



B. J. ... Wendolyn Skinner, Division Director

Georgia Department of Human Resources • Division of Mental Health, Developmental Disabilities and Addictive Diseases  
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### LEVEL OF CARE AGREEMENT

Approval for: \_\_\_\_\_  
(name of individual)

Medicaid #: \_\_\_\_\_

Coverage From: \_\_\_\_\_  
(begin date)

To: \_\_\_\_\_  
(end date)

Inasmuch as there exists an established history of this individual meeting the level of care for an Intermediate Care Facility/Mental Retardation or Nursing Home; and said level of care has been determined previously by authorized state agent designee or state personnel according to physician protocols; and said level of care is now current as determined by authorized state or state designee personnel according to physician protocols, the state agrees with the decision of the physician to continue services through the required period cited above. Thus, the state agrees to pay for services rendered during this time period based on such historical and current evidence. This level of care is applicable to mental retardation/developmental disability service recipients currently receiving treatment in the state's facilities or community-based programs whose level of care inadvertently expired due to the state's systems change transitions.

Authorized: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature: Physician making attestation)

\_\_\_\_\_  
(Typed/Printed Name: Physician making attestation)

*Copy completed form to the MHDDAD Regional Office, all applicable providers for this individual, and the appropriate DFCS County Office as applicable.*

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