



## Intermediate Care Facility/Intellectual Disability Level of Care LOC-002

<b>Iowa Medicaid Program</b>	Prior Authorization	<b>Effective Date</b>	03/17/2014
<b>Revision Number</b>	10	<b>Last Reviewed</b>	01/16/2026
<b>Reviewed By</b>	Medicaid Medical Director	<b>Next Review</b>	01/15/2027
<b>Approved By</b>	Medicaid Clinical Advisory Committee	<b>Approved Date</b>	03/13/2018

### Descriptive Narrative

The following criteria are used to determine level of care for intermediate care facility for persons with an intellectual disability (ICFID), the Home and Community-Based Services (HCBS) Intellectual Disability (ID) waiver, the HCBS Brain Injury (BI) waiver, or the HCBS Health and Disability (HD) waiver.

From the Iowa Administrative Code (IAC) 441-82.1(249A):  
*“Intermediate care facility for persons with an intellectual disability level of care”* means that the individual has a diagnosis of intellectual disability made in accordance with the criteria provided in the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; or has a related condition as defined in 42 CFR 435.1010; and needs assistance in at least three of the following major life areas: mobility, musculoskeletal skills, activities of daily living, domestic skills, toileting, eating skills, vision, hearing or speech or both, gross/fine motor skills, sensory-taste, smell, tactile, academic skills, vocational skills, social/community skills, behavior, and health care.

### Criteria

For the ID waiver the member must meet criteria 1 **AND** 3.

For the BI and HD waivers the member must meet criteria 1 **OR** 2 **AND** 3.

Members with related conditions (42 Code of Federal Regulation [CFR] 435.1010) without a DSM qualifying diagnosis of intellectual disability may qualify for ICFID facility services when they meet criteria 2 **AND** 3.

1. IAC 441-83.60(249A) requires the diagnosis of intellectual disability (intellectual developmental disorder), global developmental delay or unspecified intellectual disability (intellectual developmental disorder) as established according to the criteria outlined in the DSM-5, using a

standardized full battery test (or other testing if attempts in using a full battery test are unsuccessful or not indicated) of intellectual abilities including full scale intelligence quotient, onset of intellectual and adaptive deficits before the end of the developmental period, and assessment of adaptive functioning. Adaptive functioning is assessed using both clinical evaluation and individualized, culturally appropriate, psychometrically sound measures. Deficits in adaptive functioning must be directly related to the intellectual impairments of Criterion 1.a.

- a. Deficits in intellectual functions confirmed by both clinical assessment and individually administered and valid tests of intelligence with obtained scores approximately two standard deviations below the population mean including a margin for measurement error.
  - b. Deficits in adaptive functioning in at least **ONE** of the following areas:
    - 1) Conceptual - includes skills in language, reading, writing, math, reasoning, knowledge, and memory; **OR**
    - 2) Social - empathy, sound judgment, interpersonal communication skills, the ability to make and retain friendships and similar capacities; **OR**
    - 3) Practical - centers on self-management in areas of personal care, job responsibilities, money management, recreation, and organizing school and work tasks.  
Conceptual, social, and practical adaptive functioning deficits need to be sufficiently impaired that ongoing support is needed for the person to perform adequately in at least one life setting (school, work, home) and has been assessed using both clinical evaluation and culturally appropriate, psychometrically sound measures of adaptive behavior. Deficits in adaptive behavior must be directly related to criterion a.
  - c. Onset of intellectual and adaptive deficits during the developmental period.
2. Member has a related condition as defined in 42 CFR Chapter IV part 435 section 1010.
- a. Members who have a severe chronic disability that meets **ALL** of the following conditions:
    - 1) It is attributable to cerebral palsy or epilepsy or any other condition, other than mental illness, found to be closely related to intellectual disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of intellectually disabled and requires treatment or services similar to those required for these persons, **AND**
    - 2) It is manifested before the member reaches 22 years of age, **AND**
    - 3) It is likely to continue indefinitely, **AND**
    - 4) Results in substantial functional limitations in **THREE** or more of the following areas of major life activities:
      - a) Self-care; **OR**

- b) Understanding and use of language; **OR**
  - c) Learning; **OR**
  - d) Mobility; **OR**
  - e) Self-direction; **OR**
  - f) Capacity for independent living.
3. Member has deficits in at least **THREE** of the following activities of daily living such as:
- a. Mobility, **OR**
  - b. Musculoskeletal skills, **OR**
  - c. Activities of daily living, **OR**
  - d. Domestic skills, **OR**
  - e. Toileting, **OR**
  - f. Eating skills, **OR**
  - g. Vision, **OR**
  - h. Hearing or speech or both, **OR**
  - i. Gross/fine motor skills, **OR**
  - j. Sensory-taste, **OR**
  - k. Smell, **OR**
  - l. Tactile, **OR**
  - m. Academic skills, **OR**
  - n. Vocational skills, **OR**
  - o. Social/community skills, **OR**
  - p. Behavior, **OR**
  - q. Healthcare.

## Coding

NA

## Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards

adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

**References**

IAC 82.1(249A).

IAC 83 intellectual disability definition.

IAC 83.1(249A).

IAC 83.61(249A).

IAC 83.81(249A).

42 CFR part 435 section 1010.

American Psychiatric Association: Diagnostic and Statistical Manual, Fifth Edition.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

**Criteria Change History**

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]			[#]

Signature

Change Date	Changed By	Description of Change	Version
01/16/2026	CAC	Annual Review.	10

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William (Bill) Jagiello, DO 

Change Date	Changed By	Description of Change	Version
01/17/2025	CAC	Annual review. Updated line 1. in Criteria section.	9

Signature

William (Bill) Jagiello, DO 

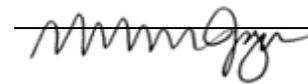
Change Date	Changed By	Description of Change	Version
01/19/2024	CAC	Annual review.	8

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William (Bill) Jagiello, DO 

Change Date	Changed By	Description of Change	Version
01/20/2023	CAC	Annual review.	7

Signature



## Criteria Change History

William (Bill) Jagiello, DO

Change Date	Changed By	Description of Change	Version
01/21/2022	CAC	Annual review.	6

### Signature

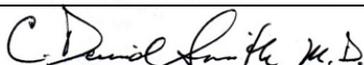
William (Bill) Jagiello, DO



Change Date	Changed By	Description of Change	Version
05/05/2016	Policy	Changed mental retardation to intellectual disability. Removed the age of 18 from developmental period. Removed supported community living for children age 18 or under in residential care from persons with related conditions.	5

### Signature

C. David Smith, MD



Change Date	Changed By	Description of Change	Version
04/15/2016	Behavior Health Consultant	Changed DSM-IV-TR to DSM-5. Added clarification of adaptive functioning. Criterion #1 changed skill areas to 3 domains and requiring only 1 deficit. Criterion #3 combined activities of daily living under deficits and requiring only 1 deficit.	4

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Change Date	Changed By	Description of Change	Version
03/11/2014	Policy	Changed residential-based SCL age to 18 from 20.	3

### Signature

Change Date	Changed By	Description of Change	Version
12/08/2013	Behavior Health Consultant	Changed DSM-IV to DSM-IV-TR (Text Revision). Changed Ill & Handicapped waiver to Health and Disability waiver.	2

### Signature

Change Date	Changed By	Description of Change	Version
09/03/2013	Medical Director	Combined ICF/ID LOC criteria for waivers and facilities.	1

### Signature

CAC = Medicaid Clinical Advisory Committee