

## **1915(i) Policy**

### **Needs-Based Eligibility - WHODAS 2.0 and DLA-20 Assessments- 510-08-30-10**

The 1915(i) State Plan HCBS needs-based eligibility criteria is: Assistance with activities of daily living and/or instrumental activities of daily living due to an impairment as evidenced by one of the following:

1. a complex score of 25 or higher on the World Health Organization Disability Assessment Schedule 2.0 (WHODAS), or
2. a score of 5 or lower on the Daily Living Activities-20 (DLA).

Section 3 of the 1915(i) Eligibility Application must include the required needs-based assessment information and attachments.

Needs-based assessments must be completed within 90 calendar days prior to the date of the initial eligibility application submission; and within 90 calendar days prior to the date of each subsequent eligibility redetermination application submission.

### **Definitions**

*Applicant* – means an individual applying for 1915(i) or “an individual properly seeking services” on behalf of another individual. Individuals seeking services on behalf of someone else must be of sufficient maturity and understanding to act responsibly on behalf the individual for whom they are applying. “Individuals properly seeking services” may be an applicant’s parent or guardian.

### **WHODAS 2.0 Assessment**

The World Health Organization Disability Assessment Schedule 2.0 (WHODAS) Assessment is one of the tools used for assessment of needs-based eligibility.

The Centers for Medicare and Medicaid Services (CMS) placed several requirements on the State prior to approving the use of the WHODAS for the 1915(i). This policy contains those additional CMS requirements and must be followed in addition to the WHODAS Instruction Guide on the World Health Organization’s (WHO) website. For example, the WHODAS Instruction Guide does not require face-to-face administration of the WHODAS, yet CMS requires face-to-face administration of the WHODAS when utilized for the 1915(i).

The WHODAS is a multi-faceted tool and will serve dual purposes for the 1915(i):

1. The WHODAS will initially provide a reliable overall complex score to ensure the individual meets the established needs-based eligibility criteria of the 1915(i), and
2. Secondly, the WHODAS will assess an individual's level of need and assign a score in each of the six domains:
  - Cognition – understanding and communicating
  - Mobility – moving and getting around
  - Self-care – hygiene, dressing, eating, and staying alone
  - Getting along – interacting with other people
  - Life activities – domestic responsibilities, leisure, work, and school
  - Participation – joining in community activities

While developing the person-centered plan of care, the individual domain scores will assist the 1915(i) Care Coordinator with identifying the member's needs to determine which of the 1915(i) services will be authorized.

### **Required Qualifications for WHODAS Administrators for 1915(i) Eligibility Determination**

Agents administering the WHODAS must be "independent" and meet the requirements of a "trained, qualified practitioner".

Independent is defined as: a person who does not have a "Conflict of Interest" with the individual being assessed per the rules below.

Individuals or entities that evaluate eligibility or conduct the independent evaluation of eligibility for the 1915(i), who are responsible for the independent assessment of need for HCBS, or who are responsible for the development of the service plan cannot:

1. Be related by blood or marriage to the individual or to any paid caregiver of the individual;
2. Be financially responsible for the individual;
3. Be empowered to make financial or health related decisions for the individual;
4. Have a financial interest in any entity paid to provide care to the individual; or
5. Administer the WHODAS for individuals they will provide 1915(i) services. See the Conflict of Interest policy for exceptions.

“Trained, qualified practitioner” is defined as: an independent agent providing verification of completion of associated training on the administration and scoring of the WHODAS 2.0.

Associated training includes review of the two WHODAS PowerPoint trainings on the 1915(i) website, review of the 1915(i) Needs-Based Eligibility policy, and review of the WHODAS 2.0 Manual, including completion of the test used to assess knowledge related to administration of the WHODAS 2.0 located in Chapter 10 of the WHODAS Manual.

Anyone meeting these qualifications can administer the WHODAS for the applicant. The Zones are one option to administer the WHODAS. There is at least one staff within each Zone that meets these qualifications to administer the WHODAS. The same Zone worker who administers the WHODAS can also determine 1915(i) eligibility.

### **Modes of WHODAS Administration Allowed for the 1915(i)**

CMS allows the following modes of WHODAS administration for the 1915(i). Self-administered assessments are not allowed.

1. Face-to-Face Interview

General interview techniques contained in the WHODAS Instruction Guide are sufficient to administer the interview in this mode. A link to the WHODAS 2.0 Assessment used to complete the face-to-face interview is located on the 1915(i) website.

2. Face-to-Face Proxy

An individual's representative may provide a third-party view of functioning. An individual's representative, with respect to an individual being evaluated or assessed for 1915(i) eligibility, means the individual's legal guardian, parent, authorized representative, family member or advocate (teacher, friend, etc.). A 1915(i) provider cannot act as a proxy. A link to the WHODAS 2.0 Assessment used to complete the proxy interview is located on the 1915(i) website.

A face-to-face assessment may include assessments performed by telemedicine, or other information technology medium as long as the individual receives appropriate support during the assessment and the individual provides informed consent for this type of assessment. A telephone is not considered telemedicine.

### **Administration of the WHODAS**

The applicant may contact a WHODAS administrator to request a WHODAS assessment be administered and the WHODAS Needs-Based Assessment section of the SFN 741 be completed on their behalf. They may make the request to a Zone or any other "independent and qualified" WHODAS administrator.

### **WHODAS Version and Scoring Method Required for Use in Determining 1915(i) Eligibility**

For the purposes of the 1915(i), the WHODAS 2.0 36 item version and complex scoring method for the WHODAS is required. The link to the correct WHODAS complex scoring sheet is located on the 1915(i) website. Do not use the scoring sheet on the WHO website as it is not accurate.

The WHODAS is approved by the World Health Organization for use with individuals across their lifespan. In those cases where a given question may not be applicable, for example in the case of a small child, there is a mechanism outlined in the WHODAS User Manual for how to calculate the score when having dropped a question or two. Another example of a permissible adaptation is using a child's "play" to represent work/school activities in the case of a young child not yet attending school.

### **Completing the WHODAS Needs-Based Assessment Section of the SFN 741 1915(i) Eligibility Application**

Following the administration of the WHODAS 2.0, the WHODAS administrator completes the WHODAS section of the SFN 741 1915i Eligibility Application to document the information required for an eligibility determination.

Applications must contain the overall complex score, date administered, and name of the WHODAS administrator. The WHODAS 2.0 assessment and 1915(i) score sheet must accompany the SFN 741; the summary tab of the 1915(i) score sheet is sufficient. The Human Service Center "HSC" Electronic Health Record containing the individual's WHODAS scores may be attached to the SFN 741 as a substitute for the required 1915(i) WHODAS score sheet and assessment.

### **Daily Living Activities-20 (DLA)- Assessment**

The Daily Living Activities-20 (DLA) Assessment is another tool used for assessment of needs-based eligibility. The DLA contains 20 daily activities that are affected by mental health and disability. This functional assessment helps behavioral health providers determine the measure of an outcome, showing where treatment is needed.

If an individual receives a non-qualifying score on the DLA (score of 6 or higher), a WHODAS assessment will be administered. Should the WHODAS demonstrate that the individual is eligible for the 1915(i) (score of 25 or higher), eligibility will be approved or continued participation granted for those already enrolled in the program.

Should the results of the DLA be that an individual needs a lesser amount of service, the individual's service amounts will not be decreased unless and until the WHODAS 2.0 is administered to confirm the need for less services. The amount of the service reduction will be in accordance with the WHODAS should the assessments be in dispute.

The DLA will serve dual purposes for the 1915(i):

1. The DLA will initially provide a reliable overall score to ensure the individual meets the established needs-based eligibility criteria of the 1915(i), and
2. Secondly, the DLA will assess an individual's level of need in the following activities:
  - Alcohol and drug abuse
  - Behavioral norms
  - Communication
  - Community
  - Coping mechanisms
  - Dressing
  - Grooming
  - Health practices
  - Housing stability
  - Leisure
  - Money management
  - Nutrition
  - Personal hygiene
  - Problem-solving
  - Productivity
  - Relationships
  - Safety
  - Sexual life
  - Social networks
  - Time management

While developing the person-centered plan of care, the individual activity scores will assist the 1915(i) Care Coordinator with identifying the member's needs to determine which of the 1915(i) services will be authorized.

### **Required DLA Administrator Qualifications for 1915(i) Eligibility Determination**

Agents administering the DLA must be "independent" and meet the training requirements of the Human Service Center.

Independent is defined as: a person who does not have a "Conflict of Interest" with the individual being assessed per the rules below.

Individuals or entities that evaluate eligibility or conduct the independent evaluation of eligibility for the 1915(i), who are responsible for the independent assessment of need for HCBS, or who are responsible for the development of the service plan cannot:

1. Be related by blood or marriage to the individual or to any paid caregiver of the individual;
2. Be financially responsible for the individual;
3. Be empowered to make financial or health related decisions for the individual;
4. Have a financial interest in any entity paid to provide care to the individual; or
5. Administer the DLA for individuals they will provide 1915(i) services. See the Conflict of Interest policy for exceptions.

The Human Service Centers have identified trainers who are prepared professionals with bachelor's degrees.

### **Administration of the DLA**

The applicant may contact a Human Service Center (HSC) to request a DLA assessment be administered and the DLA section of the application be completed on their behalf. A DLA administered by any other entity or agency other than a HSC is not acceptable for 1915(i) eligibility. The Human Service Zone will not perform the DLA for 1915(i) eligibility.

If a DLA has already been completed for an individual, a printout can be obtained from a HSC case manager. If a DLA is not obtained from a HSC, a WHODAS assessment is required.

### **Completing the DLA Needs-Based Assessment Section of the SFN 741 1915(i) Eligibility Application**

The applicant or Human Service Center case manager completes the DLA section of the application. The application must contain the DLA assessment date and score. The DLA assessment must accompany the application.

### **Reasonable Indication of Need for Services**

For an individual to be determined to need the 1915(i) State Plan HCBS benefit, an individual must require: (a) the provision of at least one 1915(i) service as documented in the person-centered service plan, and (b) the provision of 1915(i) services at least quarterly, with monthly monitoring documented in the plan of care.