

**WYOMING DEPARTMENT OF HEALTH  
EQUALITYCARE/MEDICAID  
LEVEL OF CARE CRITERIA FOR ICF-MR**

\_\_\_ Adult DD

\_\_\_ Child DD

Resident's Name \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Medicaid Client ID#: \_\_\_\_\_ Diagnoses: \_\_\_\_\_

Screening Date: \_\_\_\_\_ Plan of Care Date: \_\_\_\_\_ or Pending Plan of Care: \_\_\_\_\_ ICF/MR Admit Date: \_\_\_\_\_ Placement: \_\_\_\_\_ County: \_\_\_\_\_

**A - Medical**

**OR**

**B - Psychological**

**OR**

**C - Functional**

The client with mental retardation\* requires:

1. Daily monitoring due to medical condition where overall care planning is necessary.      Yes       No

**OR**

2. Supervision due to medication effects.      Yes       No

**AND**

3. Has at least one functional deficit from Column C.      Yes       No

**AND**

D. Active treatment directed toward (a) development of skills necessary for maximum independence or (b) prevention of regression or loss of current skills/abilities.      Yes       No

The client with mental retardation\* requires:

1. Supervision due to impaired judgment and limited capabilities.      Yes       No

**OR**

2. Supervision due to behavior, abusiveness or assaultiveness.      Yes       No

**OR**

3. Supervision due to psychotropic drug effects.      Yes       No

**AND**

4. Has at least one functional deficit from Column C.      Yes       No

**AND**

D. Active treatment directed toward (a) development of skills necessary for maximum independence or (b) prevention of regression or loss of current skills/abilities.      Yes       No

It is anticipated that the client will need this level of service consecutively for 30 days or more.      Yes       No

The client with mental retardation\* has any three (3) or more of the following functional deficits requiring:

1. Assistance with activities of daily living and self-help skills such as feeding toileting, dressing and bathing.      Yes       No

2. Assistance with ambulation, mobility.      Yes       No

3. Routine incontinence care, catheter care, or ostomy.      Yes       No

4. A structured and safe environment that provides 24-hour supervision.      Yes       No

**AND**

D. Active treatment directed toward (a) development of skills necessary for maximum independence or (b) prevention of regression or loss of current skills/abilities.      Yes       No

APPROVED FOR ICF-MR LEVEL OF CARE

Yes       No

Signature of Qualified Mental Retardation Professional (QMRP),ISC

Contact # \_\_\_\_\_



Yes [ ] No [ ]  
The individual does meet the definition of developmentally disabled and has clinical eligibility for the DD-HCBS.

This form is to be completed by the ICF-MR Admission Committee or QMRP. One copy is to be retained for the client's chart. One copy is to be sent to the local DFS office. One copy is to be to DDD with the plan of care.

**DEFINITION OF MENTAL RETARDATION AND RELATED CONDITION  
AND  
CRITERIA FOR ICF/MR LEVEL OF CARE**

1. The person has a confirmed diagnosis of Mental Retardation or related condition as indicated in 42 CFR 435.1009. The individual must have mental retardation with a full scale intelligence quotient of 70 or below and an ICAP (Inventory of Client and Agency Planning) age adjusted service score of 70 or below. People with related conditions who have a developmental disability must have an ICAP age adjusted service score 70 or below.

The most widely accepted definition of mental retardation has been adopted by the American Association on Mental Retardation (MMR) and reads as follows:

Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

Persons with related disabilities include individuals with a severe, chronic disability attributable to cerebral palsy or a seizure disorder or any other condition other than mental illness, that is found to be closely related to mental retardation because this condition results in impairments of general intellectual functioning or adaptive behavior similar to that of persons with mental retardation and requires treatment or services similar to those required for these persons.

Further clarification of a related condition include:

1. It is manifested before person reaches age 22;
2. The person has substantial functional limitations in three or more of the following areas of major life activity:
  - Self-care
  - Understanding and use of language
  - Learning
  - Mobility
  - Self-direction
  - Capacity of independent living

2. The person's needs are such that 24 hour/day supervision is necessary.
3. That a person is in need of and receiving active treatment as defined in 42 CFR 483.440:

Active treatment is defined as a continuous program for each resident which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that is directed towards (1) the acquisition of the behaviors necessary for the resident to function with as much self determinations and independence as possible; and (2) the prevention or deceleration of regression or less of current optimal functional status.