



ICF/IID Level of Care Determination

Name: _____ Medicaid #: _____

DOB: _____ Age at ICAP (years and months): _____

ICAP Broad Independence Score from SDS *Table of ICAP Scores*: _____ Applicant's BI score: _____

Date of qualifying diagnosis evaluation: _____ Diagnosis made by: _____

LOC start date: _____ LOC end date: _____

Individual has a severe, chronic disability associated with one of the following five conditions:

Intellectual Disability

Individual must have an I.Q. of less than 70 (plus or minus five points) as determined by an individually administered, standardized intelligence evaluation. The source of the intellectual disability must have originated before the age of 22 years and must constitute a substantial limitation to the individual's ability to function in society as evidenced by the individual's Broad Independence score on the *Inventory for Client and Agency Planning (ICAP)* compared with the *SDS Table of ICAP Scores*.

Other Intellectual Disability-Related Condition

Individual must experience a condition (other than mental illness, psychiatric impairment, or serious emotional or behavioral disturbance) found to be closely related to intellectual disability because this condition results in impairment of general intellectual functioning and adaptive behavior similar to that of intellectually disabled individuals, and requires treatment or services similar to those required for these individuals. The condition must be manifested before the age of 22 years, diagnosed by a licensed physician, is likely to continue indefinitely, and must constitute a substantial limitation to the individual's ability to function in society as evidenced by the individual's Broad Independence score on the *Inventory for Client and Agency Planning (ICAP)* and compared with the *SDS Table of ICAP Scores*.

Cerebral Palsy

Individual must experience cerebral palsy diagnosed by a licensed physician prior to the age of 22. A deficit in intellectual ability need not be present, but the condition must result in a substantial disability that is likely to continue indefinitely and affects the individual's ability to function in society as evidenced by the individual's Broad Independence score on the *Inventory for Client and Agency Planning (ICAP)* and compared with the *SDS Table of ICAP Scores*.

Epilepsy

Individual must experience epilepsy diagnosed by a licensed physician, preferably a board certified neurologist, prior to the age of 22. A deficit in intellectual ability need not be present, but the condition must result in a substantial disability that is likely to continue indefinitely and affects the individual's ability to function in society as evidenced by the individual's Broad Independence score on the *Inventory for Client and Agency Planning (ICAP)* and compared with the *SDS Table of ICAP Scores*.

Autism

Individual must experience autism diagnosed by a mental health professional clinician (as defined at 7 AAC 160.990) that meets the criteria *DSM-IV code 299.00, Autistic Disorder*. The autism disorder must be manifested prior to the age of 22 and constitute a substantial limitation to the individual's ability to function in society as evidenced by the individual's Broad Independence score on the *Inventory for Client and Agency Planning (ICAP)* and compared with the *SDS Table of ICAP Scores*.

ICAP documentation has been signed and dated, and is attached to the LOC document

The recommendation for ICF/IID Level of Care is based on input from an interdisciplinary team consisting of:

Participant **AND** Family member(s), guardian or other representative, **AND**

Qualified Intellectual Disability Professional (QIDP)

ICAP Evaluator: _____ Date: _____

I hereby certify that this individual qualifies for an Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IID) Level of Care as defined in 7 AAC 140.600. In addition, I certify that the individual requires a continuous active treatment program as defined at 42 CFR 483.440(a), which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that is directed toward 1) the acquisition of behaviors necessary for the individual to function with as much self-determination and independence as possible and 2) the prevention or deceleration of regression or loss of current optimal functional status.

But for the provision of home and community-based waiver services, this individual would meet the admission criteria for an ICF/IID.

ICF/IID Level of Care approved

ICF/IID Level of Care denied

SDS IDD Program Specialist/QIDP

Date

Regulations at 42 CFR 441.302(c) require Level of Care determinations to be reviewed annually.