

State of Alaska • Department of Health and Social Service • Senior and Disabilities Services
DETERMINATION OF MATERIAL IMPROVEMENT FOR IDD WAIVER PARTICIPANTS UNDER AGE THREE

Client Name:

Medicaid Number:

DSDSID #

Date of Current review:

Name of Assessor:

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
Infant Learning evaluation (must be current within 12 months)							
Physical, speech, occupational therapy evaluations							
Eligibility summary and evaluation report completed through the school district.							

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Review Comments:

(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)