



COMMISSIONER
Adelaide Horn

October 31, 2007

To: Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) Providers and Mental Retardation Authorities

Subject: Information Letter #07-108
Provider Clarification to Rule §9.223, Review of Living Options

Effective: November 1, 2007

This letter is to provide clarification of responsibilities for Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) providers related to Texas Administrative Code (TAC), Title 40, Social Services and Assistance; Part 1, Department of Aging and Disability Services (DADS); Chapter 9, Mental Retardation Services – Medicaid State Operating Agency Responsibilities; Subchapter E, ICF/MR Programs – Contracting; Division 4, Provider Service Requirements; Rule §9.223, Review of Living Options.

This rule is located at:

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=1&ch=9&rl=223](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=1&ch=9&rl=223)

The purpose of this clarification is to ensure that choices made by an individual as part of the annual Review of Living Options are:

- documented in the individual's record by the ICF/MR provider,
- reported to appropriate providers, DADS or Mental Retardation Authority (MRA), and interest lists contacts; and
- verified at least annually that the individual's current and previously requested alternative living choice have the individual's name, correct contact information, and that the name is considered active with the provider and/or interest list(s).

The following is required at **§9.223 (a)(1)(A)-(C)**; clarification for provider responsibilities is underlined:

(A) other ICF/MR Program providers--state schools and state centers and community-based ICF/MRs;

Clarification: The ICF/MR provider must:

- (1) verify that appropriate program provider(s) is aware of the individual's choice;
- (2) document contact, update contact information, date of initial notice to provider; and
- (3) the current status as an alternate living arrangement for the individual

(B) waiver services under §1915(c) of the Social Security Act; and Clarification:

The ICF/MR provider must:

- (1) verify that the individual's name is on the appropriate interest list(s) for the program(s) requested by the individual as an alternate living arrangement option;
- (2) document the date the individual's name was initially added to each list, update contact information; and
- (3) the current status of the individual's name on the list.

(C) other community-based services and supports.

Clarification: The ICF/MR provider must:

- (1) verify that the appropriate provider(s) of services and supports is aware of the individual's choices;
- (2) document contacts, update contact information, the date of initial notice to provider(s); and
- (3) the current status as an alternate living arrangement for the individual.

The following addition is made to the attached **Community ICF/MR Living Options Instrument**

<p>Information and Validations for §1915(c) Medicaid waiver programs and for other programs, supports, and services</p>	<ul style="list-style-type: none"> • *§1915(c) Medicaid waiver programs: <ol style="list-style-type: none"> (1) What waiver program(s) interest list is the individual's name on? (2) What date was the name added to each waiver program interest list? (3) Is the individual's name being added to any list as a result of this review? If so, specify the name of each program, date name was added, who made the call, who accepted the entry? • Other programs, supports, and services: <ol style="list-style-type: none"> (1) What other programs, supports, and service interest list is the individual's name on? (2) What date was the name added to each interest list? (3) Is the individual's name being added to any list as a result of this review? If so, specify the name of each program/support/services, date name was added, who made the call, who accepted the entry?
<p>*§1915(c) Medicaid waiver programs:</p>	<ul style="list-style-type: none"> • Community Based Alternatives (CBA) Programs • Community Living Assistance and Support Services (CLASS) Program • Consolidated Waiver Program (CWP) • Deaf/Blind with Multiple Disabilities (DBMD) Program • Home and Community-based Services (HCS) Program • Medically Dependent Children's Program (MDCP) • Texas Home Living (TxHmL) Program

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The specific responsibilities for Mental Retardation Authorities related to the *Review of Living Options* are outlined at **§9.223 (b) and (c)** accessible through the web link above.

If you have any additional questions please contact me at 512-438-3543 or by e-mail tommy.ford@dads.state.tx.us.

Sincerely,

[signature on file]

Tommy Ford
Section Director
Institutional Services

COMMUNITY ICF/MR LIVING OPTIONS INSTRUMENT

Purpose

The Community ICF/MR Living Options instrument was designed to standardize criteria and objectify the process of making living option recommendations upon admission into the ICF/MR program, at the annual planning conference, or any time interest is indicated in an alternative living arrangement by an individual or legally authorized representative (LAR).

Instructions

1. The Living Options Instrument must be utilized by the Interdisciplinary Team as a guide to planning conferences with the individual/LAR when living options are discussed.
2. Prior to using the Living Options Instrument, the ICF/MR provider will ensure that facility staff participating in planning conferences with the individual/LAR have received adequate training on the use of the instrument.
3. Items on the Living Options Instrument will be incorporated as an essential element of interdisciplinary team policy and procedure at each facility, and will serve as the basis for all planning conferences with the individual/LAR at which living options are discussed.
4. Staff at each facility will coordinate monitoring of planning conferences to assure the process is being utilized as designed.
5. Staff at each facility will coordinate monitoring of record documentation (on a random basis) to evaluate the written product for a specified period of time.

Questions

Staff is encouraged to obtain this information using an approach that is focused on the preferences of the individual/LAR. Each of the factors below should be addressed by the IDT. Documentation in the IDT staffing summary will include: a) source of the information; b) relevant deliberation; and c) outcome of the discussion. Final recommendations will address individual/LAR preferences regarding living options.

Information obtained from this instrument should be used to update the individual's program plan for the ICF/MR program. Additionally, when an alternative living arrangement is requested, the information will be used by the MRA to identify appropriate community resources and to develop the individual's service coordination plan.

FACTORS	<i>ESSENTIAL ELEMENTS</i>
Person's Preference	<ul style="list-style-type: none"> • Does the latest planning conference with the individual indicate a clear preference of where the individual wishes to live? If so, where? • What information has been provided to the individual related to living options? • What is the source of this information? Where is this documented? • What was the individual's preference in his/her last planning conference? • Is there a noted change in his/her preference compared to the previous planning conference? If so, why?
LAR/Family Preference	<ul style="list-style-type: none"> • Does the individual have a legally authorized representative (LAR)? • What information has been provided to the LAR related to living options? • What is the LAR's stated preference? • What is the source of this information? Where is this documented? • If there is no LAR, does the individual have family involvement and/or other natural supports? • What information has been provided to the family/natural supports related to living options? • What is the family's/natural support's stated preference? • What is the source of this information? Where is this documented?
Medical Issues	<ul style="list-style-type: none"> • Does this individual have medical/nursing needs? If so, what are they? • What would enable these needs to be met in an alternative living arrangement? • What can facility/MRA staff do to support/facilitate these needs being met in an alternative living arrangement (e.g., in-service training, extended trial visits, professional consults, provision of adaptive equipment, respite, etc.)?
Behavioral/Psychiatric Issues	<ul style="list-style-type: none"> • Does the individual have behavioral/psychiatric treatment needs? • If so, what are the treatment needs (e.g., behavior management plan, psychoactive medication, etc.)? • What would enable these needs to be met in an alternative setting? • What can facility/MRA staff do to support/facilitate these needs being met in an alternative living arrangement (e.g., in-service training, extended trial visits, psychiatric/ psychological consultation, respite, etc.)?
Quality of Life	<ul style="list-style-type: none"> • If the individual is a minor, has permanency planning been addressed? • If a minor, have educational issues been addressed, including contact with the local school district? • What factors are most important to this person in choosing a place to live (e.g., family, friends, employment, special communication needs, leisure, living arrangements, daily routine, privacy, eating, community integration, etc.)? • What would enable these factors to take place for the individual in an alternative living arrangement? • What can facility/MRA staff do to support/facilitate these factors being met in an alternative living arrangement?
MRA Recommendations/Input <i>(required when an individual/LAR requests an alternative living arrangement)</i>	<ul style="list-style-type: none"> • What alternative living arrangements are available to meet the individual's needs? • Within what timeframe could placement in an alternative living arrangement occur? • Was an MRA representative present at the planning conference? • If not, what was the source of the MRA input?
Other Issues	<ul style="list-style-type: none"> • Were other factors (issues) discussed at the planning conference? If so, explain.

<p>Information and Validations for §1915(c) Medicaid waiver programs and for other programs, supports, and services</p>	<ul style="list-style-type: none"> • *§1915(c) Medicaid waiver programs: <ol style="list-style-type: none"> (1) What waiver program or programs is the individual’s name on? (2) What date was the name added to each waiver program interest list? (3) Is the individual’s name being added to any list as a result of this review? If so, specify the name of each program, date name was added, who made the call, who accepted the entry? • Other programs, supports, and services: <ol style="list-style-type: none"> (1) What programs, supports, and services is the individual’s name on? (2) What date was the name added to each interest list? (3) Is the individual’s name being added to any list as a result of this review? If so, specify the name of each program/support/services, date name was added, who made the call, who accepted the entry?
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