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

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

The client with acquired brain injury requires:

		Yes	No
1.	Daily monitoring due to medical condition where overall care planning is necessary.	☐	☐
	OR		
2.	Supervision due to medication effects.	☐	☐
	AND		
3.	Has at least one functional deficit from Column C.	☐	☐
	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.	☐	☐

APPROVED FOR ICF-MR LEVEL OF CARE

Yes ☐ No ☐

Signature Qualified Acquired Brain Injury Professional (QABIP), ISC

Contact # _____

OR

B - Psychological

The client with acquired brain injury requires:

		Yes	No
1.	Supervision due to impaired judgment and limited capabilities.	☐	☐
	OR		
2.	Supervision due to behavior, abusiveness or assaultiveness.	☐	☐
	OR		
3.	Supervision due to psychotropic drug effects.	☐	☐
	AND		
4.	Has at least one functional deficit from Column C.	☐	☐
	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.	☐	☐
	It is anticipated that the client will need this level of service consecutively for 30 days or more.	☐	☐

OR

C - Functional

The client with acquired brain injury has any three (3) or more of the following functional deficits requiring:

		Yes	No
1.	Assistance with activities of daily living and self-help skills such as feeding toileting, dressing and bathing.	☐	☐
2.	Assistance with ambulation, mobility.	☐	☐
3.	Routine incontinence care, catheter care, or ostomy.	☐	☐
4.	A structured and safe environment that provides 24-hour supervision.	☐	☐
	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.	☐	☐

Wyoming Department of Health
Commit to your health.

This form is to be completed by the ICF-MR Admission Committee or QMRP/ISC
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 sent to DDD with the plan of care.

Yes [ ] No [ ]
The individual does meet the definition of acquired brain injury and has clinical eligibility for the ABI-HCBS.

LT-ABI-105
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