



Final April 2013

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**APPLICATION FOR MEDICAID SERVICES FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES**

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Thank you for your interest in Medicaid developmental disability services for children. In order to determine if your child is eligible for services, you will need to complete or obtain each of the items requested as part of the application process.

1. Fill out, sign, and return each of the forms listed below. These forms have been included in the application packet for your convenience:
  - Children’s Developmental Disability Application
  - Authorization for Disclosure
  - Acknowledgement of Receipt of Notice of Privacy Practices

**AND**

2. Provide documentation which verifies your child has a diagnosis that qualifies as a developmental disability. The documentation requirements are as follows:
  - If your child’s diagnosis is **Cerebral Palsy, Epilepsy, or closely related condition**: Provide medical documentation from a physician.

**OR**

- If your child’s diagnosis is **Intellectual Disability or closely related condition**: Provide results of cognitive testing. If the test was not done within the last (3) years, new testing must be done. Approved test instruments are listed in the “Instructions for Completing the Children’s Developmental Disability Services Application” included with this packet.

**OR**

- If the diagnosis is **Autism Spectrum Disorder such as: Autism, Aspergers, Pervasive Developmental Disorder (PDD), or closely related condition**: Provide an assessment completed by a licensed professional qualified to make an autism spectrum diagnosis.

Once you have completed and/or obtained each of the above items, return the information to the Department of Health and Welfare by one of the following methods:

**Email:** email address

**Fax:** FAX NUMBER(Attention NAME)

**Mail:** Address

Upon receipt, we will forward it to the Idaho Center for Disabilities Evaluation (ICDE) office who will complete your child’s eligibility process. It is important that you submit all the documentation requested at the same time in order for the ICDE to process your application in a timely manner.

Once all of the documentation is received by the ICDE, they will review the documents and contact you to schedule a time to complete the eligibility assessments.

If you have any questions about the application process or the documents requested, please contact your local ICDE office at **PHONE NUMBER**



DEPARTMENT USE ONLY			
Region: _____	Staff: _____	Race: _____	ED:M/F: _____
Date to IAP: _____		LV/LA: _____	

New applicant     Opt in early     Birthday Transition     Other

## CHILDREN'S DEVELOPMENTAL DISABILITY SERVICES APPLICATION v. 2\_6\_12

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Is the child currently enrolled in Medicaid?  Yes  No    MID# \_\_\_\_\_    Healthy Connections?  Yes  No

Referral source if applicable: \_\_\_\_\_

Parent(s)/Legal Guardian Name: \_\_\_\_\_

Primary language spoken in household: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

Telephone (1): \_\_\_\_\_ Telephone (2): \_\_\_\_\_

Email: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Name of School, if applicable: \_\_\_\_\_ Name of Primary Teacher: \_\_\_\_\_

Name of DDA (If applicable) \_\_\_\_\_ DDA Phone: \_\_\_\_\_

Service Coordinator (if applicable): \_\_\_\_\_ CSC Phone: \_\_\_\_\_

Diagnosis \_\_\_\_\_

What services/supports do you think would benefit the child: \_\_\_\_\_

Person Requesting Services: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

List enrollment in any other services, including other Department services: \_\_\_\_\_

Other history or pertinent information regarding the child: \_\_\_\_\_

Documents to determine eligibility:

- Medical records  
(If the child's diagnosis is **Cerebral Palsy, Epilepsy, or closely related condition**, include records that verify the disability)
- Cognitive Testing  
(If the child's diagnosis is **Intellectual Disability or closely related condition**, include IQ/psychometric testing that verify the disability)
- Autism Assessment  
(If the child's diagnosis is **Autism Spectrum Disorder such as: Autism, Aspergers, Pervasive Developmental Disorder (PDD), or closely related condition**, provide an assessment completed by a licensed professional qualified to make an autism spectrum diagnosis)

Additional collateral documentation if available:

- School records/assessments related to disability
- Intervention Assessment
- Speech/Language, Physical Therapy, Occupational Therapy

Other pertinent evaluations \_\_\_\_\_

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## INSTRUCTIONS FOR COMPLETING THE CHILDREN'S DEVELOPMENTAL DISABILITY SERVICES APPLICATION

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<b>Child's Name:</b> First and last name of the child applying for services.
<b>Date of Birth:</b> The child's birthdate (month, day and year).
<b>SSN:</b> The child's nine digit social security number.
<b>Is the child currently enrolled in Medicaid:</b> Check the "yes" box if the child is enrolled in Medicaid and "no" if not.
<b>MID:</b> If you checked the "yes" box as the answer to "enrolled in Medicaid" indicate the child's Medicaid number. The Idaho Medicaid Number is the first (7) seven digits of the Medicaid identification number as listed on the Idaho Medicaid card.
<b>Health Connections:</b> Check the "yes" box if the child is enrolled in Healthy Connections and the "no" box if they are not. If you do not know the answer to this question, <u>do not</u> check either box.
<b>Parent(s)/Legal Guardian Name:</b> First and last name of the child's parent(s) or legal guardian(s).
<b>Address:</b> Mailing address of the parent or legal guardian (include city, state, zip code).
<b>Telephone (1) &amp; (2):</b> Daytime telephone number(s) where the parent or legal guardian can be contacted. Please include the area code.
<b>Email:</b> Email address of the parent or legal guardian.
<b>Name of Physician:</b> Indicate the first and last name of the child's primary care physician.
<b>Physician Address:</b> Mailing address of the child's primary care physician.
<b>Name of School, if applicable:</b> Name of the child's current school. If the child does not attend school, please leave blank.
<b>Name of Primary Teacher:</b> First and last name of the child's teacher. If the child does not attend school, please leave blank.
<b>Name of DDA and phone, Name of Service Coordinator and phone (if applicable)</b> Name of the child's DDA and Service Coordinator if they are a child transitioning or opting in early to the benefits and currently receive either service. If the child is a new applicant just put N/A in each section.
<b>Diagnosis:</b> List the child's developmental disability diagnosis (es).
<b>What services /supports do you think would benefit the child:</b> List the services and supports that you believe would benefit the child. A list of traditional services is included in this application packet.
<b>Person Requesting Services:</b> Your (person filling out the application) first and last name.
<b>Relationship to Applicant:</b> Your (person filling out the application) relationship to the child.
<b>List enrollment in any other services, including Department services:</b> List any other services or therapies the child might be involved in (ex: speech therapy, occupational therapy, counseling etc...).
<b>Other history or pertinent information regarding your child:</b> List any other medical and/or psychiatric issues and/or diagnoses. Include any other information that you feel would be important for the person reviewing the application to know.
<p><b>Documents to Determine Eligibility:</b> check the boxes in front of the documentation that is included in the application. Only the records listed for the child's disability are required. For example, if the child has Epilepsy, only medical records are required; not Psychological or Psychometric testing.</p> <ul style="list-style-type: none"> <li>➤ <b>Cognitive Testing:</b> The following tests will be accepted as documentation: Bayley Scales of Infant Development; Stanford Binet Intelligence Scales; Weschler Preschool and Primary Scales of Intelligence; Weschler Intelligence Scales for Children; Weschler Adult Intelligence Scales.</li> <li>➤ <b>Autism Assessment:</b> Individuals who are qualified to diagnose a child with Autism Spectrum Disorder include: Developmental Pediatricians, Child Neurologists, Psychologists and Psychiatrists.</li> </ul>
<b>Additional Collateral Documentation:</b> check the boxes in front of the documentation that is included in the application. This is additional documentation is not required.

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## TRADITIONAL SERVICES

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Families have the choice to use their child's individual budget to access Medicaid services through two different pathways, the Traditional model and Family-Directed Services model. Families who want to access services through the Traditional model will continue to receive services from Medicaid developmental disability providers who are paid for providing defined Medicaid benefits.

### State Plan - HCBS Services

All children with developmental disabilities will qualify for the following services:

**Respite** - provides supervision to a child on an intermittent or short-term basis because of the need for relief of the primary unpaid caregiver. Respite may be used on a regular basis to provide relief to the caregiver and is available during family emergency or crisis.

**Habilitative Supports** - provides assistance to children with disabilities by facilitating independence and integration into the community. This service provides children with an opportunity to explore their interests and improve their skills through community participation and integration. The service provides opportunities for children to practice the skills they have learned in other therapeutic and natural environments.

**Family Education** - assistance to families to help them better meet the needs of their child. Family Education offers education to the parent or legal guardian that is specific to the individual needs of the family. Education topics can include: orientation to developmental disabilities, generalized strategies for behavior modification and intervention techniques.

### Waiver Services

Children who meet 'Institutional Level of Care' will qualify for the following services:

**Habilitative Intervention** - services are provided to improve a child's adaptive skills and discourage problem behaviors. Intervention services are outcome based, therapeutic services delivered by a professional. Intervention is based upon well-known and widely regarded principals of evidence based treatment.

**Family Training** - 'one-on-one' instruction to families on intervention techniques. Family training is provided to the parent or guardian when the child is present.

**Interdisciplinary Training** - instruction and training from service professionals to other direct service providers. Interdisciplinary training focuses on maximizing the coordination of all the services the child receives and allows professionals to train each other on how to better meet the needs of the child.

**Therapeutic Consultation** - consultation provided to a child's Habilitative Interventionist and family. This services is utilized when it is determined that a more advanced level of training and assistance is required based on a child's complex needs.

**Crisis Intervention** - services provide direct consultation and clinical evaluation of children who are currently experiencing or may be expected to experience a psychological, behavioral or emotional crisis. Services include training and staff development related to the needs of the child. The service may also provide emergency back-up for the child in crisis.

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## FAMILY- DIRECTED SERVICES

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Families have the choice to use their child's individual budget to access Medicaid services through two different pathways, the Traditional model and Family-Directed Services model.

When it comes to choosing services, everyone has different needs and preferences. Additionally, every community offers a different amount and variety of services. The Family-Directed Services pathway is designed for families who want a more hands-on and flexible approach in determining the types of services and supports their children need.

The flexibility in this model allows parents to choose, design and direct services outside of the traditional menu of services. The Family-Directed Services pathway allows for more creative ways to access services than the Traditional pathway while still maintaining accountability required by federal authorities.

### Family-Directed Services May Be Right For Your Family If:

You would like to gain more control over the resources that are available for your child and have more freedom to create and access untraditional services and supports.

- You want to manage an individualized budget that is based on your child's assessed needs.
- You want to recruit, hire and train your own service providers (families can contract with a traditional service provider, friends, relatives, and neighbors).
- You want to set wages for your service providers based on a service and supports budget.
- You want to maintain records and monitor services and spending, set schedules and submit timesheets for their providers.
- You want to contract with non-traditional providers of service or supports.

### How It Works

1. A child is determined eligible for services and will be assigned a budget based on their strengths and assessed needs.
2. Families have the choice between two pathways, the Traditional model and Family-Directed Services model. These two pathways offer different levels of control and responsibility over your child's services and supports.
3. If the family chooses Family-Directed Services, they will hire a Support Broker to assist them in developing and managing services. The Support Broker helps create the Supports and Spending Plan, budget the money, and monitor services.
4. The plan is authorized by the Department of Health and Welfare (DHW). A Fiscal Employer Agent takes care of the financial considerations including paying for authorized services and goods, withholding applicable taxes, and providing monthly expenditure reports.
5. Together you, your Support Broker, and DHW will work together to assure that your child's health and safety needs are met.

***Choosing Family-Directed Services allows you more control over your child's services if you wish to take more responsibility for coordination and management.***

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## RIGHT TO APPEAL

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Applicants for or recipients of services have a right to a hearing any time a decision is made that substantially affects benefits. The applicant or recipient has a right to be represented by legal counsel or any spokesperson he chooses to designate. The client or his representative must request a hearing in writing and include the following information:

- Copy of the decision with which the applicant or client disagrees
- Applicant or client name
- Address and phone number
- Reasons for challenging the Department's decision
- Remedy requested

Hearing requests must be turned in or mailed to the address below:

Hearings Coordinator  
Department of Health and Welfare  
450 West State, 10<sup>th</sup> Floor  
P.O. Box 83720  
Boise, ID 83720-0036

The Idaho Department of Health and Welfare will provide a hearing request form when requested by the recipient or a representative. The request for a hearing must be submitted within twenty eight (28) days from the date the notice of decision was mailed by the Department. The Hearing Officer will notify the recipient or representative of the date, time, and place of the hearing at least ten (10) days before the scheduled hearing, unless the Hearing Officer finds good cause for shorter notice. Hearing rights and procedures relating to hearings are found at IDAPA 16.05.03, Rules Governing Contested Case Proceedings and Declaratory Rulings.