

INSTRUCTIONS
DHS 1150C (Rev. 02/2025)

**INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES OR
INTELLECTUAL DISABILITIES (ICF-DD/ID) LEVEL OF CARE (LOC) AUTHORIZATION**

PURPOSE:

This form shall be used to obtain authorization of the ICF-DD/ID level of care. If the applicant/beneficiary elects to receive services in an ICF-DD/ID facility, a Form DHS 1150, Intermediate Care Facility – Intellectual Disabilities/Developmental Disabilities (ICF-DD/ID) Evaluation, is needed.

GENERAL INSTRUCTIONS:

Type or print legibly.

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|--|--|-------|--|
| 1. Patient Name | Self-explanatory | | |
| 2. Medicaid ID Number | Provide the individual's Medicaid Number | | |
| 3. Birthdate | Provide the individual's birthdate using the format mm/dd/yy – e.g. May 1, 1950 would be written as 05/01/50. | | |
| 4. Age | Age at time of application | | |
| 5. Level of Care Authorization Request | This section is to be completed by the case manager/QIDP (Qualified Intellectual Disabilities Professional) of the Department of Health, Developmental Disabilities Division, Case Management and Information Services Branch. | | |
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| i. Diagnosis/Condition: | Fill in the eligible DD/ID Diagnosis as determined by a physician. | | |
| ii. Psychological Evaluation | Month: | Year: | Fill in the month and year that the Psychological Evaluation was completed. |
| | Intelligence Test Score: | Year: | Fill in the full-scale IQ score as determined by a licensed psychologist and year completed. If multiple psychological evaluations are available, use the most current evaluation score which is indicative of the intelligence level of the |

Adaptive Score(s): Year:

individual.

Fill in all adaptive scores and year completed.

iii. Signature of QIDP:

Signature of QDIP who reviewed the information which are the basis for DD/ID determination or need for services funded under HCBS-DD/ID waiver.

iv. Date

Date of QDIP signature.

6. Applicant/Beneficiary

This section is completed only by Applicant/Beneficiary.

i. Read and Initial to acknowledge "A".

A. "I understand that if I am found to have a disability for one year or more the Department of Human Services will look at my assets to determine if I am still Medicaid eligible. If I go over my asset limit, I may lose my Medicaid eligibility."

ii. Signature of Applicant/Beneficiary

iii. Date of Applicant/Beneficiary signature

iv. Signature of Person Applying for Applicant/Beneficiary

v. Relationship to Applicant/Beneficiary

vi. Date of Person Applying for Applicant/Beneficiary signature

7. ICF-DD/ID Level Of Care Determination:

This section is completed only by the DHS Medical Consultant or Designee.

i. ICF-DD/ID Level of Care:

Check off the appropriate box to indicate approval or disapproval for level of care.

ii. Comments:

Comments by the DHS Medical Consultant or Designee.

iii. Signature of DHS Medical Consultant or Designee:

Signature of DHS Medical Consultant or Designee who reviewed the information for determination and authorization of level of care.

8. Attachments:

The Department of Health Developmental Disabilities Division Case Manager must attach the following:

i. Psychological Evaluation

The MQD Waiver Admission requirements mirror the DDD requirement for psychologic evaluation done within 3 years of DDD application. Exceptions to extend the 3-year window may be made in the following circumstances:

Adults age 21 +: Psychologic evaluation completed as an adult 18 or older

For example, individual is applying at age 30 and had a psychologic completed at age 18.

Age 10-20: Psychologic evaluation completed within past 4 years.

For example, individual is applying at age 20 and had a psychologic completed at age 16.

Birth to Age 9: Waive psychologic requirement. Include CIT recommendation.

Mirrors DDD's policy for children from Birth to Age 9. Children are expected to be re-assessed shortly after their 8th birthday. Prior to turning 9 the child will need to meet the eligibility requirements of DDD.

For individuals who had psychologic eval done before age 18, psychologic time requirement may be waived if:

a)The individual had profound deficits in either IQ or adaptive composite scores (Vineland preferred).

OR

b) The individual had severe or higher deficits (low scores) in both IQ and adaptive composite scores (Vineland preferred).

****The MQD and DDD maintains the right to ask for psychologic at any time (ex. in borderline cases and if there are co-occurring mental health diagnoses that may be the primary cause for functional impairment). If the psychological evaluation was obtained prior to age 8, DDD maintains the right to ask for a psychological eval within three years. If individual is transitioning from ICF DDID facility LOC to DD waiver, psychologic evaluation is not required.**

ii. PMD/LOC: Physicians Recommendation for ICF-DD/ID Level of Care; and

iii. DHS 1180 ADRC Referral and Determination.

FILING/DISTRIBUTION INSTRUCTIONS:

Original to Health Care Services Branch (HCSB)