

6. **Needs-based Institutional and Waiver Criteria.** *(By checking this box the state assures that):* There are needs-based criteria for receipt of institutional services and participation in certain waivers that are more stringent than the criteria above 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. *(Complete chart below to summarize the needs-based criteria for State Plan HCBS and corresponding more-stringent criteria for each of the following institutions):*

State plan HCBS needs-based eligibility criteria	NF (& NF LOC** waivers)	ICF/IID (& ICF/IID LOC waivers)	Applicable Hospital* (& Hospital LOC waivers)
<p>The individual must have significant limitations of functioning in two (2) or more of the following seven (7) areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.</p>	<p>Nursing Facility Level of Care is determined through the application of the comprehensive Long Term Services and Supports (LTSS) Screening/Assessment Tools encompassing activities of daily living, instrumental activities of daily living, sensory deficits, cognitive deficits, behaviors and medical conditions/services. The LTSS assessment data is entered into a scoring algorithm to generate a numerical score. The score is compared to a numerical threshold for level of care, with those at or above the threshold deemed clinically eligible. Applicants/persons scoring below the threshold may qualify for a secondary review by a DOM nurse and a tertiary review by a physician before waiver services are denied. The streamlined Screening Tool is utilized in the facility settings while an expanded version of the assessment is used on the home and community-based services side to support person centered planning of community support.</p>	<p>For an individual to be eligible for services in an ICF/IID, the individual must have an intellectual disability, a developmental disability, or Autism Spectrum Disorder as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association.</p> <p>The individual must have limitations of functioning in three (3) or more of the following seven (7) areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.</p>	<p>For an individual to be eligible for services in a Hospital, the individual must have continuous need of facilities, services, equipment and medical and nursing personnel for prevention, diagnosis, or treatment of acute illness or injury certified by a physician.</p>

*Long Term Care/Chronic Care Hospital

**LOC= level of care

7. **Target Group(s).** The state elects to target this 1915(i) State plan HCBS benefit to a specific population based on age, disability, diagnosis, and/or eligibility group. With this election, the state will operate this program for a period of 5 years. At least 90 days prior to the end of this 5 year period, the state may request CMS renewal of this benefit for additional 5-year terms in accordance with 1915(i)(7)(C) and 42 CFR 441.710(e)(2). (*Specify target group(s)*):

The state is targeting Individuals with Intellectual Disabilities, Developmental Disabilities, or Autism Spectrum Disorder. Persons must be at a minimum 18 years old to receive

TN#:22-0033
Supersedes
TN#: 18-0006

Received:
Approved:
Effective: 10/1/2022

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State plan HCBS needs-based eligibility criteria	NF (& NF LOC** waivers)	ICF/IID (& ICF/IID LOC waivers)	Applicable Hospital* (& Hospital LOC waivers)
<p>The individual must have significant limitations of functioning in two (2) or more of the following seven (7) areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.</p>	<p>For an individual to qualify for the Elderly and Disabled, Independent Living, Traumatic Brain/Spinal Cord and Assisted Living waivers, the individual must be assessed and score 50 or less on a standardized preadmission screening tool designed and tested to determine whether the individual meets nursing home level of care. Additionally, the physician must certify level of care. Nursing Facility Level of Care is determined through the application of the comprehensive Long Term Services and Supports (LTSS) Screening/Assessment Tools encompassing activities of daily living, instrumental activities of daily living, sensory deficits, cognitive deficits, behaviors and medical conditions/services. The LTSS assessment data is entered into a scoring algorithm to generate a numerical score. The score is compared to a numerical threshold for level of care, with those at or above the threshold deemed clinically eligible. Applicants/persons scoring below the threshold may qualify for a secondary review by a</p>	<p>For an individual to be eligible for services in an ICF/IID, the individual must have an intellectual disability, a developmental disability, or Autism Spectrum Disorder as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association.</p> <p>The individual must have limitations of functioning in three (3) or more of the following seven (7) areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.</p>	<p>For an individual to be eligible for services in a Hospital, the individual must have continuous need of facilities, services, equipment and medical and nursing personnel for prevention, diagnosis, or treatment of acute illness or injury certified by a physician.</p>

	<p><u>DOM nurse and a tertiary review by a physician before waiver services are denied.</u></p> <p><u>The streamlined Screening Tool is utilized in the facility settings while an expanded version of the assessment is used on the home and community-based services side to support person centered planning of community support.</u></p>		
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TN#: ~~18-0006~~22-0033
 Supersedes
 TN#: ~~2013-00418-0006~~

Received:
 Approved:
 Effective: 10/1/2022