

Chapter 7 | Level of Care

Introduction

Level of Care assessments are completed by a Waiver Support Coordinator, to assist in determining if an individual meets eligibility requirements and to what level of service is required to accommodate the consumer's needs. The Support Coordinator will utilize the Waiver Eligibility Worksheet to document the LOC determinations.

Complete Waiver Eligibility Worksheet

37. To begin, the Region Staff member will log into iConnect and set Role = WSC/CDC. Click **Go**.
38. The consumer's Initial HCBS Waiver Eligibility Worksheet will be available by navigating to the consumer's record and clicking on the **Forms** tab.

MY DASHBOARD CONSUMERS PROVIDERS INCIDENTS CLAIMS

Smith, Marianne (10043)

Diagnosis Eligibility Medications Auths Provider Documentation Contacts Consumer Module Use

Demographics Divisions Programs Provider Selections Notes **Forms** Appointments Plans

Filters
Form [v] +
Search Reset

5 Forms record(s) returned - now viewing 1 through 5

Form	Review	Review Date	
Questionnaire Situational Information	Initial	03/27/2018	Clinic
EZ iBudget Calculator	Initial	03/26/2018	State
HCBS Waiver Eligibility Worksheet	Initial	03/23/2018	Reed
Support Plan Short Form	Initial	03/23/2018	Reed
Family Risk Factors	Initial	03/23/2018	Reed

<< First < Previous Retrieve 15 Records at a time Next > Last >>

39. To add a new form, annually, click **Forms > File > Add Form** and in the Please Select Type field select the **HCBS Waiver Eligibility Worksheet**

oConnect iConnect

3/28/2025 9:57 AM

Forms

File

Please Select Type: [v]

An asterisk (*) indicates a required field.

Consumer Form

Review *

Review Date *

Division *

Approved By

Worker *

Status *

Provider/Program

Approved Date

Shorter, Caroline

Lookup Clear Details

Draft

HCBS Waiver Eligibility Worksheet

40. In the new HCBS Waiver Eligibility Worksheet, complete all relevant fields

41. Then, update the fields in the header:

- a. Review = Annual
- b. Division = APD
- c. Status = Complete

File **Forms**
3/28/2025 8:55 AM

Please Select Type: HCBS Waiver Eligibility Worksheet

An asterisk (*) indicates a required field

Consumer Forms

Review *	Annual	Worker *	Shorter, Caroline Lookup Clear Details
Review Date *	03/28/2025	Status *	Complete
Division *	APD	Provider/Program	
Approved By	Shorter, Caroline Details	Approved Date	03/28/2025

HCBS WAIVER ELIGIBILITY WORKSHEET

Client First Name:	Caroline
Client Last Name:	Shroter
*Social Security Number:	XXX-XX-9999 Unmask
Region:	 Clear
Support Plan Effective Date:	MM/DD/YYYY

LEVEL OF CARE ELIGIBILITY

The individual is an APD client with a Developmental Disability who meets one of the following criteria and is eligible to receive services provided in an ICF/DD.

42. Print the form for signature

43. When finished, click **Save and Close Forms**

44. After obtaining the necessary signatures, attach the signed HCBS Waiver Eligibility Worksheet to the consumer's record. To do so, navigate to the consumer's record and click on **Notes > File > Add Note**:

45. In the new Note record, update the following fields:

- i. Division = APD
- ii. Note Type = Waiver Enrollment
- iii. Note Subtype = Signed Waiver Eligibility Worksheet
- iv. Status = Complete

46. From the **File** menu > select **Save and Close Note**