



KDADS STANDARD POLICY

Policy Name:	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF- IID) Policy	Policy Number:	M2023-053
Commission:	Long Term Services & Supports (LTSS)	Date Established:	04/15/2004
Applicability:	ICF-IID, IDD Waiver Participants	Date Last Revised:	05/01/2015
Contact:	ICF-IID Program Manager	Date Effective:	04/11/2023
Policy Location:	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ks.gov)	Date Posted:	04/12/2023
Status/Date:	04/11/2023 Final	Number of Pages:	1 of 9
Revision History	04/15/2004, 05/01/2015, 04/12/2023		

Purpose

The purpose of this policy is to ensure compliance with K.A.R. 30-64-29, K.A.R. 30-63-21, K.S.A. 39-1801 et seq. and 42 C.F.R. 483.440.

Summary

This policy establishes the eligibility criteria and procedures for admission and transfer to, as well as discharge from, public and private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID).

Entities/Individuals Impacted

- Community Development Disability Organizations (CDDO)
- Kansas Department for Aging and Disability Services (KDADS)
- Kansas Department of Health and Environment (KDHE)
- Managed Care Organizations (MCO)
- Public and Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID)

I. Policy

- ICF-IID Gatekeeping applications (Gatekeeping application) requesting admission to an ICF-IID shall be submitted to the KDADS ICF-IID Program Manager by the client’s home county CDDO for final review and approval via the IDD Upload Utility.
- Prior to a CDDO submitting the gatekeeping application for admission on behalf of the client, the CDDO and MCO shall ensure that all community options have been explored and exhausted.
- The CDDO and MCO are responsible for collaborating to complete the gatekeeping application and to collect all applicable supporting documentation for submission to the KDADS ICF-IID Program Manager via the IDD Upload Utility following the process outlined in the Procedures section of this policy.

Policy Name:	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF- IID) Policy	Policy Number:	M2023-053
Commission:	Long Term Services & Supports (LTSS)	Date Established:	4/15/2004
Applicability:	ICF-IID, IDD Waiver Participants	Date Last Revised:	5/1/2015
Contact:	ICF-IID Program Manager	Date Effective:	6/3/2019
Policy Location:	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ks.gov)	Date Posted:	04/12/2023
Status/Date:	04/11/2023 Final	Page Number:	2 of 9

- D. The interagency review team shall review the client’s active treatment needs, goals, and progress to determine if the client is eligible to be served in the ICF-IID, or if community options would be more appropriate pursuant to 42 C.F.R. §480.
- E. ICF-IID Transition requests shall be submitted by the discharging ICF-IID facility to the KDADS ICF-IID Program Manager for final review and approval via email.
- F. The criteria and processes described in this policy shall be met and followed any time an admission, discharge, or transition between ICF-IID facilities is requested.
- G. If a client is admitted to an ICF-IID before receiving approval from KDADS, Medicaid funding will not be approved for the time the client was in an ICF-IID prior to KDADS approval.
- H. If immediate placement is necessary to protect the health, safety, and welfare of the client, a request for an expedited determination by KDADS may be requested on the gatekeeping application or the transition request.
- I. ICF-IID Eligibility Criteria
 - 1. The client has Active Treatment needs as defined by 42 C.F.R. 483.440;
 - 2. The client has a diagnosis of an intellectual disability as determined by a healthcare provider licensed to provide a DSM diagnosis;
 - 3. The client has an Intelligence Quotient (IQ) score of 70 or below;
 - 4. Supporting documentation is included detailing how admission to an ICF-IID is essential to the client’s health and safety. Reasons why the client cannot be safely maintained or effectively treated in a less-intensive level of care should be detailed. This may be due to significant behavioral barriers, including but not limited to, physical aggression toward others, self-injurious behaviors, property destruction, inappropriate sexual behavior, and/or elopement;
 - 5. The request for admission to an ICF-IID is made by the client or the client’s legal guardian;
 - a) The client’s legal guardian shall present documentation from the court indicating they have the authority to admit the client to an institution pursuant to K.S.A. 59-3077.
 - 6. The client meets the age criteria of the ICF-IID for which they are applying;
 - 7. Admission requests for Short-Term Stabilization beds must include documentation outlined in III.B.2.. of this policy which includes completion of admission consents and releases.

II. Procedures

A. Admission to an ICF-IID

Policy Name:	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF- IID) Policy	Policy Number:	M2023-053
Commission:	Long Term Services & Supports (LTSS)	Date Established:	4/15/2004
Applicability:	ICF-IID, IDD Waiver Participants	Date Last Revised:	5/1/2015
Contact:	ICF-IID Program Manager	Date Effective:	6/3/2019
Policy Location:	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ks.gov)	Date Posted:	04/12/2023
Status/Date:	04/11/2023 Final	Page Number:	3 of 9

1. The client/legal guardian, CDDO, and MCO shall complete the ICF-IID application at a gatekeeping meeting.
 - a) The client, client’s legal guardian, CDDO, and MCO are required participants at the gatekeeping meeting in compliance with CFR 483.440 (c)(2).
2. The CDDO, in consultation with the client, client’s legal guardian (if applicable), and representative from the client’s MCO, shall explore and document all alternative options to admission to an ICF-IID to ensure that no opportunity to divert the client from an ICF-IID exists.
 - a) The CDDO shall explore community options in the client’s residential county and surrounding counties.
 - b) The MCO shall explore community options across the state of Kansas for the client.
3. Failure to explore and exhaust these community options shall result in an ICF-IID admission denial.
4. The client/legal guardian, CDDO, and MCO shall sign the gatekeeping application and submit it to the KDADS ICF-IID Program Manager via the IDD Upload Utility.
5. The ICF-IID Program Manager, in conjunction with the interagency review team, shall review the ICF-IID Gatekeeping Application and complete the KDADS Review Section to determine if criteria for admission to an ICF-IID in Kansas have been met.
 - a) The Program Manager shall have ten (10) business days to perform the review once all documentation has been received.
 - b) In the event the application is missing supporting documentation, the ICF-IID Program Manager shall submit a request via email to the CDDO and MCO for the missing information.
 - c) The CDDO and MCO shall submit the requested information within ten (10) business days to the IDD Upload Utility.
 - i. In the event the requested information is not submitted to the IDD Upload Utility within ten (10) business days, the Program Manager shall deny the application and notify the client/legal guardian, CDDO, and MCO via letter, with notice of appeal rights.
 - d) In the event the application for admission is approved, the Program Manager shall notify the client/legal guardian, CDDO, and MCO via letter.

Policy Name:	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF- IID) Policy	Policy Number:	M2023-053
Commission:	Long Term Services & Supports (LTSS)	Date Established:	4/15/2004
Applicability:	ICF-IID, IDD Waiver Participants	Date Last Revised:	5/1/2015
Contact:	ICF-IID Program Manager	Date Effective:	6/3/2019
Policy Location:	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ks.gov)	Date Posted:	04/12/2023
Status/Date:	04/11/2023 Final	Page Number:	4 of 9

- e) In the event the application for admission is denied, the Program Manager shall notify the client/legal guardian, CDDO, and MCO via letter, with notice of appeal rights. The CDDO may re-submit a gatekeeping application any time.
- f) Upon admission, the admitting ICF-IID facility shall submit a MS-2126 via email to the ICF-IID Program Manager and KanCare Clearinghouse.
- g) Upon transition, the discharging ICF-IID facility will notify the local CDDO in writing immediately of the approved transition and the date of transition.

B. Discharge from an ICF-IID

1. Discharge from an ICF-IID to HCBS services shall follow the HCBS Transition policy.
2. The following process shall be followed to transition a client from one licensed ICF-IID facility to another Kansas ICF-IID licensed facility.
 - a) The discharging ICF-IID facility, in consultation with the client/legal guardian, CDDO, and MCO, will complete and submit the ICF-IID Transition Request with supporting documentation via email to the ICF-IID Program Manager. The CDDO will submit the IDD-1 form to KDADS via the IDD Upload Utility.
 - b) The discharging ICF-IID facility shall provide KDADS documentation demonstrating the client is being discharged for good cause.
 - c) The discharging ICF-IID facility shall provide KDADS the discharge plan that outlines the timeframe in which the discharge will occur and the services that will be needed post discharge.
 - d) The discharging ICF-IID facility shall provide the KDADS ICF-IID Program Manager a copy of the MS 2126 form within five (5) days of discharge.

C. Short-Term Stabilization Beds

1. The Short-Term Stabilization Unit will be utilized for the stabilization of clients who are medically stable and currently in severe psychological distress. Typical referrals will be for those who are medically stabilized in an emergency room, at risk for jail admission, or at risk of becoming homeless. Plans for discharge must begin prior to admission and be well documented in the preliminary discharge plan submitted at admission. Applicants must meet all criteria for ICF-IID admission.
2. Gatekeeping applications for admission to short-term stabilization beds must also include:
 - a) Completed admission consents and releases;
 - b) Documentation of current medical status to demonstrate medical stability;

Policy Name:	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF- IID) Policy	Policy Number:	M2023-053
Commission:	Long Term Services & Supports (LTSS)	Date Established:	4/15/2004
Applicability:	ICF-IID, IDD Waiver Participants	Date Last Revised:	5/1/2015
Contact:	ICF-IID Program Manager	Date Effective:	6/3/2019
Policy Location:	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ks.gov)	Date Posted:	04/12/2023
Status/Date:	04/11/2023 Final	Page Number:	5 of 9

- c) List of current medications;
 - d) List of previous medications;
 - e) Descriptions of previous and current behavioral interventions attempted and the result of each.
3. The ICF-IID Program Manager, in conjunction with the interagency review team, shall review the ICF-IID Gatekeeping Application and complete the KDADS review section to determine if criteria for admission to ICF-IID short-term stabilization beds have been met.
 - a) The Program Manager shall have two (2) business days to perform the review once all documentation has been received.
 - b) In the event the application is missing supporting documentation the ICF-IID Program Manager shall submit a request via email to the CDDO and MCO for the missing information.
 4. The CDDO and MCO shall submit the requested information within three (3) business days to the IDD Upload Utility.
 5. The Short-Term Stabilization Unit has the goal of admitting an individual, providing assessment and treatment as identified by the treatment team, and transitioning or discharging the individual to a less intensive and/or restrictive placement.
 - a) Utilizing clinical judgment and team decision approach, an individual may be deemed ready for discharge from the Short-Term Stabilization Unit if:
 - i. Treatment plan goals and objectives have been met per the individualized criteria outlined in the individual’s active treatment plan and;
 - ii. Outpatient services and supports have been identified and acquired for the individual and are scheduled to be available upon discharge.
 - b) If the individual is approved for discharge from the Short-Term Stabilization Unit to the community, discharge from ICF-IID to HCBS services shall follow the HCBS Transition policy.
 - c) Utilizing clinical judgment and a team decision approach, an individual may be deemed ready to transition from the Short-Term Stabilization Unit to an ICF-IID living unit if:
 - i. The individual is not making progress toward goals despite multiple attempts at assessment and identification of maintaining crisis factors and there is no reasonable expectation of progress in this intensive setting or;

Policy Name:	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF- IID) Policy	Policy Number:	M2023-053
Commission:	Long Term Services & Supports (LTSS)	Date Established:	4/15/2004
Applicability:	ICF-IID, IDD Waiver Participants	Date Last Revised:	5/1/2015
Contact:	ICF-IID Program Manager	Date Effective:	6/3/2019
Policy Location:	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ks.gov)	Date Posted:	04/12/2023
Status/Date:	04/11/2023 Final	Page Number:	6 of 9

ii. The individual is not in psychiatric or behavioral crisis but still demonstrates active treatment needs as defined by 42 C.F.R. 483.440.

d) If the individual is approved for transition from the Short-Term Stabilization Unit to an ICF-IID living unit, the facility will be responsible for coordinating treatment needs with the applicable team members.

III. Documentation/Quality Assurance

A. The Gatekeeping Application is the document used by CDDOs to request, from KDADS, approval for admission into a public or private ICF-IID for clients receiving Medicaid.

B. Application Supporting Documentation

1. The following documents shall be submitted with the Gatekeeping Application for admission to an ICF-IID:
 - a) Written documentation of the legal guardian’s authority to admit the client to an ICF-IID (K.S.A. 59-3077);
 - b) Written documentation of all community service options that have been exhausted;
 - c) Supporting documentation detailing that an admission to an ICF-IID is essential to the client’s health and safety;
 - d) Documentation of an intellectual disability diagnosis made by a healthcare provider licensed to provide a DSM diagnosis;
 - e) Documentation of an IQ score of 70 or below as determined by an accredited IQ test. The IQ score shall have been ascertained through a formal psychological assessment procedure(s) including assessment with a standardized intellectual assessment;
 - f) A copy of the most recent Functional Assessment, which shall have been completed within the previous 365 days of application;
 - g) Current Person-Centered Service Plan, if applicable;
 - h) Current Person-Centered Support Plan, if applicable;
 - i) Current Behavior Support Plan, if applicable;
 - j) The most recent Individual Education Plan (IEP), if applicable.
2. The following additional documents shall be submitted with the Gatekeeping Application for admission to ICF-IID short-term stabilization beds:

Policy Name:	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF- IID) Policy	Policy Number:	M2023-053
Commission:	Long Term Services & Supports (LTSS)	Date Established:	4/15/2004
Applicability:	ICF-IID, IDD Waiver Participants	Date Last Revised:	5/1/2015
Contact:	ICF-IID Program Manager	Date Effective:	6/3/2019
Policy Location:	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ks.gov)	Date Posted:	04/12/2023
Status/Date:	04/11/2023 Final	Page Number:	7 of 9

- a) Completed admission consents and releases which may include:
 - i. Stipulation that the responsible party will participate and complete at least 90% of the facility’s training requirements, which may include behavior planning;
 - ii. List of all currently involved community supports;
 - iii. Preliminary plans for outpatient continuation of care;
 - iv. Preliminary discharge plan that contains individualized objectives.
- b) Documentation of current medical status to substantiate medical stability, such as:
 - i. Signed/dated medical clearance;
 - ii. Current history and physical;
 - iii. Signed/dated statement from individual’s physician.
- c) Descriptions of previous and current behavioral interventions attempted and the result of each;
- d) List of current medications;
- e) List of previous medications

C. Transition Request Form

1. ICF-IID facilities shall use the Transition Request Form to obtain approval for clients receiving Medicaid to transition from one licensed ICF-IID facility to another Kansas licensed ICF-IID.
2. The following documents shall be submitted with the ICF-IID Transition Request form:
 - a) Written documentation from the guardian of their current authority to admit the client to an ICF-IID;
 - b) The discharging ICF-IID facility shall provide documentation of intellectual disability diagnosis by a healthcare provider licensed to provide a DSM diagnosis;
 - c) The discharging ICF-IID facility shall provide documentation of an IQ of 70 or below as determined by an accredited IQ test;
 - d) The discharging ICF-IID facility shall provide a discharge plan that outlines the timeframe that the discharge will occur and the services that will be needed post discharge;

Policy Name:	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF- IID) Policy	Policy Number:	M2023-053
Commission:	Long Term Services & Supports (LTSS)	Date Established:	4/15/2004
Applicability:	ICF-IID, IDD Waiver Participants	Date Last Revised:	5/1/2015
Contact:	ICF-IID Program Manager	Date Effective:	6/3/2019
Policy Location:	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ks.gov)	Date Posted:	04/12/2023
Status/Date:	04/11/2023 Final	Page Number:	8 of 9

e) The CDDO will submit an IDD-1 Individual Choice form via the IDD Upload Utility.

D. MS 2126 (Notification of Facility Admission/Discharge form)

1. The MS-2126 shall be used by ICF-IID providers to request Medicaid payment for a beneficiary and to provide notification of admission and discharge.
2. ICF-IID facilities shall complete and submit this form within five (5) days of the client's admit or discharge date. The completed form shall be sent to the KanCare Clearinghouse (FAX 1-844-264-6285) and the ICF-IID Program Manager via email.

Definitions

Active Treatment Needs – The acquisition of the behaviors necessary for the individual to function with as much self- determination and independence as possible and the prevention or deceleration of regression or loss of current optimal functional status (42 C.F.R. § 483.440). Individual demonstrates active treatment needs necessary to maintain in a less-restrictive setting including but not limited to communication, activities of daily living, emotional self-regulation, social/interpersonal skills, safety, leisure, health, delay/denial tolerance, and/or community living skills.

Discharge – Per the State Operations Manual (Appendix J) means the permanent movement, for good cause, of an individual to another facility or setting which operates independently from the ICF-IID (e.g., the facility is not under the jurisdiction of the facility's governing body).

Functional Assessment – The instrument used to evaluate the level of care for individuals with an intellectual disability.

Good Cause – Per the State Operations Manual (Appendix J) only when the facility cannot meet the individual's needs, individual no longer requires an active treatment program, the individual or guardian chooses to reside elsewhere, or when a determination is made that another level of service or living situation would be beneficial to the individual.

Intellectual Disability – As defined by K.S.A. 39-1803 (h): "Intellectual disability" means substantial limitations in present functioning that is manifested during the period from birth to age 18 years and is characterized by significantly subaverage intellectual functioning existing concurrently with deficits in adaptive behavior including related limitations in two or more of the following applicable adaptive skill areas: Communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work.

Intellectual Quotient – An intelligence quotient or IQ is a score derived from a set of standardized tests developed to measure a client's cognitive abilities ("intelligence") in relation to their age group.

Interagency Review Team – Team composed of KDHE and KDADS staff with oversight from a physician to determine continued ICF-IID eligibility.

Policy Name:	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF- IID) Policy	Policy Number:	M2023-053
Commission:	Long Term Services & Supports (LTSS)	Date Established:	4/15/2004
Applicability:	ICF-IID, IDD Waiver Participants	Date Last Revised:	5/1/2015
Contact:	ICF-IID Program Manager	Date Effective:	6/3/2019
Policy Location:	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ks.gov)	Date Posted:	04/12/2023
Status/Date:	04/11/2023 Final	Page Number:	9 of 9

Objective – Specific skill that the individual must acquire to achieve a goal. The objective is what you really set out to accomplish in treatment. It is a concrete behavior that you can see, hear, smell, taste, or feel. An objective must be stated so clearly that almost anyone would know when he or she saw it.

Psychological Distress – Defined as an acute change in behavior, thoughts, or mood of an individual which if left untreated may lead to harm to themselves or others in the environment. An example of psychological distress would be a change in caregiver that leads to an almost immediate increase in severe behaviors. A nonexample of psychological distress would be an individual who engages in daily physical aggression and has done so for several years.

Transfer – Per the State Operations Manual (Appendix J) means the temporary movement, for good cause, of an individual to another facility (e.g., another ICF-IID, psychiatric hospital, or other institutional setting) with the intention of return to the original site.

Transition – Movement of an individual from one licensed ICF-IID facility to another licensed ICF-IID facility permanently and for good cause. However, in the case of Short-Term Stabilization beds, transition shall mean movement of an individual from Short-Term Stabilization beds to an ICF-IID facility, or another appropriate facility, permanently and for the reasons described in this policy.

Authority

Federal Authorities

42 C.F.R. §483.400

42 C.F.R. §483.440

State Authorities

State Operations Manual Appendix J

K.A.R. 30-63-21

K.A.R. 30-64-29

K.S.A. 39-1803

K.S.A. 59-3077

Related Information

PUBLIC COMMENT PERIOD: 01/20/23 – 02/20/23

RELATED CONTENT:

Policy: HCBS Transition Policy