

Process to Access CHOICES Waiver Services

Access to the CHOICES waiver program is initiated after an applicant chooses a case manager from one of the four regionalized case management organizations (Regional Map is shown on next page). The chosen case manager is responsible to complete, gather and submit the following information to the Division of Developmental Disabilities (DDD) for eligibility review:

1. Funding Request Form

- A completed funding request form is the initial notification to the DDD of an applicant who has identified a case manager and is seeking federal/state funding to receive services delivered within the CHOICES waiver program
- Once the funding request is approved by the DDD, the case manager initiates the Level of Care process (application documents used by DDD to determine eligibility for CHOICES services)

2. Level Of Care (Application to receive CHOICES services)

The DDD receives and reviews the following forms to determine applicant eligibility for CHOICES services:

- ICAP (Inventory for Client Agency and Planning) eligibility with a minimum of 3 functional limitations;
- Psychological examination to determine intellectual or developmental disability; and
- HCBS Waiver Rights Form to inform the applicant that services are available from the Home and Community Based Services Waiver. This form also assures each applicant is provided with a list of HCBS providers, informed of the appeal process for denial of services if the applicant is determined not eligible, and provided with contact information to request a fair hearing; and
- A provisional plan of care that designates the specific waiver services that the participant will receive.

A QIDP, or qualified DDD staff, determines initial level of care eligibility. The QIDP, or qualified DDD staff, then informs the Single State Medicaid Agency (SSMA) and the case manager of the eligibility determination and the effective date of CHOICES services.

The DDD does not require the Funding Request Form and the Level Of Care application to be submitted within a specified timeline, however payment cannot be made to the provider for services rendered until these two forms are submitted and approved.

