



Material Improvement Reporting Form For IDD Participants Under The Age of 3

Recipient Name:

Medicaid Number:

Date of Current Review:

Harmony Number:

Name of Assessor:

ICF/ID Level of Care Factors: please list each document by title and date for each year

Initial year

ICAP date:

Results:

Evaluation type, dates, signature and credentials, and results (psychological, psychiatric, school eligibility reports, physical, occupational, speech therapy):

Behavior support plan type, date, and results:

Qualifying Diagnosis Certificate (QDC) date, signature and credentials, dx list:

Medical Records types, dates and results:

Material Improvement and comments:

Previous year

ICAP date:

Results:

Evaluation type, dates, signature and credentials, and results (psychological, psychiatric, school eligibility reports, physical, occupational, speech therapy):

Behavior support plan type, date and results:

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Qualifying Diagnosis Certificate (QDC) date, signature and credentials and dx listed:

Medical Records types, dates and results:

Material Improvement and comments (compare to initial year):

Current year

ICAP date:

Results:

Evaluation type and dates, signature and credentials and results (psychological, psychiatric, school eligibility reports, physical, occupational, speech therapy):

Behavior support plan type, dates and results:

Qualifying Diagnosis Certificate (QDC) date, signature and credentials, and dx listed:

Medical Records types, dates and results:

Material Improvement and comments (compare to previous year):

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Review Comments:

The review committee agreed that material improvement is evident and that no longer meets ICF/IID Level of care.

Recipient Name

Printed name of Reviewing QIDP	Signature	Date
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Printed name of Reviewing QIDP	Signature	Date
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Printed name of Reviewing QIDP	Signature	Date
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List all the documents in chronological order from current down to old: