

**INSTRUCTIONS**  
**DHS 1139F (Rev. 09/13)**

**INTERMEDIATE CARE FACILITY FOR THE DEVELOPMENTALLY  
DISABLED/INTELLECTUALLY DISABLED INDIVIDUALS (ICF-DD/ID)  
ATTACHMENT**

**PURPOSE:**

The DHS 1139F, 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. |