non-ID normative populations, or in the average range or below the 75th percentile when derived from ID normative populations.

Transfer of Members: Only occurs when a member moves from one ICF/IID facility to another ICF/IID facility within the same provider agency.

REFERENCES

West Virginia State Plan references ICF-IID services at sections 3.1-A(15)3.1-B(15), reimbursement at sections 4.19-D, 4.19-D-2, and 4.24 and inspection of care at section 4.15.

CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)		June 1, 2016