



Developmental Disabilities
MEDICAID INFORMATION SHEET

Name: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ Date: \_\_\_\_\_

I. Categorical Eligibility.

I.Q.: \_\_\_\_\_ Date of Test: \_\_\_\_\_ (I.Q. scores may fluctuate, but do not affect services.)

Physical Handicap(s): \_\_\_\_\_

Behavioral Problem(s): \_\_\_\_\_

II. Annual Recertification of All ICF/MR Clients. The client continues to be in need of, and is receiving ICF/MR active treatment services.

\_\_\_\_\_  
Physician, Physician's Assistant or Nurse Practitioner Date

III. Annual Recertification of Residential/Developmental ICF/MR Clients and Annual Review of Group Home Clients.

1. Client is ambulatory (meaning that the resident can walk without assistance).....  Yes  No

2. Client is capable of following directions and taking appropriate action for self-preservation under emergency conditions. ....  Yes  No

\_\_\_\_\_  
QMRP Psychologist or QMRP Physician Chairperson, if a group home Date

IV. Self-Administration of Medication. This item must be completed regardless of whether the client takes medication at present or not.

- 1. Capable of self-administration or medication without assistance.
 2. Capable of taking medications that are handed to him/her or placed in the mouth.
 3. Capable of receiving medication only under the supervision of a nurse.

\_\_\_\_\_  
Chairperson or Physician Date

V. If recommended placement is interim for this 12 month period, justify, then specify optimal placement.

# Medicaid Waiver Eligibility Worksheet

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

## I. To be eligible for Medicaid Waiver, the client must meet ALL of the following eligibility criteria.

Check the criteria which are met:

- 1. The client has a current Medicaid number. Enter number: \_\_\_\_\_
- 2. The client needs and is eligible to be placed in an ICF/MR.
- 3. An explanation of ICF/MR services and community based services has been given to the client or his/her representative. The client has elected to receive community based services.

## II. In addition to the criteria above, the client must meet criteria of one of the following options.

Check the criterion which is met:

- Option 1. The client's intelligence quotient (I.Q.) is 59 or less.
- Option 2. The client's intelligence quotient (I.Q.) is 60-69 inclusive, AND client has **at least one** of the following handicapping conditions. Please check all that apply.
  - Ambulation
  - Sensory
  - Chronic Health
  - Behavior
  - Cerebral Palsy
  - Epilepsy
  - Autism
  - 95-602 Eligible

If the client is 95-602 eligible, check those major life activities (at least three are required) in which severe functional limitations exist.

### Major Life Activities

- Self care
- Learning
- Mobility
- Capacity for independent living
- Receptive and expressive language
- Economic self-sufficiency
- Self direction

## III. Check the correct statement.

- 1. Client has met I and II above and is eligible for Medicaid Waiver.
- 2. Client has NOT met all the above criteria and is NOT eligible for Medicaid Waiver.

\_\_\_\_\_  
Social Worker or Chairperson

\_\_\_\_\_  
Date