



ICF-IID Admission Packet Checklist

The CCB Case Manager shall notify the SURC via secure email of all scheduled ICF-IID admissions by providing the following:

- Documented need for Active Treatment
- Initial Functional Needs Assessment
 - Documentation showing all reasonable placement alternatives have been exhausted, what each of those alternative placements are and why they are not appropriate to meet the individual's level of care needs at this time
- Current Physician¹ signed Plan of Care that includes:
 - Diagnoses
 - Symptoms
 - Complaints
 - Complications indicating the need for admission
 - Description of the individual's functional level
 - Objectives/Goals
 - Any orders for:
 - Medications
 - Treatments
 - Restorative and Rehabilitative Services
 - Activities
 - Therapies
 - Social Services
 - Diet
 - Special procedures designed to meet the objectives of the plan of care
 - Plans for discharge
- Current Service Plan²
- Current/Valid assessment³ for the functional, developmental, social health and nutritional status
- Order signed by current physician⁴ for ICF/IID level of care (42CFR456.360a)

Email: ColoradoLTC-UM@telligen.com (please encrypt all emails)

Fax: 720-554-1747

¹ The Individual's Primary Care Physician (not the ICF/IID physician)

² Current (annual) Service Plan for Individual

³ Completed not more than 3 months prior to ICF/IID admission (42CFR456.370(b))

⁴ The Individual's Primary Care Physician (not the ICF/IID physician)

