



State of Louisiana

Louisiana Department of Health
Office for Citizens with Developmental Disabilities

OCDD-P-18-005
OCDD-A-18-004
OCDD-SC-18-005

Dear Physician:

Your client/patient has the opportunity to receive a waiver through the Office for Citizens with Developmental Disabilities. He/she needs your assistance to complete a required part of the eligibility determination process.

The waiver opportunity being provided is a Medicaid home and community-based waiver program. The waiver program allows for assistance in the home, giving some relief to the primary care-giver. The supports and services in waiver programs are targeted to supporting individuals with developmental disabilities to live independently with assistance or to remain in the homes with their families, who would otherwise require institutionalization. Waiver services are delivered in addition to Medicaid State Plan benefits.

Part of the application process is to obtain medical information using the Request for Medical Eligibility Determination Form 90-L. We are requesting your assistance in completing the form to ensure medical eligibility for this individual.

- **Section I** should already have been completed by the individual/family/legal guardian. If not complete, please assist your client/patient in completion.
- **Section II** may be completed by a Nurse, Nurse Practitioner, or Physician Assistant.
- **Section III** may be completed by Nurse, Nurse Practitioner, or Physician Assistant.
- **Section III, I**, Physician's signature, **MUST** reflect your signature, unless delegated to a Nurse Practitioner or Physician Assistant under your supervision. In all cases, your printed name and address must be listed on the form.

Section I, part F, should note that the individual is applying for intellectual and developmental (ID) disabilities services. To be eligible to receive home and community based services, a person must meet the ICF/ID level of care. Information describing level of care is on the reverse side of this page. Your completion of the 90-L form is integral in our determination of whether or not your client/patient meets ICF/ID level of care.

Once completed, signed and dated, the 90-L form is time-sensitive. The individual/family/legal guardian should promptly return the completed 90-L form to the support coordination agency responsible for coordinating the waiver services.

Thank you for your time and assistance in this matter. If you have any questions, please feel free to contact 1-866-783-5553.

FACT SHEET FOR LEVEL OF CARE: MEDICAID ELIGIBILITY DETERMINATION
FORM 90-L

In order to qualify for Centers for Medicare and Medicaid Services (CMS) Home and Community-Based Waiver services, a person must meet the definition for an intellectual or developmental disability AND the requirements for an Intermediate Care Facility for Persons with Intellectual or Developmental disabilities (ICF/ID) level of care, which requires active treatment of a developmental disability under the supervision of a qualified developmental disability professional. The Definition of a developmental disability is provided in this fact sheet.

Checking the “ICF/ID” level of care on the Medical Eligibility Determination form 90-L does not always mean the person has to have a diagnosis of developmental disability, nor does it mean that the person currently requires the services of a group home or supports and services center.

CMS specifies that ‘in order for an individual to be considered to require a level of care specified for the waiver, it must be determined that: a)the person requires at least one waiver service, and b) requires the provision of waivers services at least monthly to assure health and welfare. Entrance to the waiver is contingent on a person’s requiring one or more of the services offered in the waiver in order to **avoid** institutionalization.

A developmental disability as defined by The Developmental Disability Law, Louisiana Revised Statutes 28:451.1-455.2, is as follows:

“Developmental Disability” means either:

- (a) A severe chronic disability of a person that:
 - (i) Is attributable to an intellectual or physical impairment or combination of intellectual and physical impairments.
 - (ii) Is manifested before the person reaches age twenty-two.
 - (iii) Is likely to continue indefinitely.
 - (iv) Results in substantial functional limitation in three or more of the following areas of major life activity:
 - (aa) Self-care.
 - (bb) Receptive and expressive language.
 - (cc) Learning.
 - (dd) Mobility.
 - (ee) Self-direction.
 - (ff) Capacity for independent living.
 - (gg) Economic Self-sufficiency.
 - (v) Is not attributable solely to mental illness.
 - (vi) Reflects the person’s need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.
- (b) A substantial developmental delay or specific congenital or acquired condition in a person from birth through age nine which, without services and support, has a high probability of resulting in those criteria in Subparagraph (a) of this Paragraph later in life that may be considered a developmental disability.