

DETERMINATION OF MATERIAL IMPROVEMENT FOR IDD WAIVER RECIPIENTS THREE AND OLDER

| ICF/MR Level of Care Factors | EARLIEST Approved LOC prior to denial(s) Date/Yr | YES | NO | CURRENT Yr LOC Date/Yr | YES | NO | Material Improvement & Comments |
|--|--|-----|----|------------------------------|-----|----|---------------------------------|
| ICAP results | | | | | | | |
| Evaluations (Psychological, Psychiatric, School eligibility reports, Physical, Occupational, Speech therapy) | | | | | | | |
| Behavior Support plan (when applicable) | | | | | | | |
| Medical records | | | | | | | |
| Qualifying Diagnosis | | | | | | | |

Review Comments:

State of Alaska • Department of Health and Social Service • Senior and Disabilities Services
DETERMINATION OF MATERIAL IMPROVEMENT FOR IDD WAIVER RECIPIENTS THREE AND OLDER

(Date)

(Signature or Electronic Signature of QMRP Assessor)

(Printed Name of QMRP Assessor)

(Date)

(Signature of Reviewing QMRP)

(Printed Name of Reviewing QMRP)

(Date)

(Signature of Reviewing QMRP)

(Printed Name of Reviewing QMRP)