

**SENIOR AND DISABILITIES SERVICES
MATERIAL IMPROVEMENT REPORTING FOR
FOR IDD PARTICIPANTS UNDER THE AGE OF THREE**

Client Name:

Medicaid Number:

Date of Current review

DSDID#

Name of Assessor:

| ICF/MR Level of Care Factors | Previous CAT (Admitting to waiver) 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:

QMRP Reviewer Note: If the client does not rise to the level of institutional care, please state enter a statement about PCA services and whether this service will adequately meet the client's needs.

(Date)

(Signature or Electronic Signature of QMRP Assessor)

(Printed Name of QMRP Assessor)

(Date)

(Signature of Reviewing QMRP)

(Printed Name of Reviewing QMRP)