

ANNUAL RECERTIFICATION OF NEED FOR ICF /MR LEVEL OF CARE

I. THE PURPOSE OF THIS FORM IS TO CERTIFY WHETHER THE FOLLOWING INDIVIDUAL WHO IS RECEIVING HOME AND COMMUNITY SERVICES FUNDED UNDER THE 2176 WAIVER IS DETERMINED TO CONTINUE TO QUALIFY FOR AN ICF/MR LEVEL OF CARE IN ACCORDANCE WITH STATE AND FEDERAL REQUIREMENTS.

INDIVIDUAL'S NAME:

CURRENT ADDRESS:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

TELEPHONE NUMBER:

II. QUALIFIED MENTAL RETARDATION PROGRAM CERTIFICATION

THE ANNUAL RECERTIFICATION OF NEED FOR AN ICF/MR LEVEL OF CARE IS MADE BY THE FOLLOWING NAMED QUALIFIED MENTAL RETARDATION PROFESSIONAL BASED ON REVIEW OF THIS INDIVIDUAL'S PSYCHOLOGICAL SOCIAL AND PHYSICAL CONDITION, AS WELL AS A REVIEW OF THE BENEFIT THE INDIVIDUAL IS RECEIVING FROM HOME AND COMMUNITY SERVICES AND SUPPORTS. SECTION A IS COMPLETED IF THE INDIVIDUAL CONTINUES TO QUALIFY FOR AN ICF/MR LEVEL OF CARE OR SECTION B IS COMPLETED IF THE INDIVIDUAL DOES NOT MEET THE CRITERIA.

A. I CERTIFY AS A QUALIFIED MENTAL RETARDATION PROFESSIONAL THAT THE ABOVE NAMED INDIVIDUAL CONTINUES TO QUALIFY FOR AN ICF/ME LEVEL OF CARE.

QMRP SIGNATURE

DATE

ADDRESS

TELEPHONE NUMBER

B. I CERTIFY AS A QUALIFIED MENTAL RETARDATION PROFESSIONAL THAT THE ABOVE NAMED INDIVIDUAL DOES NOT CONTINUE TO QUALIFY FOR AN ICF/MR LEVEL OF CARE.

QMRP SIGNATURE

DATE

ADDRESS

TELEPHONE NUMBER

III. LEVEL OF CARE DETERMINATION

THIS SECTION IS SIGNED BY THE DEPARTMENT DESIGNEE, THE COUNTY MH/MR PROGRAM. SECTION A IS SIGNED IF THE INDIVIDUAL IS DETERMINED TO CONTINUE TO REQUIRE AN ICF/MR LEVEL OF CARE OR SECTION B IS SIGNED IF THE INDIVIDUAL IS DETERMINED NOT TO QUALIFY FOR AN ICF/MR LEVEL OF CARE.

A. THE DEPARTMENT OF PUBLIC WELFARE DESIGNEE, THE COUNTY MH/MR PROGRAM, HEREBY DETERMINES THAT THIS INDIVIDUAL CONTINUES TO QUALIFY FOR AN ICF/MR LEVEL OF CARE.

COUNTY MH/MR PROGRAM SIGNATURE

DATE

B. THE DEPARTMENT OF PUBLIC WELFARE DESIGNEE, THE COUNTY MH/MR PROGRAM, HEREBY DETERMINES THAT THIS INDIVIDUAL DOES NOT CONTINUE TO REQUIRE AN ICF/MR LEVEL OF CARE.

COUNTY MH/MR PROGRAM SIGNATURE

DATE