

**ICF/IID Psychological Evaluation (DD-3)
West Virginia**

Evaluation Date

This evaluation MUST be completed for ALL persons before admission into an ICF in accordance with 42 CFR 456.370

Name of applicant	Service Coordination Agency (SCA)
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Current location of applicant: Residential Home Nursing Facility Psychiatric Unit Acute Hospital
 Other: _____

Reason for evaluation: Initial Redetermination Other (explain) _____

Previous DD-3 Yes No If yes, Date of Evaluation: _____

Demographics

Date of Birth: ____/____/____ Age: _____ Gender M F
 Month Day Year

Per documentation does the individual have a Legal Guardian? Yes No

If yes complete the following:

a. Contact Name

Last:	First:	MI:
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b. Contact Address

c. Contact Phone Number () - _____

d. Relationship: Parent Child Sibling Spouse Friend Other: _____

I. Relevant History:

A. Developmental Hx:

B. Medical Hx:

I. Relevant History (Continued):	
C. Mental Health Hx:	
D. Results of previous Psychological Evaluations:	
II. Current Status:	
A. Physical/Sensory Deficits	
B. Medications (type, frequency, dosage)	

II. Current Status (continued):	
<p data-bbox="261 226 509 254">C. Current Behaviors</p> <ol style="list-style-type: none"><li data-bbox="298 262 1234 321">1. Self-care (refers to such basic activities such as age appropriate grooming, dressing, toileting, feeding, bathing, and simple meal preparation): <li data-bbox="298 489 1219 579">2. Receptive or expressive language (communication) refers to the age appropriate ability to communicate by any means whether verbal, nonverbal/gestures, or with assistive devices). <li data-bbox="298 747 976 774">3. Functional Learning (age appropriate functional academics) <li data-bbox="298 974 1208 1033">4. Mobility (motor skills) refers to the age appropriate ability to move one's person from one place to another with or without mechanical aids. <li data-bbox="298 1232 1245 1323">5. Self-direction refers to the age appropriate ability to make choices and initiate activities, the ability to choose an active lifestyle or remain passive, and the ability to engage in or demonstrate an interest in preferred activities. <li data-bbox="298 1491 1224 1581">6. Capacity for independent living encompasses sub-components that are age appropriate for home living, socialization, leisure skills, community use, health and safety, and employment.	

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III. Current Evaluation	
<p>A. Intellectual/Cognitive:</p> <p>1. Instruments used:</p> <p>2. Results:</p> <p>3. Discussion:</p> <p>B. Adaptive Behavior:</p> <p>1. Instruments used:</p> <p>2. Results:</p> <p>3. Discussion:</p> <p>C. Achievement/Other</p> <p>1. Instruments used:</p> <p>2. Results:</p> <p>3. Discussion:</p>	

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III.	Current Evaluation (Continued):	
D. Autism Screening (when warranted)		
E. Developmental Summary		
IV.	Active Treatment	
A. Active Treatment		
1. Able to take care of most personal care needs.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Able to understand simple commands.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Able to communicate basic needs and wants.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Able to be employed at a productive wage level without systematic long term supervision or support.		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Able to learn new skills without aggressive and consistent training.		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Able to apply skills learned in a training situation to other environments or settings without aggressive and consistent training.		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Able to demonstrate behavior appropriate to the time, situation or place without direct supervision.		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Demonstrates severe maladaptive behavior(s) which place the person or others in jeopardy to health and safety.		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Able to make decisions requiring informed consent without extreme difficulty.		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Identify other skill deficits or specialized training needs which necessitates the availability of trained ID personnel, 24 hours per day, to teach the person to learn functional skills. _____		

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V. Diagnosis	
AXIS I: AXIS II: AXIS III: AXIS IV: AXIS V: Current GAF: Highest in the past year: ICD-10 Diagnosis:	
VI. Prognosis	
_____ Yes _____ No	
VII. ICF/IID Recommendation	
<p>Based on the findings of this assessment, I have determined this individual requires the level of care and active treatment provided in an "INTERMEDIATE CARE FACILITY" for persons with an Intellectual Disability and/or Related Condition.</p>	
Supervised Psychologist	
<input type="text"/>	<input type="text"/>
Signature/Date	Printed Name
Licensed Psychologist	
<input type="text"/>	<input type="text"/>
Signature/Date	Printed Name