

NC INNOVATIONS MEDICAL ASSESSMENT

Individual's Name: _____		Waiver: _____	
I. System Disorder/Name of Condition		Circle One:	
a. Respiratory	Yes	No	
b. Cardiovascular	Yes	No	
c. Gastro-Intestinal	Yes	No	
d. Genito – Urinary	Yes	No	
e. Neurological	Yes	No	
f. Other	Yes	No	
II. History of Seizures (Type)			
Simple Partial (Simple motor movements/no awareness loss)	Yes	No	
Complex Partial (Loss of Awareness)	Yes	No	
Generalized – Absence (petit mal)	Yes	No	
Controlled with medication	Yes	No	
Other: _____			
Seizure Frequency per month: _____			
III. Disability			
Cerebral Palsy	Yes	No	
Mental Illness	Yes	No	
Other Related Condition: _____			
IV. Sensory/Motor Limitation			
Hearing		Yes	No
Vision		Yes	No
Ambulatory		Yes	No
Fine Motor Deficit		Yes	No
Major Motor Deficit		Yes	No
Communication		Yes	No
V. Treatment Modality			
Physical Therapy	Yes	No	
Occupational Therapy	Yes	No	
Speech Therapy	Yes	No	
Special Diet Type: _____	Yes	No	
Other: _____	Yes	No	
(IV, Tube Feed, O2, Catheter, etc.) Supportive			
Protection Devices: _____	Yes	No	
VI. Medications:			
Individual can self- medicate:		Yes	No
Medication	Dosage/Route/Frequency	Related Diagnosis	
Physician Name (Print)	Physician Signature	Date	

To be Medicaid certified at the ICF-MR level-of-care, the individual must:

Require active treatment necessitating the ICF-MR level of care. (Active treatment refers to aggressive, consistent implementation of a program of specialized and generic training, treatment and health services. Active treatment does not include service to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program.)

AND

Have a diagnosis of mental retardation, or a condition that is closely related to MR:

- A. Mental retardation is a disability characterized by significant limitations both in intellectual functioning and adaptive behavior as expressed in conceptual, practical and social skills. The condition originates before the age of 18.
- B. Persons with closely related conditions refer to individuals who have a severe, chronic disability that meets **ALL** of the following conditions:
 1. Is attributable to:
 - a. cerebral palsy or epilepsy or
 - b. any other condition, other than mental illness, that is closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to mentally retarded persons;
 2. It is manifested before the person reaches age 22;
 3. Is likely to continue indefinitely; **and**
 4. It results in substantial functional limitations in three or more of the following areas of major life activity:
 1. self-care (the ability to take care of basic life needs for food, hygiene, and appearance)
 2. understanding and use of language (the ability to both understand others and to express ideas or information to others either verbally or nonverbally)
 3. learning (the ability to acquire new behaviors, perceptions and information, and to apply experiences to new situations)
 4. mobility (ambulatory, semi-ambulatory, non-ambulatory)
 5. self-direction (managing one's social and personal life and have the ability to make decisions necessary to protect one's self)
 6. capacity for independent living (age appropriate ability to live without extraordinary assistance)