



# Case Manager's Guide to Determining ICF/DD Level of Care for ICF/DD and DD Waiver Services

Name of Person: \_\_\_\_\_

**Instructions:** Check the appropriate boxes for Questions 1 - 4 below.

**Yes No**

- 1. Has the person been determined to have developmental disability as defined in MN Rules 9525.0016, subpart 2, item B or related condition as defined in MN Statutes, chapter 252.27, subd. 1a in accordance with the diagnostic requirements outlined in MN Rules 9525.0016, subpart 3?
- 2. Is the person in need of a 24-hour plan of care (formal or informal, direct or indirect supports provided on a routine or regular basis by family, neighbors, friends, or staff who regularly provide monitoring or assistance)?

## Active Treatment Assessment

The following are characteristics commonly associated with the need for active treatment.

Check whether the person has an:

- A. Inability to take care of most personal care needs (includes bathing, tooth brushing, toileting, dressing, eating).
- B. Inability to perform household management tasks (includes laundry, meal preparation, cleaning, etc.).
- C. Inability to communicate basic wants and needs through verbal speech.
- D. Inability to comprehend spoken language.
- E. Inability to use community environments for travel, work/school, recreation, shopping, etc.
- F. Inability to demonstrate the effective use of social skills to interact appropriately with others.
- G. Inability to be employed without systematic long-term supervision or support.
- H. Inability or extreme difficulty making decisions that require informed consent.
- I. Inability to self-moderate challenging behavior that jeopardizes the person's own or other's health and safety.

If the assessment indicates that the person's inability to demonstrate the skill is attributed to mental illness, emotional disturbance, chemical dependency or restrictions placed on the person as a result of criminal behavior, this person **does not** meet ICF/DD active treatment standards.

If the assessment indicates that the person's inability to demonstrate the skill is attributed to a brain injury that does not meet related conditions criteria, this person does not meet ICF/DD active treatment standards.

**Yes No**

- 3. Does the person need active treatment in the form of specialized instruction **available 24 hours a day** by trained persons in order to acquire and maintain skills **and** prevent or decelerate regression or loss of current optimal functional status?
- 4. Is the person unable to apply skills learned in one environment to new environments without additional training or supervision?

The response to **all** four numbered questions **must** be "Yes" for a person to be in need of ICF/DD level of care and eligible for ICF/DD services or DD waiver services. Based on this information, the person  IS or  IS NOT eligible for ICF/DD Level of Care.

CASE MANAGER SIGNATURE	DATE
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