1915(i) Policy

Needs-Based Eligibility and WHODAS - 510-08-30-10

The 1915(i) State Plan HCBS needs-based eligibility criteria is: An impairment which substantially interferes with or substantially limits the ability to function in the family, school, or community setting as evidenced by a complex score of 25 or higher on the WHODAS 2.0 assessment.

WHODAS

The World Health Organization Disability Assessment Schedule (WHODAS) is the tool used for assessment of needs-based eligibility and is required as part of the eligibility determination process for the 1915(i). The WHODAS must have been 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.

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 "<u>independent</u>" and meet the requirements of a "<u>trained, qualified practitioner</u>". The SFN 741 1915(i) Eligibility form requires the WHODAS administrator to sign as verification they meet the definitions of independent, trained, and qualified practitioner.

<u>Independent</u> 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 to.

"<u>Trained, qualified practitioner</u>" is defined as: an independent agent providing verification of completion of and 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) WHODAS 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 Administration Allowed for the 1915(i)

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

- 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. 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, or individual properly seeking services on behalf of the applicant, will contact a WHODAS administrator to request a WHODAS assessment be administered and the WHODAS section of the SFN 741 be completed on their behalf. They may make the request to the identified WHODAS administrator at the 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 Section of the SFN 741 1915(i) Eligibility Form

Following the administration of the WHODAS 2.0, the WHODAS administrator completes the section of the SFN 741 1915i Eligibility form to document the information required for eligibility determination. The SFN 741 1915(i) Eligibility form is located at https://www.nd.gov/eforms/Doc/sfn00741.pdf.

It is the responsibility of the applicant, or individual properly seeking services on behalf of the applicant, to provide the 1915(i) Zone Eligibility Worker with the completed SFN 741 containing the overall complex score and individual domain scores, and signed by the WHODAS administrator. The Human Service Center Electronic Health Record printout indicating the individual's WHODAS scores may be submitted to the Zone rather than the 1915(i) WHODAS score sheet.

The WHODAS must have been 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.

1915(i) Eligibility Redetermination and WHODAS Requirement

A new WHODAS assessment must be administered as part of the redetermination process with the new information documented on the SFN 741. It is the responsibility of the applicant, or individual properly seeking services on behalf of the applicant, to provide the 1915(i) Zone Eligibility Worker with the completed SFN 741 containing the overall complex score and individual domain scores and signed by the WHODAS administrator. The Human Service Center

Electronic Health Record printout indicating the individual's WHODAS scores may be submitted to the Zone rather than the 1915(i) WHODAS score sheet.

The WHODAS must have been completed within 90 calendar days prior to the date of each subsequent eligibility redetermination application submission.

Reasonable Indication of Need for Services

In order 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, <u>and</u> (b) the provision of 1915(i) services at least quarterly, with monthly monitoring documented in the plan of care.

Needs-Based Institutional and Waiver Criteria

The State assures there are needs-based criteria for receipt of institutional services and participation in certain waivers that are more stringent than the criteria for receipt of State Plan HCBS. If the state has revised institutional level of care to reflect more stringent needs-based criteria, individuals receiving institutional services and participating in certain waivers on the date that more stringent criteria become effective are exempt from the new criteria until such time as they no longer require that level of care. The State submitted the following needs-based criteria which are more stringent than the 1915(i) criteria to CMS:

- **Nursing Facility Level of Care** The requirement of care that is medically necessary with significant and continual support for activities of daily living requiring 24/7 monitoring and supervision.
- Intermediate Care Facilities for Individuals with Intellectual Disabilities - The requirement of an intellectual/developmental disability exhibits self-harm, harm to others, and inability to take care of basic daily needs putting their physical safety at risk requiring 24/7 monitoring and supervision.
- Hospital Level of Care A psychiatric condition that places the individual at extreme risk due to self-harm, harm to others, or severely neglecting basic hygiene or starving self that predicts death requiring

24/7 monitoring and supervision. The minimum WHODAS score ranges between 96-100. Disability impairment only applies to psychiatric rehabilitative hospitalization.