MENTAL RETARDATION BULLETIN
COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE
December 10, 1999

EFFECTIVE DATE
January 1, 2000

NUMBER
00-99-14

SUBJECT
INDIVIDUAL ELIGIBILITY FOR MEDICAID WAIVER SERVICES

BY
Nancy R. Thaler
Deputy Secretary for Mental Retardation

SCOPE

County Mental Health/Mental Retardation Program Administrators
Base Service Unit Directors
County Assistance Office Executive Directors

PURPOSE

The purpose of this bulletin is to issue procedures for the determination and redetermination of a person’s eligibility for services provided under the Medicaid Waivers that provide home and community based services for individuals with mental retardation including the Consolidated Waiver and the Person/Family Directed Support (P/FDS) Waiver.

BACKGROUND

As a condition of federal financial participation (FFP), individuals receiving services under a Medicaid Waiver authorized under 1915(c) of the Social Security Act must satisfy level of care and financial eligibility requirements. These requirements are in accordance with state assurances established in federal regulations and the Department’s approved waiver application(s).

This bulletin clarifies procedures for ensuring that individuals are eligible to receive state and federal funding for the provision of services under Medicaid Waivers for individuals with mental retardation. These procedures apply to responsibilities carried out by county mental health/mental retardation (MH/MR) programs, service managers, and providers of services.

The Department has two Medicaid Waivers for individuals with mental retardation covered by this Bulletin: The Consolidated Waiver effective July 1, 1996, and the Person/Family Directed Support Waiver effective July 1, 1999.

The effective date of this Bulletin corresponds to the date funds will be released for the Person/Family Directed Support Waiver. Mental Retardation Bulletin 00-96-09, titled “Individual Eligibility For 2176 Waiver Services,” remains in effect until December 31, 1999.

REFER COMMENTS AND QUESTIONS TO:
Appropriate Regional Program Manager
The conditions of eligibility are generally the same under these two waivers, with the exception of post-eligibility treatment of income. The Consolidated Waiver allows for an assessment of service liability and the Person/Family Directed Waiver does not. Discontinuance of service liability under the Consolidated Waiver is expected to occur in Fiscal Year 2000/2001.

The procedures contained in this Bulletin reflect the requirements of both waivers for individuals with mental retardation. Accompanying County Assistance Office (CAO) procedures have also been revised accordingly. This bulletin does not apply to services rendered under the Department’s Infant, Toddlers, and Families Waiver. Reference should be made to MR Bulletin 00-98-07 titled “Eligibility and Freedom of Choice in Medicaid Waiver for Infants, Toddlers and Families”, issue date July 1, 1998, regarding these procedures. This bulletin does not affect eligibility criteria procedures for services provided in an intermediate care facility for the mentally retarded (ICF/MR) which are contained in 55 PA Code, Chapter 6210.

The Office of Income Maintenance has issued companion procedures for responsibilities carried out by CAOs.

DISCUSSION

This bulletin is effective with eligibility determinations for waiver services and recertifications issued on and after January 1, 2000. County MH/MR Programs are authorized to submit applications for the Person/Family Directed Support Waiver to the CAO on or after December 15, 1999.

Eligibility for waiver services does not automatically ensure that funding for services will be available. Procedural safeguards to ensure cost-effectiveness of services and freedom of choice, together with the availability of funds also must be considered by County MH/MR Programs before waiver funding can be authorized.

An individual may be enrolled in only one of these waivers at the same time.

I. LEVEL OF CARE ELIGIBILITY

Each individual who receives home and community services funded under a Medicaid Waiver for individuals with mental retardation must be eligible for ICF/MR level of care according to criteria established by the Department and approved by the Health Care Financing Administration (HCFA).

To qualify for an ICF/MR level of care, an individual must have mental retardation and require services which would be provided in an ICF/MR.

A. Determination of Mental Retardation

A determination of mental retardation must meet all of the following three criteria:
1. A licensed psychologist, certified school psychologist, psychiatrist, or licensed physician who practices psychiatry certifies that the individual has significantly sub-average intellectual functioning which is documented by either:

a) Performance which is more than two standard deviations below the mean of a standardized general intelligence test; or

b) Performance which is slightly above two standard deviations below the mean of a standardized general intelligence test during a period when the person manifests serious impairments of adaptive behavior.

In such situations, the burden is on the examiner to avoid misdiagnosis and to rule out such factors as emotional disorder, social conditions, sensory impairment or other variables which might account more readily for observed deficits in adaptive behavior.

2. A qualified mental retardation professional (QMRP) who meets criteria established in 42 CFR 483.430 certifies that the individual has impairments in adaptive behavior based on the results of a standardized assessment of adaptive functioning which shows that the individual has either:

a) Significant limitation in meeting the standards of maturation, learning, personal independence, and or social responsibility of his or her age and cultural group; or

b) Substantial functional limitation in three or more of the following areas of major life activity:

1. self-care
2. receptive and expressive language
3. learning
4. mobility
5. self-direction
6. capacity for living
7. economic self-sufficiency

3. Documentation substantiates that the individual has had these conditions of intellectual and adaptive functioning manifested during the developmental period which is from birth to the individual's 22nd birthday.

The results of both the standardized general intelligence test and the standardized assessment of adaptive functioning shall consist of:

a) The clinical data and an overall score;
b) A statement by the certifying practitioner that the results are considered valid and consistent with the person's degree of functional restriction; and

c) A statement by the certifying practitioner as to whether the results indicate that the individual has mental retardation.

B. Individual Circumstances

The requirement for a standardized general intelligence test may be waived for a person who is unable to communicate and follow directions to the extent that the use of standardized measures is precluded. In such a situation, the requirement for the standardized intelligence test shall be substituted by a written statement from a licensed psychologist, certified school psychologist, psychiatrist or licensed physician who practices psychiatry that the person's inability to communicate and follow directions precludes the use of standardized measures.

The requirement for a standardized general intelligence test, and assessment of adaptive functioning may also be waived for an individual who receives Medicaid Waiver services after living in an ICF/MR or after living in a nursing facility where the Department's has determined that the individual requires specialized services. This requirement can be waived only upon the County MH/MR Program's acceptance of a utilization review which affirms the individual's need for an ICF/MR level of care, or for individuals in a nursing facility, need for specialized services. The utilization review must be completed in accordance with 42 CFR Part 456 for individuals in ICFs/MR, or pre-admission screening and annual resident review (PASARR) requirements for individuals in nursing facilities, and be dated within 365 days prior to the county's determination of need for an ICF/MR level of care.

To be considered current, a standardized general intelligence test and assessment of adaptive functioning must reflect the intellectual and adaptive behavior challenges that the individual currently faces, along with present social and psychological conditions.

Autism is a disorder which is developmental in nature and routinely requires treatment similar to that provided for persons with mental retardation or related conditions. As a result, persons with autism may be appropriate for Medicaid Waiver services. Individuals with autism need to meet the same level of care criteria as other persons applying for services under the waiver. Persons with autism who do not meet level of care criteria for services under the Waiver may be eligible for services provided through other agencies such as the local office of mental health in accordance with Department's policy which is currently set forth in Mental Retardation Bulletin 00-93-29.

Evaluations and assessments are to be adapted to an individual's cultural background, ethnic origin, language and means of communication, such as signing for people who are hearing impaired. The assessor will arrange for appropriate persons who are competent in these matters to assist in the evaluation process, as necessary.
C. Initial Determination Process

To be eligible for Medicaid waiver funding, an individual must require services which could otherwise be provided in an ICF/MR. To meet this criteria, a QMMP must certify that the individual would benefit from a professionally developed and supervised program of services and supports which are necessary for assisting the individual to function at his/her greatest physical, intellectual, social or vocational potential. For individuals where no further positive growth is demonstrated, the criteria are met by the QMMP's certification that a professionally developed and supervised program of services and supports are needed to prevent regression or loss of current optimal functional status.

The QMMP's certification of need for services shall be based on a review of the individual's social, psychological, and medical history. This review shall consist of:

a) An interview with the individual and his/her family;

b) A review of social and psychological documentation that may be available from schools, human services agencies, and other health care professionals; and

c) A review of a current medical evaluation which is completed by a licensed physician. The medical evaluation can be the medical evaluation approved by the Departments which is currently on form MA-51, or a physical examination that is completed by a licensed physician. To be current, the medical evaluation needs to be completed within 365 days prior to the QMMP certification.

The County MH/MR Program, as the Department’s agent, is authorized to determine level of care eligibility for all individuals who are applying for waiver services.

The certification of level of care eligibility is to be signed by the County MH/MR Program designee on the form MR-250 (see attachment #2) and forwarded with the rest of the individual's application to the responsible CAO at least 30 days prior to the individual's intended start date for waiver services. The County MH/MR Program's certification must be based on an evaluation completed in accordance with the ICF/MR Level of Care Eligibility section of this bulletin. The county's certification on the form MR-250 continues to be effective for an indefinite period as long as the county determines that the individual continues to meet ICF/MR level of care criteria. This determination must also include a review of a current medical evaluation completed within the past 365 days.

The County is responsible for advising individuals and families regarding the determination of ICF/MR Level of Care. This responsibility includes advising the individual/family that the county's ICF/MR level of care determination must be forwarded to the CAO in order for waiver funding to be authorized.
If the county determines that an individual does not require an ICF/MR level of care, this determination shall be forwarded to the CAO which will notify the individual of his/her ineligibility for waiver services together with his/her right to appeal and fair hearing. A copy of the notice will be issued to the individual/family, residential provider agency if indicated and the County MH/MR Program. Waiver services should not be authorized unless an appeal of the initial determination of need is concluded and the individual is determined to be eligible for waiver services. The County MH/MR Program should be prepared to participate in hearings of this nature.

The county can use an existing MR-250 to certify eligibility for an individual who transfers from one mental retardation services waiver to another as long as the county determines that the individual continues to qualify for an ICF/MR level of care and the form MR-250 is dated within 365 days of the date of the county’s notice of transfer to the CAO. This determination must include review of a medical evaluation which is completed within 365 days prior to the county’s determination.

D. **Annual Recertification Process**

All individuals require annual recertification of need for an ICF/MR level of care to continue to qualify for services funded under the 2176 Waiver.

The County MH/MR Program is responsible to recertify need for an ICF/MR level of care based on the evaluation and certification of a QMRP. The county's recertification of need for an ICF/MR level of care is to be made within 365 days of the individual's start date and subsequent anniversary date(s) for waiver services, using form MR-251 (see Attachment #4).

The certification by a QMRP is based on an assessment of the individual's current social, psychological and physical condition, as well as the individual's continuing need for home and community services as a means to avoid institutional care. The assessment by the QMRP is completed in conjunction with the individual's program team and a current medical evaluation (completed within the past 365 days) performed by a qualified physician, physician's assistant or nurse practitioner. The QMRP assessment needs to occur during the fourth quarter following the individual's start date for waiver services and subsequent fourth quarter anniversary date(s). An annual physical examination required under 55 PA Code 6400 and 6500 satisfies the requirement for a current physical examination.

The County MH/MR Program will forward the form MR-251 to the CAO when the County MH/MR Program determines that the individual does not continue to need an ICF/MR level of care. This form (MR-251) should be accompanied by a Notice ofWaiver Service Change/Discontinuance, form MR-1080 (see Attachment 5).

Upon receipt of the County MH/MR Program's certification that the individual does not continue to require an ICF/MR level of care and the MH/MR Notice of Waiver Service Change/Discontinuance, the CAO will notify the individual that waiver services will be discontinued, together with a notice of fair hearing. A copy of the CAO's notice will be issued to the individual's family, residential provider agency if indicated, and County MH/MR Program.
The County MH/MR Program must discontinue waiver funding for the individual based on the effective date of the notice by the CAO unless the individual exercises his/her right to fair hearing. Waiver services should continue to be provided for the individual pending the results of the fair hearing or any subsequent timely legal appeal by an individual who is currently receiving waiver services.

The only other instance the CAO will receive a form MR-251 is when the county uses this form to certify ICF/MR level of care for individuals transferred from one waiver to another. The county can use an existing MR-251 to certify eligibility for an individual who transfers from one mental retardation waiver to another when the form MR-251 is dated within 365 days prior to the date of the county's notice of transfer to the CAO.

E. Conflict of Interest

Certification of need for an ICF/MR level of care by a QMRF, agency or facility whose function or relationship constitutes a conflict of interest will not be accepted.

The County MH/MR Program is responsible to ensure that no conflict of interest exists in the eligibility determination process.

Certification of ICF/MR level of care will not be accepted from:

a) A professional employed or affiliated with an ICF/MR or nursing facility from which an individual is being referred or discharged.

b) A professional employed or affiliated with an agency that provides waiver funded services for the individual.

Certification by county MH/MR staff and service managers is generally acceptable as long as these persons are not directly involved in the provision of service for the individual.

II. FINANCIAL ELIGIBILITY

Financial eligibility is determined by the CAO based on the individual's reporting of personal income and resources. Income and resource limits are established in accordance with State assurances contained in each of the Department's approved waiver applications. Income and resources of the individual's family and other household members are not considered in the determination of eligibility for waiver services. Individuals receiving Supplemental Security Income (SSI) benefits are automatically financially eligible for waiver services and have no service liability.

All individuals applying for waiver services must receive a notice of eligibility by the CAO to be authorized for waiver services by the County MH/MR Program. The County MH/MR Program is responsible for ensuring that no claims on FFP for waiver services are made prior to the effective date on the notice of eligibility.
If the CAO determines that an individual is financially ineligible for waiver services, the individual or his/her representative will have an opportunity for a fair hearing. The notice of fair hearing, together with a description of the individual's appeal rights, will be included in the adverse notice from the CAO.

Retroactive eligibility determinations may be issued by the CAO on request. County MH/MR Program staff are advised to contact the CAO for current retroactive procedures.

A. **Initial Financial Application Procedure**

Along with its certification on level of care eligibility, the County MH/MR Program ensures that the individual has submitted a completed financial application to the CAO. An individual who transfers from one waiver to another or an individual who is already receiving Medicaid will not be required to complete a new financial application unless requested by the CAO on form MR-55.

The County MH/MR Program is responsible to apply a gross income test to the individual's total gross monthly income and to refer the individual to the CAO for a determination of eligibility if the gross income is equal to or less than the limit. If gross income exceeds the limit, the County MH/MR Program designee advises the individual of ineligibility and the right to appeal. The County MH/MR Program designee should also contact the CAO to see what forms are necessary and to obtain information regarding current income exclusions and limits.

The County MH/MR Program is advised to submit the form in Attachment #3 titled: MA Financial Application Release Form to obtain written confirmation from the CAO as to whether a financial application is needed for the individual. Confirmation on the need for a financial application should be completed in time for the County MH/MR Program to submit the complete Medical Assistance Waiver application within 30 days prior to the individual's intended start date for waiver services. Lead time for submission of the MA Financial Application Release Form should be determined with the local CAO worker.

A financial application, which includes form PA-600-L and PA-4, is required for all applicants who are not currently receiving Medical Assistance benefits. The CAO will notify the individual if a new application is needed. The County MH/MR Program may also be asked to provide medical/psychological/social information to the CAO for persons referred for a disability evaluation by the CAO.

B. **Notice of Waiver Service Eligibility**

A notice of eligibility for waiver funded services is issued by the CAO to the individual/family, the individual's residential provider agency when indicated by the county, and County MH/MR Program. The CAO notice will contain an effective date for waiver services, together with any assessment of the individual's service liability, if applicable, and a notice of the individual's appeal and fair hearing and rights.
If an individual transfers from one waiver to another, the individual will require a new notice from the County Assistance Office. To obtain a new notice, the County MH/MR Program is responsible to provide the CAO with a Notice of Waiver Service Change/Discontinuance and a current signed MR-250 or MR-251.

The CAO should issue the notice of eligibility prior to the individual's start date for waiver services, as long as the completed application is submitted to the CAO by 30 days prior to the intended start date for waiver service. The County MH/MR Program is responsible to ensure that the completed application is submitted to the CAO.

A completed eligibility application consists of the following:

1. A 2176 Waiver cover sheet (see Attachment 1, form MR-54).
2. Accompanying documentation which consists of:
   a. A signed copy of the latest Utilization Review (UR) for individuals applying from an ICF/MR or nursing facility.
   b. A certification of level of care, form MR-250 (Attachment 2), by the County MH/MR Program.
   c. A completed financial application (PA 600-L and PA 4) or MA financial application release form (Attachment 3).

Assessment of service liability by the CAO is made in accordance with post-eligibility treatment of income procedures established in the Department's approved Consolidated Waiver for Individuals with Mental Retardation. The County MH/MR Program is responsible to ensure that any service liability assessed by the CAO is collected from the individual. No service liability is assessed for individuals enrolled in the Person/Family Directed Support Waiver.

For individuals receiving services after being residents in an ICF/MR or other Medicaid funded long-term care facility, the County MH/MR Program is responsible to notify the ICF/MR and the CAO in writing regarding the actual start date for waiver services to avoid potential double billing of Medicaid.

C. **Medical Assistance (MA) Estate Recovery**

Individuals age 55 and older who receive waiver services are subject to the provisions of the MA Estate Recovery Program. Estate Recovery refers to the recovery of Medical Assistance Program costs from the assets of the person's probate estate. The County MH/MR Program is responsible to inform individual applicants and families regarding the Medical Assistance Estate Recovery requirement and to refer them to the CAO for additional information and assistance. Additional information on estate recovery is provided under Publication 332, titled Medical Assistance Estate Recovery Program.
D. **Continuing Financial Eligibility**

Individuals who are not SSI recipients will require financial eligibility certification by the CAO in accordance with the Department’s financial reassessment policy. Periodic financial assessments may be required by the CAO for SSI recipients based on changes in the individual's income or resources.

The CAO will notify the individual, the residential provider agency when applicable, and the County MH/MR Program regarding each individual's continuing eligibility for waiver services (and service liability, if applicable) by issuance of an advance notice. An advance notice of continuing eligibility need not be issued for individuals receiving SSI. The County MH/MR Program will advise the CAO when a copy of the notice is to be sent to the residential provider.

The individual receiving waiver services, the Social Security Administration, providers of waiver services, and the County MH/MR Program are each responsible for notifying the CAO of any change in income or resources which may affect the individual's financial eligibility or service liability under the waiver.

E. **Discontinuance of Eligibility**

When an individual transfers from one waiver to another or discontinues waiver services, the County MH/MR Program who funds these services is responsible to notify the CAO by completion of a Notice of Waiver Service Change/Discontinuance (form MR-1080). This form does not apply when individual waiver services are reduced, increased or terminated.

On receipt of an advance notice of discontinuance of services by the CAO based on an individual's income or resources exceeding the current limits, the County MH/MR Program may exercise various options, including:

1. Assist the individual to spend down resources by the end of the advance notice period, so that the individual is within resource limits.

2. Assist the individual in applying income and/or resources to work related expenses or a Plan for Achieving Self-Support (PASS), in accordance with MR Bulletin 00-88-02 titled: Work Incentives for SSI and 2176 Waiver Recipients.

3. Discontinue waiver funding for services and assist the individual in reapplying for waiver eligibility when income and resources are within the allowable limits.

4. Discontinue waiver funding for services and select another individual to receive waiver services.

If the individual is no longer eligible for waiver services, the individual may continue to be eligible to receive state and county funding
for community mental retardation services in accordance with other applicable eligibility requirements.

The individual may also be eligible to receive other Medical Assistance funded services. The CAO or County MH/MR Program will assist in identifying these services. Waiver funded services can continue until the date of determination indicated on the CAO advance notice.

III. RECORDKEEPING

The County MH/MR Program is responsible to ensure that the following eligibility information is maintained for each individual receiving waiver services:

1. The initial certification of ICF/MR level of care together with the initial form MR 250/revised and documentation supporting this certification.

2. The initial 162 series notice issued by the CAO which establishes the individual's effective date for waiver services, the current 162 notice, and any prior notices over the last four years.

3. The completed ICF/MR level of care recertification (form MR 251/revised) for the current year and prior four years of service.

4. All applicable notices, documentation and records relating to unresolved audit or litigation which shall be retained until the audit or litigation is resolved.

Residential provider agencies who receive a copy of 162 notices are advised to retain these notices for no less than four years unless the individual is involved in unresolved audit or litigation, in which case the records shall be retained until the audit or litigation is resolved.

Obsolete Bulletins

Mental Retardation Bulletin 00-96-09, Individual Eligibility for 2176 Waiver Services, issued July 1, 1996.
# 2176 WAIVER ELIGIBILITY APPLICATION COVER SHEET

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<thead>
<tr>
<th>NAME OF INDIVIDUAL APPLICANT:</th>
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<tr>
<th>SOCIAL SECURITY NUMBER:</th>
<th>DATE OF BIRTH:</th>
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<tr>
<th>EFFECTIVE DATE OF WAIVER SERVICES (EXPECTED START DATE):</th>
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<table>
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<tr>
<th>CURRENT HOME ADDRESS:</th>
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<tr>
<th>CURRENT PHONE NUMBER:</th>
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<tr>
<th>HOME ADDRESS UNDER WAIVER IF DIFFERENT:</th>
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<tr>
<th>RESIDENTIAL PROVIDER AGENCY NAME, ADDRESS AND PHONE, IF APPLICABLE:</th>
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<th>PHONE NUMBER:</th>
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<tr>
<th>NAME AND PHONE NUMBER OF PERSON COMPLETING THIS FORM:</th>
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<th>PHONE NUMBER:</th>
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**ACCOMPANYING DOCUMENTATION: (CHECK THOSE WHICH APPLY):**

- [ ] UR FOR INDIVIDUALS RESIDING IN ICF/MR OR NURSING FACILITY.
- [ ] FORM 250 FOR INDIVIDUALS NOT RESIDING IN ICF/MR.
- [ ] MA APPLICATION (PA 600 AND PA 4).
- [ ] MA APPLICATION RELEASE FORM IF NO APPLICATION IS NEEDED.
- [ ] OTHER (SPECIFY: ___________________________________________)

*MR 64 - 9/95*
# Certification of Need for ICF/MR Level of Care

**Title:** Certification of Need for ICF/MR Level of Care

**I. Purpose:** The purpose of this form is to certify whether the following named individual requires an ICF/MR level of care for determining eligibility for home and community services funded under the 2176 waiver.

- **Individual’s Name:**
- **Current Address:**
- **Date of Birth:**
- **Social Security Number:**

**II. Qualified Mental Retardation Professional Certification (Complete Section A if the individual meets ICF/MR level of care criteria or Section B if the individual does not.)**

**A. I hereby certify that this individual:**

- **a.** Has completed all standardized assessments and psychological, social and medical evaluations necessary to determine need for an ICF/MR level of care in accordance with criteria established by the Department of Public Welfare, Office of Mental Retardation.
  
  and

- **b.** Will benefit from a professionally developed and supervised program of services and supports which are necessary for the individual to function at his/her greatest physical, intellectual, social or vocational potential or to prevent regression or loss of current optimal functional status.

  
  Signature __________________________ Date ____________

  Address __________________________ Telephone Number ____________

**B. I hereby certify that this individual does not require an ICF/MR level of care based on the criteria established by the Department of Public Welfare, Office of Mental Retardation.**

  
  Signature __________________________ Date ____________

  Address __________________________ Telephone Number ____________

**III. Determination by the Department of Public Welfare Designee, the County MH/MR Program.**

- **This individual is determined to require an ICF/MR level of care.**
  
  County MH/MR Program Signature __________________________ Date ____________

- **This individual is determined to not require an ICF/MR level of care.**

  County MH/MR Program Signature __________________________ Date ____________

  Address __________________________ Telephone Number ____________
### MA FINANCIAL APPLICATION RELEASE FORM

**MH/MR INFORMATION**

- **NAME LAST, FIRST & M.L.I.**
- **DATE OF BIRTH:**
- **SOCIAL SECURITY NUMBER:**
- **RECIPIENT ACCESS NUMBER:**
- **WAIVER EFFECTIVE DATE:**
- **MARITAL STATUS: (SEE BELOW):**

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**FOR COUNTY ASSISTANCE OFFICE USE ONLY**

- **PA 600-L APPLICATION IS NEEDED**
- **NO PA 600-L NEEDED**
- **RSN: (SEE BELOW):**

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**CAO USE**

- **CAO:**
- **TO:**
- **CAD FAX:**
- **RETURN TO MH/MR:**

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**PLEASE PRINT**

- **NAME LAST, FIRST & M.L.I.**
- **DATE OF BIRTH:**
- **SOCIAL SECURITY NUMBER:**
- **RECIPIENT ACCESS NUMBER:**
- **WAIVER EFFECTIVE DATE:**
- **MARITAL STATUS: (SEE BELOW):**

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**FOR COUNTY ASSISTANCE OFFICE USE ONLY**

- **PA 600-L APPLICATION IS NEEDED**
- **NO PA 600-L NEEDED**
- **RSN: (SEE BELOW):**

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**MARTIAL STATUS**

- **N** - NEVER MARRIED
- **M** - LIVING SPOUSE
- **D** - DIVORCED
- **S** - LEGALLY SEPARATED
- **W** - WIDOW/WIDOWER

**REASON CODES**

- **20** - NOT AN ACTIVE MEDICAL ASSISTANCE CASE
- **21** - RECIPIENT CLASSIFIED AS SSI BUT DOES NOT RECEIVE SSI BENEFIT.
- **22** - RECEIVES MA BENEFITS WITH OTHERS
- **24** - LAST EXAMINATION OF ELIGIBILITY MORE THAN 6 MONTHS AGO
- **25** - RECIPIENT NOT ON IEVS DATABASE
- **26** - NOT A RECIPIENT IN COUNTY
- **27** - POTENTIAL RESOURCES
- **28** - OTHER:
ANNUAL RECERTIFICATION OF NEED FOR ICF/MR LEVEL OF CARE

I. THE PURPOSE OF THIS FORM IS TO CERTIFY WHETHER THE FOLLOWING INDIVIDUAL WHO IS RECEIVING HOME AND COMMUNITY SERVICES FUNDED UNDER THE 2176 WAIVER IS DETERMINED TO CONTINUE TO QUALIFY FOR AN ICF/MR LEVEL OF CARE IN ACCORDANCE WITH STATE AND FEDERAL REQUIREMENTS.

INDIVIDUAL'S NAME:

CURRENT ADDRESS:

DATE OF BIRTH: ____________________________ SOCIAL SECURITY NUMBER: ____________________________ TELEPHONE NUMBER:

II. QUALIFIED MENTAL RETARDATION PROGRAM CERTIFICATION

THE ANNUAL RECERTIFICATION OF NEED FOR AN ICF/MR LEVEL OF CARE IS MADE BY THE FOLLOWING NAMED QUALIFIED MENTAL RETARDATION PROFESSIONAL BASED ON REVIEW OF THIS INDIVIDUAL'S PSYCHOLOGICAL SOCIAL AND PHYSICAL CONDITION, AS WELL AS A REVIEW OF THE BENEFIT THE INDIVIDUAL IS RECEIVING FROM HOME AND COMMUNITY SERVICES AND SUPPORTS. SECTION A IS COMPLETED IF THE INDIVIDUAL CONTINUES TO QUALIFY FOR AN ICF/MR LEVEL OF CARE OR SECTION B IS COMPLETED IF THE INDIVIDUAL DOES NOT MEET THE CRITERIA.

A. I CERTIFY AS A QUALIFIED MENTAL RETARDATION PROFESSIONAL THAT THE ABOVE NAMED INDIVIDUAL CONTINUES TO QUALIFY FOR AN ICF/MR LEVEL OF CARE.

______________________________
OMRP SIGNATURE

______________________________
DATE

______________________________
ADDRESS

______________________________
TELEPHONE NUMBER

B. I CERTIFY AS A QUALIFIED MENTAL RETARDATION PROFESSIONAL THAT THE ABOVE NAMED INDIVIDUAL DOES NOT CONTINUE TO QUALIFY FOR AN ICF/MR LEVEL OF CARE.

______________________________
OMRP SIGNATURE

______________________________
DATE

______________________________
ADDRESS

______________________________
TELEPHONE NUMBER

III. LEVEL OF CARE DETERMINATION

THIS SECTION IS SIGNED BY THE DEPARTMENT DESIGNEE, THE COUNTY MH/MR PROGRAM. SECTION A IS SIGNED IF THE INDIVIDUAL IS DETERMINED TO CONTINUE TO REQUIRE AN ICF/MR LEVEL OF CARE OR SECTION B IS SIGNED IF THE INDIVIDUAL IS DETERMINED NOT TO QUALIFY FOR AN ICF/MR LEVEL OF CARE.

A. THE DEPARTMENT OF PUBLIC WELFARE DESIGNEE, THE COUNTY MH/MR PROGRAM, HEREBY DETERMINES THAT THIS INDIVIDUAL CONTINUES TO QUALIFY FOR AN ICF/MR LEVEL OF CARE.

______________________________
COUNTY MH/MR PROGRAM SIGNATURE

______________________________
DATE

B. THE DEPARTMENT OF PUBLIC WELFARE DESIGNEE, THE COUNTY MH/MR PROGRAM, HEREBY DETERMINES THAT THIS INDIVIDUAL DOES NOT CONTINUE TO REQUIRE AN ICF/MR LEVEL OF CARE.

______________________________
COUNTY MH/MR PROGRAM SIGNATURE

______________________________
DATE
## COUNTY MH/MR PROGRAM

### NOTICE OF WAIVER SERVICE CHANGE/DISCONTINUANCE

**NAME OF INDIVIDUAL:**

**SOCIAL SECURITY NUMBER:**

**DATE OF BIRTH:**

**TELEPHONE NUMBER:**

**ADDRESS:**

### Action:

- [ ] Change
- [ ] Discontinuance

**Name of current waiver:**

- [ ] Consolidated
- [ ] Person/Family Directed
- [ ] Other (specify): __________________

**Effective date of discontinuance of current waiver services:**

**Reason for discontinuance:**

- [ ] No longer eligible for ICF/MR level of care*
- [ ] Exceeds cost limitation for waiver
- [ ] Waiver moved to another county Which county? _______________________
- [ ] Change to another waiver New County address _______________________
- [ ] Moved to another state
- [ ] Deceased
- [ ] Moved to nursing home or other long term care facility
- [ ] Chooses not to receive waiver funded services
- [ ] Other: Please specify

If planning to change to another waiver, please specify change to:

- [ ] Consolidated*
- [ ] Person/Family Directed*
- [ ] Other: _______________________

*NOTE: Attach Form MR 250 or 251 if changing between Consolidated and Person/Family waivers. Attach Form MR 251 if discontinuance is based on ineligibility for ICF/MR level of care.

**COUNTY MH/MR PROGRAM NAME**

**CONTACT PERSON (PLEASE PRINT)**

**TELEPHONE NUMBER OF CONTACT PERSON**

**DATE**

05245A

MR 1080 - 12/89