

DATE

Individual's or Surrogate's Name
Address
Address

Dear [Name of Individual or Surrogate]:

This letter is to inform you that a re-determination of the need for a level of care normally provided in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) is required to be done for [Name of Individual] to continue enrollment in the [Name of Waiver] Waiver. The re-determination of ICF/MR level of care must be completed by [date] to meet Waiver requirements.

A Qualified Mental Retardation Specialist (QMRP) must recertify that [Name of Individual] has a diagnosis of mental retardation, continues to require active treatment, and continues to be recommended for an ICF/MR level of care based on a medical evaluation. The QMRP of [Name of County Program or Administrative Entity] who will certify ICF/MR level of care is Name of QMRP]. You will be contacted directly by the QMRP to continue the re-determination process.

The QMRP will re-determine the need for continued ICF/MR level of care for [Name of Individual] based on a review of available records and information. If questions remain regarding the ICF/MR level of care verification after the review of the available records and history, the QMRP may choose to request a face-to-face meeting with the individual, family, or surrogate.

The QMRP's decision regarding the re-determination of ICF/MR level of care will be documented on form DP 251, "*Annual Recertification of Need for ICF/MR Level of Care*". A copy of the DP 251 form will be sent to you once it is completed. In addition, the re-determination of ICF/MR level of care will be shared with your local County Assistance Office only if a decision is made that [Name of Individual] does not continue to meet the ICF/MR level of care criteria.

Please work with the QMRP to complete the re-determination process. If you have any questions regarding this letter, please contact me at (Telephone Number).

Sincerely,

Name
Waiver Coordinator
County MH/MR Program or Administrative Entity

cc: Individual's File
Individual's Surrogate [if applicable]
Individual's Supports Coordinator
Residential Provider [if applicable]