

**Disabled Children’s Home Care/Katie Beckett (DCHC) Medicaid Eligibility
Determination of Institutional Level of Care**

The DCHC eligibility pathway is for children up to age 19 with a medical disability that is so severe that they require an institutional level of care, and they can be safely cared for in the home or community.

Child’s Name: _____ **Date of Birth:** _____

Reviewer Name and Credentials: _____

To meet eligibility, a child must meet all of the following conditions:

1. **Is the child under 19 years of age?** Yes No

2. **Has the child been determined disabled by the Social Security Administration?**
If no, do not determine level of care below. Child is not eligible for DCHC Medicaid. Yes No

3. **According to the criteria below, does the child’s medical or behavioral health condition require the level of care provided in one of the following.** Yes No
 - Hospital**
 - Skilled Nursing Facility**
 - Intermediate Care Facility for Individuals with Developmental Disability**
 - Psychiatric Hospital**

4. **Medical provider documentation demonstrates that the medical needs of the child can be safely and adequately met by services provided in the community?** Yes No

The child’s case file must contain clinical justification and supporting documentation for the criteria below.

Hospital Level of Care: A child must meet all the criteria below.

1. The child requires daily skilled medical treatment due to an unstable medical condition.	Yes	No
2. The child’s medical condition requires skilled observation multiple times during a 24-hour period including medical monitoring, skilled assessment, treatment, stabilization of medical conditions, and/or intensive medication regimen.	Yes	No
3. The services, technology, or professional expertise required for the child is equivalent to that ordinarily provided by an inpatient acute care facility.	Yes	No
4. The severity of the signs and symptoms exhibited by the child or the high probability of an imminent adverse event requires acute monitoring and/or treatment.	Yes	No
5. Active treatment is necessary and included in a plan of care including a program of specialized health services with treatment goals, objectives, and planned interventions.	Yes	No
Provide a statement of justification for approval or denial. This should include justification why a response of “yes” or “no” was selected for any of the above criteria.		

Skilled Nursing Facility Level of Care: A child must meet all the criteria below.

Skilled nursing facility level of care is appropriate for individuals who do not require hospital care, but on a daily basis, require licensed nursing services, rehabilitation services, or other health-related services ordinarily provided in an institution.

1. The child has a disabling medical condition with functional limitations, complicating conditions, cognitive or behavioral conditions, or is medically fragile such that there is a need for daily skilled nursing care and treatment or active medical care management prescribed by licensed medical professional.	Yes	No
2. The child's daily routine is significantly altered by the need to complete medical treatment and skilled interventions.	Yes	No
3. The child needs restorative and rehabilitative or other specialized treatment requiring complex care management.	Yes	No
4. The child needs daily direct care that significantly exceeds age appropriate assistance.	Yes	No
5. The child's impairment significantly interferes with their ability to engage in everyday activities and perform age appropriate activities, daily living at home and in the community these include but are not limited to bathing, dressing, toileting, feeding, and walking/mobility.	Yes	No
6. There is a plan of care which includes nursing goals, objectives, and planned interventions.	Yes	No
Provide a statement of justification for approval or denial. This should include justification why a response of "yes" or "no" was selected for any of the above criteria.		

Intermediate Care Facility for Individuals with Intellectual Disabilities ICF/IID Level of Care

ICF/IID level of care is appropriate for individuals who require active treatments typically provided by a facility whose primary purpose is to furnish services to individuals with an intellectual and/or developmental disability or related condition.

A child must meet all the criteria below.

1. The child has a developmental disability which is a severe, chronic disability manifested prior to 18 years of age. This is demonstrated by: <ul style="list-style-type: none"> <input type="checkbox"/> An early childhood (age 0 – 5) developmental disorder such as (but not limited to) Global Developmental Delay, Fragile X syndrome, encephalitis, traumatic brain injury, tuberous sclerosis, Trisomy 21, 18, 13, OR <input type="checkbox"/> Significantly sub-average cognitive functioning as demonstrated by a comprehensive psychological assessment including norm-referenced, standardized intelligence testing results that fall at least 2 standard deviations below the mean, OR <input type="checkbox"/> DSM-5 diagnosis of Autism Spectrum Disorder. 	Yes	No
2. The child exhibits <u>significant deficits</u> in adaptive behavior demonstrated by a composite score on a validated standardized adaptive behavior scale at least 2 standard deviations below the mean for a similar age normative comparison group <u>AND</u> a score at least 2 standard deviations below the mean for a similar age normative group in <u>two or more</u> of the following areas of adaptive behavior: <ul style="list-style-type: none"> <input type="checkbox"/> Self-care 	Yes	No

<input type="checkbox"/> Home living/daily living skills <input type="checkbox"/> Communication (use of receptive and expressive language) <input type="checkbox"/> Motor development <input type="checkbox"/> Social/emotional development		
3. The child requires <u>daily active treatment</u> for functional deficits in any of the following areas. <input type="checkbox"/> Mobility (ambulatory, semi-ambulatory, non-ambulatory), <input type="checkbox"/> Communication skills <input type="checkbox"/> Social/interpersonal skills <input type="checkbox"/> Self care <input type="checkbox"/> Self-direction (managing one’s ability to make decisions necessary to protect one’s life) <input type="checkbox"/> Home living	Yes	No
4. The child’s disability requires that they receive consistent supervision and care in order to perform age appropriate activities, at home and in the community. These activities include, but are not limited to, bathing, dressing, toileting, feeding, and walking/mobility. Supervision and direct care, are required to maximize the child’s functioning, and maintain the child’s health and safety.	Yes	No
5. Active treatment is necessary and included in a plan of care including a program of specialized treatment, training, and health services with treatment goals, objectives, and planned interventions.	Yes	No
Provide a statement of justification for approval or denial. This should include justification why a response of “yes” or “no” was selected for any of the above criteria.		

Inpatient Psychiatric Hospital Level of Care

The child must meet criterion 1-3 to be considered clinically eligible for psychiatric level of care.

1. The child has a diagnosed disabling mental health condition which causes significant impairment in their ability to function at home, school, or in the community.	Yes	No
2. The child requires daily support, comprehensive treatment, and close supervision in order to stabilize symptoms, provide safety, prevent deterioration, and work toward improved functioning.	Yes	No
3. <u>The child exhibits impairment that is <i>extreme</i> in one, or <i>marked</i> in two or more of the following domains (A-D).</u>	Yes	No
A. The child demonstrates a serious deterioration in the ability to safely and adequately care for self (i.e. grooming, hygiene, toileting, eating, etc.) within the past 3-6 months.	Yes	No
B. The child exhibits thought processes that are impaired and significantly interfere with daily life such as: <input type="checkbox"/> Distorted perceptions (such as auditory or visual hallucinations, command hallucinations to harm self/others) <input type="checkbox"/> Disorganized thoughts and/or behaviors <input type="checkbox"/> Poor judgement <input type="checkbox"/> Inability to distinguish reality (such as paranoid or referential delusions) <input type="checkbox"/> Significant communication impairment (such as disorganized speech or mutism)	Yes	No

C. The child displays severe and persistent dysregulated mood and/or severe disturbance in affect. Emotional control and/or impulsivity are disruptive and incapacitating such that the child responds inappropriately most of the time.	Yes	No
D. The child exhibits thoughts and behaviors that present a serious and imminent risk of harm to self or others, such as: <ul style="list-style-type: none"> <input type="checkbox"/> Significant risk-taking behaviors <input type="checkbox"/> Sexually harmful behaviors (towards others) <input type="checkbox"/> Suicidal ideation and significant risk of attempt or suicidal behaviors requiring medical intervention <input type="checkbox"/> Significant non-suicidal self-injurious behaviors requiring medical intervention <input type="checkbox"/> Aggressive and/or assaultive behaviors, and/or unprovoked acts of violence <input type="checkbox"/> Destructive behaviors such as fire-setting, destruction of property, or cruelty to animals <input type="checkbox"/> Significant substance use 	Yes	No
Provide a statement of justification for approval or denial. This should include justification why a response of “yes” or “no” was selected for any of the above criteria.		

Signature of the Reviewer

Date