

CIL Deinstitutionalization Cost Savings Individual Consumer Worksheet

First Name _____ MI ____ Last Name _____

WNYIL ID# _____ County _____

Date of Last WNYIL Case Note _____

1. This segregated/institutional placement was:

- _____ A. Prevented
_____ B. Terminated

2. Which general category of segregated/institutional setting was terminated or prevented? (Choose only one.)

- _____ A. Large State Institution (includes ICF-MR, developmental center, state psychiatric center)
_____ B. Nursing Home (includes all care levels funded by DOH)
_____ C. Developmental Disabilities IRA (non-individualized, 4 or more beds; large group homes)
_____ D. Mental Health Disabilities Group Home (includes Adult Care Homes and Supervised Community Residences)

3. Which general integrated community-based setting category was chosen instead? (Choose only one)

- _____ A. With Medicaid Waiver
_____ B. Without Medicaid Waiver

Staff Name _____ Date: _____

Contract Source _____ Supervisor Initials _____