DEPARTMENT OF HEALTH SERVICES **STATE OF WISCONSIN**
Division of Long Term Care
F-20922 (08/2008)

DETERMINATION OF NO ACTIVE TREATMENT (NAT) RATING

Name – Applicant/Participant	Date of Birth	County of Residence

To be eligible for CIP II/COP-W, persons with developmental disabilities must receive a No Active Treatment (NAT) rating. The NAT rating must be determined at application and then re-determined annually by a person who is a Qualified Mental Retardation Professional (QMRP). To qualify for an initial NAT rating or for continuation of the NAT rating, either items 1, 2 (and at least one sub-item), or 3 must be checked.

☐ 1. He/she has a developmental disability such as epilepsy, brain injury prior to age 22, autism, or cerebral palsy with NO mental retardation AND he/she is able to function with little supervision. [CFR 483.440(a)(ii)(2)].

☐ 2. He/she is 65 years of age or older, has a developmental disability AND also mental retardation, BUT whose needs are similar to elderly residents of a nursing home. The individual has reached his/her maximum potential as evidenced by checking at least one of the following items:

- ☐ A. Degenerative health status requiring skilled nursing intervention.
- ☐ B. All treatment programs have been discontinued due to the determination that the maximum benefit has been reached.
- ☐ C. Adaptive behavioral assessments by community service boards and other professionals indicate that he/she has reached his/her maximum potential and the major portion of care is maintenance of present skills and no further growth is expected.

☐ 3. He/she has a developmental disability, is 65 years of age or older, and has a life expectancy of less than 12 months.

☐ 4. The individual is NOT eligible for a NAT rating because:

- ☐ A. He/she is under the age of 65 and has mental retardation
- ☐ B. Other: _____

SIGNATURE – QMRP Making Determination	Date Signed
SIGNATURE – BLTS Staff Completing Review (initial application only)	Date of Review

NAT RE-DETERMINATION

Date	**SIGNATURE** of QMRP