Appendix Q – Intermediate Care Facility for The Developmentally Disabled/Intellectually Disabled Individuals (ICF-DD/ID) Attachment

INSTRUCTIONS

PURPOSE:

The Intermediate Care Facility for The Developmentally Disabled/Intellectually Disabled Individuals (ICF-DD/ID) Attachment form shall be used by health care facilities who provide intermediate care facility services for the developmentally disabled or the intellectually disabled individuals. This form shall be submitted with a completed DHS 1139, Medicaid Application/Change Request Form.

INSTRUCTIONS:

1.	Print Name of Provider/Authorized Business Agent	Self-explanatory
2.	Name of Health Care Facility	Self-explanatory
3.	Signature of Provider/Authorized Business Agent:	Self-explanatory
4.	Date Signed:	Self-explanatory

Provider First Name and Last Name or DBA: _____
Be sure to include this identification at the bottom of every page.