ICF/IID LEVEL OF CARE EVALUATION For use in applying for Home and Community Based Services Alabama Department of MH

Address:	Applicant Last Name	First Name	Date of Birth	
Test Instrument Used for Psychological Evaluation	Address:	City	Zip Code	
Adaptive Functioning Instrument(s) Used (list all) Date of ICAP Assessment	County	Medicaid Number		
For food, hygiene and appearance). Initial Cy Breceptive and expressive language (ability to both understand others and to express ideas or information to others either verbally or non-verbally). Developmental (below age 18 years) Learning (ability to acquire new behaviors, perceptions, and information and to apply experiences to new situations). IQ Level Adaptive Functioning Level Mobility (ability to ambulate or move from one location to another independently) Mild Mild Self-direction (managing one's social and personal life and ability to make decisions necessary to protect one's self). Moderate Moderate Capacity for independent living (age-appropriate ability to live without extraordinary assistance, to include maintaining adequate employment and financial support). Profound Profound The applicant listed above is certified as meeting the ICF/IID level of care by DMH: APPROVED \lambda NOT APPROVED	Test Instrument Used for Psychological Adaptive Functioning Instrument(s) Use Date of ICAP Assessment Submitting Case Manager Name: Intermediate Care Services are those ser results in substantial functional limitation This applicant is limited in three (3) life activity listed below: Indicate by placing an X in the approx	Evaluation ed (list all) Date of most rec rvices which are needed becaus ons in three (3) of the areas of li or more of the areas of opriate box	Date of Evaluation cent ICAP review Agency: se of the severe, chronic nature of the mental impairment that ife activity listed below.	
	For food, hygiene and appearance Receptive and expressive both understand others and to explicit information to others either verbate Learning (ability to acquire perceptions, and information and to new situations). Mobility (ability to ambulate location to another independently Self-direction (managing or personal life and ability to make or protect one's self). Capacity for independent appropriate ability to live without assistance, to include maintaining employment and financial support The applicant listed above is cert	 anguage (ability to press ideas or ally or non-verbally). e new behaviors, to apply experiences te or move from one and decisions necessary to living (age-textraordinary gadequate t). ified as meeting the ICF/IID 	Developmental (below age 18 years) Age 18 years and above IQ Level Adaptive Functioning Level Mild Mild Moderate Moderate Severe Severe Profound Profound	

Distribution: Original maintained in Regional Office. Copy returned to submitting provider.