## **ANNUAL EVALUATION OF LEVEL OF CARE (LOC)- SED Waiver**

Name of child/youth: \_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicaid ID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Youth is 18 or older at the time of this Annual LOC *(Complete Section C)*

Clinical Eligibility Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Annual LOC Date (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requirements of the SED Waiver Annual Evaluation of Level of Care:

* This evaluation should reference the previous six months. It must be conducted by a Qualified Mental Health Professional responsible foroverseeing the SED Waiver clinical eligibility and signed by the QMHP. It must be filed in the youth's clinical chart and uploaded into KAMIS as such.
* The date for annual review must occur within 364 days from the clinical eligibility date or previous annual LOC date, Annual LOC may be completed only **within the 30 days prior** to annual initial clinical eligibility date or previous annual LOC date.
* If youth has reached their 18th birthday at the annual review time the youth must receive approval to continue the SED Waiver by the KDADS SED Waiver Program Manager and all subsequent LOCs after.
* Persons who have reached their 22nd birthday are no longer eligible for the SED waiver.

**Complete the following**:

1. Does the child/youth have a qualifying DSM-5 diagnosis (ASD cannot be the only diagnosis)

[ ]  Yes, go to #2 [ ]  No, proceed to section B.

1. Does the child/youth meet criteria for Serious Emotional Disturbance?

[ ]  Yes, go to #3 [ ]  No, proceed to Section B.

1. Does the child/youth continue to need SED Waiver services in order to maintain the child/youth in the community and avoid inpatient Psychiatric Hospitalization?

[ ]  Yes, proceed to Section A [ ]  No, proceed to Section B.

**Section A:** - YES, Youth continues to meet functional eligibility for the SED Waiver.

1. Describe in detail how the child/youth continues to be at risk for Inpatient Psychiatric Hospitalization without SED Waiver services. The identified symptoms should be included in the rationale. Use additional pages as needed.

Click or tap here to enter text.

1. Describe in detail the SED Waiver services that have impacted the Child/youths functional impairment and ability to maintain in the community. The waiver services are Parent Support, Attendant Care, Short Term Respite Care, Wraparound Facilitation, Independent living/skills building and Professional Resource Family Care. Use additional pages as needed.

Click or tap here to enter text.

**Section B:**

1. Describe in detail the clinical rationale that supports the child/youth is **not** at risk for Inpatient Psychiatric Hospitalization and **no** longer eligible for the SED Waiver.

Click or tap here to enter text.

2. Inform family that youth no longer qualifies for SED Waiver. Send a closure 3161 to KDHE designated mailbox to review and complete closure of SED Waiver.

**QMHP Signature and Credentials**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Section C:** *Over 18 Exception Approval for Initial or Ongoing Eligibility*

1. Check KMAP for eligibility status
2. Assist if eligibility is not current. Assist youth in completing a KanCare Online Medicaid application in their own name before they turn 19, or if their financial eligibility has been termed.
3. Enter Over 18 Exception Request in KAMIS to submit for Approval from KDADS SED Program Manager.
	1. Create an “SED Waiver Exception Request” in youth’s KAMIS account
4. Within KAMIS, complete:

- Select “Exception to age 18 criteria” box and “Create” – select “YES”
	1. Upload the required forms and documents. (*Which can be found in the SED Waiver Manual and/or on KDADS website)*

**Initial** Age Exception: ICE Form, CAFAS, CBCL, 3160, PPOC and Strength and Needs (all separate under their designated tab in KAMIS Upload File)

**Ongoing** Age Exception:

**This form Signed -**Exception Form Attachment E Annual Evaluation of Level of Care

1. Send notification email to KDADS SED designated mailbox to inform the exception is requested.
	1. Subject line: Indicate “Ongoing Over 18 – Recipient’s Last Name” Or “Initial Over 18 – Recipient’s Last name”
	2. Be sure to include 3160 and PPOC to email if you did not upload in KAMIS
2. KDADS will review request and ask for more information if needed.
3. KAMIS will generate an automatic notifying that it has been approved or denied to the email address that entered the request. Keep and file with the Clinical Chart.
	1. **Initial-** KDADS Program manager will complete the 3160 Section III and forward to KDHE for financial eligibility approval and KDHE or DCF will send the final approved 3160 for the financial eligibility record.
	2. **Ongoing** – only submit a 3161 if closing waiver services or an address change is found at annual review. Send 3161 on to the HCBS 3161 designated mailbox.