



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  
**Admissions Review Team Checklist for  
 Admission to an ICF/IID or SONF**

**Instructions:** This form is to be filled out by the DDA Case Resource Manager for consideration for admission to an ICF/IID or a State Only Nursing Facility in an RHC.

CLIENT NAME			REVIEW DATE																																																												
DATE OF BIRTH	AGE	DDA REGION																																																													
RESIDENCE		LENGTH OF STAY (IF RHC, LIST DATE ADMITTED)																																																													
REGIONAL CONTACT NAME			TELEPHONE NUMBER																																																												
ART MEMBERS PRESENT																																																															
<p>CHECK AND COMPLETE</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 5%;"><b>Yes</b></td> <td style="width: 5%;"><b>No</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Medicaid Eligible</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Waiver (list type): _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ICF/IID Eligible per:</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>Support Assessment</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>Children's Support Assessment</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DDA Assessment (list date): _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>Residential Classification Level 1-6 (list level): _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Needs active treatment / 24-hour supervision</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Behaviors requiring intervention (list major): _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Challenging behaviors currently exist</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Safety of person, family, caregiver, and/or community at risk</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Unstable health conditions (specify): _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Allen / Marr class member</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Community Protection issues have been identified (specify): _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Community options have been explained to client/family</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Client / family has visited community options (list programs): _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Client / family has visited an RHC (list facilities): _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Client / guardian will accept diversion to community placement</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>If this is a SONF admission, list date PASRR completed:</td> </tr> </table>				<b>Yes</b>	<b>No</b>		<input type="checkbox"/>	<input type="checkbox"/>	Medicaid Eligible	<input type="checkbox"/>	<input type="checkbox"/>	Waiver (list type): _____	<input type="checkbox"/>	<input type="checkbox"/>	ICF/IID Eligible per:		<input type="checkbox"/>	Support Assessment		<input type="checkbox"/>	Children's Support Assessment	<input type="checkbox"/>	<input type="checkbox"/>	DDA Assessment (list date): _____		<input type="checkbox"/>	Residential Classification Level 1-6 (list level): _____	<input type="checkbox"/>	<input type="checkbox"/>	Needs active treatment / 24-hour supervision	<input type="checkbox"/>	<input type="checkbox"/>	Behaviors requiring intervention (list major): _____	<input type="checkbox"/>	<input type="checkbox"/>	Challenging behaviors currently exist	<input type="checkbox"/>	<input type="checkbox"/>	Safety of person, family, caregiver, and/or community at risk	<input type="checkbox"/>	<input type="checkbox"/>	Unstable health conditions (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	Allen / Marr class member	<input type="checkbox"/>	<input type="checkbox"/>	Community Protection issues have been identified (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	Community options have been explained to client/family	<input type="checkbox"/>	<input type="checkbox"/>	Client / family has visited community options (list programs): _____	<input type="checkbox"/>	<input type="checkbox"/>	Client / family has visited an RHC (list facilities): _____	<input type="checkbox"/>	<input type="checkbox"/>	Client / guardian will accept diversion to community placement	<input type="checkbox"/>	<input type="checkbox"/>	If this is a SONF admission, list date PASRR completed:
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<p>REQUIRED ATTACHMENTS (CHECK)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cover letter from Regional Administrator/designee</li> <li><input type="checkbox"/> Signed Admission Request form</li> <li><input type="checkbox"/> Case Summary (See DDA Policy 3.04 for requirements)</li> <li><input type="checkbox"/> DDA Assessment Details Report</li> </ul>																																																															
<p>OPTIONAL ATTACHMENTS (CHECK)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Other relevant information that the Admissions Review Team should consider (e.g., psychiatric/medical report, PBSP)</li> </ul>																																																															

**FOR CENTRAL OFFICE ONLY**

INITIAL ART RECOMMENDATION

Support request    Non-support    More information needed    Refer to AAG for review and consultation

**Note:** The following fill-in text box is unprotected to allow spell check. **Do not tab** to move to the next fill-in field.

CASE SUMMARY

FINAL ART RECOMMENDATION:  Approve    Deny

PLACEMENT RECOMMENDATION

ADMISSIONS REVIEW TEAM CHAIR SIGNATURE

DATE

DEPUTY ASSISTANT SECRETARY DECISION

- Approved for admission
- Approved for admission but may be diverted to community placement
- Admission denied

COMMENTS:

DEPUTY ASSISTANT SECRETARY SIGNATURE

DATE