



# ICF/IID and DEVELOPMENTAL DISABILITIES HOME & COMMUNITY BASED SERVICES WAIVER LONG TERM CARE ASSESSMENT ABSTRACT

The Information on this form is Confidential

## A. General Patient Information

1. Assessment Type <input type="checkbox"/> Initial <input type="checkbox"/> Readmit <input type="checkbox"/> Reconsider <input type="checkbox"/> Continued Stay/Annual <input type="checkbox"/> Change <input type="checkbox"/> Transfer.	2. Date of Admission or Completion of Abstract:	3. Referral Source <input type="checkbox"/> DDW <input type="checkbox"/> Hosp <input type="checkbox"/> ICF <input type="checkbox"/> Home <input type="checkbox"/> NF <input type="checkbox"/> Other	4. Medicaid Eligibility <input type="checkbox"/> Active <input type="checkbox"/> Pending
5. Patient's Name Last First MI	6. Medicaid Number/SSN	7. Date of Birth	8. Gender <input type="checkbox"/> M <input type="checkbox"/> F
9. Late/Retro <input type="checkbox"/> Yes <input type="checkbox"/> No			

## B. General Facility/MI Via Consultant Agency/Case Management Agency

1. Name of Facility or Agency	2. Mailing Address	3. Facility Provider Number	4. Facility NPI Number
5. Facility Taxonomy #	6. Contact Name	7. Contact Fax #	8. Contact Telephone #
9. Signature			

## C. Medical Assessment - Physician, Nurse Practitioner or Physician Assistant

1. DIAGNOSIS/PROBLEMS - (One per line) If resident hospitalized since last certification - enter reason: ENTER PRIMARY DD DIAGNOSIS FIRST ICD-10 Code			5. ASSESSMENT FACTORS	
a.			A. Physical Development & Health SCORE	
b.			1. Health Care Supervision	
c.			2. Med Assessment	
d.			3. Med Administration	
2. MEDICATION - List up to four most important medications, method of administration (MOA) and frequency.			B. Nutritional Status SCORE	
Medication Name MOA Frequency			1. Eating Skills	
a.			2. Diet Supervision	
b.			C. Sensorimotor Development SCORE	
c.			1. Mobility	
d.			2. Toileting	
3. ASSESSMENT FACTORS INDICATING NEED for SPECIALIZED SERVICES. Place the appropriate assessment factor and score in the corresponding boxes.			3. Hygiene	
Specialized Services Assessment Factors Factor Score			4. Dressing	
Physical Therapy			D. Affective Development	
Occupational Therapy			E. Speech & Language Development SCORE	
Speech Therapy			1. Expressive	
Behavior Management			2. Receptive	
Nursing Care			F. Auditory Functioning	
4. SUPPORTING DOCUMENTATION. (Please check each document being submitted and include most current date)			G. Cognitive Development	
Preliminary Evaluation Date			H. Social Development SCORE	
Comprehensive Functional Assessment Date			1. Interpersonal Skills	
Individual Program Plan Date			2. Social Participation	
History and Physical (H & P) Date			I. Independent Living Skills SCORE	
Comprehensive Initial Assessment (CIA) Date			1. Home Skills	
8. Physician's Name (Print):			2. Community Skills	
a. Physician Statement I have seen and evaluated this patient and recommend: <input type="checkbox"/> Level I/DDW LOC Eligible <input type="checkbox"/> Level II/DDW LOC Eligible <input type="checkbox"/> Level III/DDW LOC Eligible			J. Adaptive Behaviors SCORE	
b. Physician's Signature			1. Harmful Behavior	
c. Date			2. Disruptive Behavior	
d. Mailing Address City State Zip Code			3. Socially Unacceptable, Stereotypic	
			4. Uncooperative Behavior	
			6. Total Assessment Factors Score ____ /22 = ____ (ICF/IDD Level)	
			7. ICF/IDD Level <input type="checkbox"/> 1.0 - 2.2 = Level I/DDW LOC Eligible <input type="checkbox"/> 2.3 - 2.9 = Level II/DDW LOC Eligible <input type="checkbox"/> 3.0 - 3.2 = Level III/DDW LOC Eligible	

## D. THIRD PARTY ASSESSOR / UTILIZATION REVIEW AGENCY SECTION ONLY

1. Level of Care <input type="checkbox"/> Level I/DDW LOC Eligible <input type="checkbox"/> Level II/DDW LOC Eligible <input type="checkbox"/> Level III/DDW LOC Eligible		2. Review Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied		3. LOC Authorization Date Span (Start-End)	
4. Prior Authorization Number		5. Reviewer's First and Last Name Initials		6. Review Date	
7. Date of Discharge					
8. Discharged To: <input type="checkbox"/> HOSP <input type="checkbox"/> LNF <input type="checkbox"/> HNF <input type="checkbox"/> LAMA <input type="checkbox"/> OTH <input type="checkbox"/> HOME <input type="checkbox"/> INST <input type="checkbox"/> HHA <input type="checkbox"/> DIED <input type="checkbox"/> DDW		9. Facility Discharged to:			

DISTRIBUTION:

Original - TPA/UR Agency

Copy - Facility, Fiscal Agent, ISD County Office





History & Physical (H&P) Form  
Mi Via, NM Self-Directed Medicaid Waiver Program  
(If your office or practice has its own H&P form, it may be used in place of this form.  
Please see delivery instructions bottom Page 2.)

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Vital Signs**

Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ Temp: \_\_\_\_\_ BP: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Diagnosis(es) and ICD-9 code: \_\_\_\_\_

Current Medications (including OTC and supplements, if known): \_\_\_\_\_

Brief medical history, with specific attention to reasons for any disability (may be physical and/or cognitive/behavioral): \_\_\_\_\_

General/Constitutional: \_\_\_\_\_

Skin/Breast: \_\_\_\_\_

Eyes/Ears/Nose/Mouth/Throat: \_\_\_\_\_

**Continued, Mi Via, History & Physical/Participant Name:** \_\_\_\_\_

Cardiovascular:

Respiratory:

Gastrointestinal:

Genitourinary:

Musculoskeletal:

Neurologic/Psychiatric:

Allergic/Immunologic/Lymphatic/Endocrine:

Follow up/Comments:

**Provider (MD, DO, CNP or PAC only) Signature and Title:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

Office Telephone: \_\_\_\_\_

**Please mail or Fax to:**

**Qualis Health – Third Party Assessor  
PO Box 20910  
Albuquerque, NM 87154-0910**

**Mi Via Waiver Fax Line: (800) 251-9993 (Toll Free)**



	<b>Assessment Factors</b>	<b>Score 1</b>	<b>Score 2</b>	<b>Score 3</b>	<b>Score 4</b>
A.	Physical Development & Health				
	1. Health Care Supervision	Needs 13-24 hours of daily health care supervision by staff.	Needs 7-12 hours of daily health care supervision by staff.	Needs 0-6 hours of daily health care supervision by staff.	Infrequent health care supervision.
	2. Medication Assessment	Daily or weekly assessment for med effectiveness.	Monthly assessment for med effectiveness.	Quarterly assessment for med administration.	Infrequent med assessment.
	3. Medication Administration	Unable to learn med self-administration.	Needs hands-on assistance for med administration.	Needs prompts to manage med self-administration.	Usually independent in med self-administration or seldom medicated.
B.	Nutritional Status				
	1. Eating Skills	Unable to feed self even when assisted.	Needs hands-on assistance to accomplish eating skills.	Needs prompts to complete eating skills.	Usually independent in eating skills.
	2. Diet Supervision	Needs staff to supervise 24-hour food and fluid intake.	Needs staff to supervise each meal closely for appropriate intake.	Needs staff to periodically monitor diet intake.	Needs infrequent staff assistance with diet.
C.	Sensorimotor Development				
	1. Mobility	Non-mobile and/or very limited ability to perceive environment due to sensory deficits e.g. blindness	Needs hands-on assistance to use adaptive devices for mobility.	Needs hands-on assistance to use adaptive devices for mobility.	Usually independent in mobility.
	2. Toileting	Unable to perform toileting skills.	Needs hands-on assistance for toileting skills.	Needs prompts to perform toileting skills.	Usually independent in toileting skills.



	3. Hygiene	Unable to perform hygiene skills.	Needs hands-on assistance to perform hygiene skills.	Needs prompts to perform hygiene skills.	Usually independent in hygiene skills.
	4. Dressing	Unable to perform dressing skills.	Needs hands-on assistance to perform dressing skills.	Needs prompts to perform dressing skills.	Usually independent in dressing skills.
D	Affective Development	Very limited ability to express own emotions.	Needs intervention and role-modeling to express own emotions.	Needs prompts to express own emotions.	Usually independent in expressing own emotions.
E.	Speech & Language Development				
	1. Expressive	Unable to communicate using a recognizable language or formal symbolic substitute.	Impaired communication in a manner not clearly understood by an unfamiliar listener	Impaired communication in a manner sometimes understood by an unfamiliar listener.	Usually able to communicate in a manner understood by an unfamiliar listener.
	2. Perceptive	Unable to comprehend simple communication.	Moderately impaired ability to comprehend	Less impaired ability to comprehend communication.	Usually able to comprehend communication.
F.	Auditory Functioning	Very limited auditory function and/or limited ability to benefit from hearing devices	Moderately impaired auditory function. Needs hands-on assistance to accept and use hearing device.	Impaired auditory function. Needs prompts to accept and use hearing device.	Normal auditory function of independent use of hearing device.
G	Cognitive Development	Unable to reason, remember, or solve problems or transfer skills to new environment.	Needs Staff assistance to perform skills in reasoning, remembering, solving problems, and transferring skills.	Needs prompts to stimulate skills in reasoning, remembering, solving problems, and transferring skills.	Usually independent in ability to reasoning, remembering, solving problems, and transferring skills.



H	Social Development				
	1. Interpersonal Skills	Unable to establish interpersonal skills.	Needs staff assistance and role modeling to establish interpersonal skills.	Needs prompts to use interpersonal skills.	Usually independent in social and recreational events.
	2. Social Participation	Very limited ability to participate in social and recreational events.	Needs hands-on assistance to participate in social and recreational events.	Needs prompts to participate in social and recreational events.	Usually independent participation in social and recreational events.
I.	Independent Living Skills				
	1. Home Skills	Unable to Perform tasks such as meal preparation, laundry and bed making.	Needs hands-on assistance to perform tasks, such as meal preparation. Laundry, bed making.	Needs prompts to perform tasks such as meal preparation, laundry, bed making.	Usually independent in performing tasks such as meal preparation, laundry, bed making.
	2. Community Skills	Unable to perform tasks such as money exchange, street survival skills.	Needs hands-on assistance to perform tasks such as money exchange, street survival skills.	Needs prompts to perform tasks such as money exchange, street survival skills.	Usually independent in performing tasks such as money exchange, street survival skills.



	<b>Assessment Factors</b>	<b>Score 0.0</b>	<b>Score 0.5</b>	<b>Score 1</b>	<b>Score 1.5</b>
J	Adaptive Behaviors				
	1. Harmful Behavior	Daily incidents of harm to self, others, or objects. This includes any incidents of fire-setting, coercive sexual behavior or suicide attempts during the past year.	Weekly or more frequent incidents of harm to self, others or objects.	Monthly incidents of harm to self, others or objects.	Rare incidents of harm to self, others or objects.
	2. Disruptive Behavior	Daily incidents of interfering with others' activities e.g. screaming, badgering, cursing.	Weekly or more frequent incidents of interfering with others' activities.	Monthly incidents of interfering with others' activities.	Rare incidents of interfering with others' activities.
	3. Socially Unacceptable or Stereotypic Behavior	Daily incidents of constraint, inappropriate touching, rocking or repetitive behavior.	Weekly or more frequent incidents of touching, rocking or repetitive behavior.	Monthly incidents of touching, rocking or repetitive behavior.	Rare incidents of touching, rocking or repetitive behavior.
	4. Uncooperative Behavior	Daily incidents of non-compliance or non-participation in active treatment program.	Weekly or more frequent incidents of non-compliance or non-participation in active treatment program.	Monthly incidents of non-compliance or non-participation in active treatment program.	Rare incidents of non-compliance or non-participation in active treatment program.