

## 1.19 CHILDREN WITH DISABILITIES COMMUNITY SERVICES PROGRAM (CDCS)

### A. APPLICATION FORMS

The application form is the DFA-2 or Single-Streamlined Application (SLA).

The following forms must also be completed as part of the eligibility determination process. This information is sent directly to BMS by the Case Management Agency. This is provided for the Worker's understanding of the process only. The Worker has no responsibility in the following process.

- DD-2A: This is the medical form the child's physician uses to submit necessary information to allow a determination of medical eligibility.
- DD-6: Cost estimate worksheet for medical services that must be completed and used by the Case Management Agency:
  - Assure the program plan is cost feasible, i.e., community services cost less than placement in a medical institution; and
  - Follow through with the school system, health care providers and other agencies to assure that the community services are implemented and consistently remain cost-effective.
  - Program Plan: The program plan must be developed by an interdisciplinary team (IDT) consisting of the child, family or legal representative, service providers, advocates, professionals, paraprofessionals and other stakeholders needed to ensure the delivery of the necessary level of services. This contains the same elements of the State DD-5 form.
  - Evaluations: Additional evaluations, as appropriate, to determine medical eligibility and services for the specific disability group such as psychological or psychiatric reports, social assessments, discharge plan, etc.

**NOTE:** When an applicant's medical eligibility for, or enrollment in, this program is pending, he must not be refused the right to apply due to his pending status for the CDCS program, but must be evaluated for any or all DFA programs.

### B. COMPLETE APPLICATION

The application is complete when the parent(s) or legal guardian signs a DFA-2, DFA-5 or SLA which contains, at a minimum, the client's name and address.

**C. DATE OF APPLICATION**

The date of application is the date the applicant submits a DFA-2 or SLA, in person, by fax or other electronic transmission or by mail, which contains, at a minimum, his name and address and signature. When the application is submitted by mail or fax, the date of application is the date that the form with the name, address and signature is received in the local office.

**NOTE:** When a faxed copy or other electronic transmission of an application is received that contains a minimum of the applicant's name, address and signature, it is considered an original application and no additional signature is required.

**NOTE:** When the applicant has completed the interactive interview, and there is a technical failure that prevents the printing of the DFA-2, Form DFA-5 must be signed by the applicant, attached and filed in the case record with the subsequently printed DFA-2. Form DFA-RR-1 must also be completed and signed. He must not be required to return to the office to sign the DFA-2 when the DFA-5 has been signed.

**D. INTERVIEW REQUIRED**

No interview is required.

**E. WHO MUST BE INTERVIEWED**

An interview is not required, but when an interview is conducted the parent(s) or legal guardian of the child must be interviewed.

**F. WHO MUST SIGN**

The parent(s) or legal guardian of the child must sign the application.

**G. CONTENT OF THE INTERVIEW**

Although no interview is required, when an interview is conducted, the interview requirements found in Section 1.2 are applicable. In addition, the Worker must inform the parent(s) or legal guardian that other forms must be provided by the Case Management Agency to determine eligibility, and that the medical eligibility decision is made by BMS.

**H. DUE DATE OF ADDITIONAL INFORMATION**

The Worker and the parent(s) or legal guardian decide on a reasonable time for the information to be returned.

**I. AGENCY TIME LIMITS**

The agency must take action to approve, deny or withdraw the application within 30 days of the date of application.

**J. AGENCY DELAYS**

When the Department fails to request necessary verification, the Worker must immediately send a verification checklist or form DFA-6 to request it. He must inform the client that the application is being held pending. When the verification is received, and the client is eligible, medical coverage is retroactive to the time eligibility would have been established had the Department acted in a timely manner.

Reimbursement for out-of-pocket expenses may apply. See Chapter 2.

**K. PAYEE**

The CDCS child is the payee.

**L. REPAYMENT AND PENALTIES**

This does not apply to CDCS cases.

**M. BEGINNING DATE OF ELIGIBILITY**

Eligibility is retroactive to the later of these two dates:

- The date of medical need, established by BMS, and conveyed by memorandum to the CSM; or
- Up to 3 months prior to the application date, provided all eligibility requirements were met at that time.

**N. REDETERMINATION SCHEDULE**

A redetermination of financial eligibility is completed annually. The Worker must notify the health care provider (e.g., behavioral health center, child care agency, early intervention program, etc.) which is providing case management services, and the family or legal guardian when the case is due for redetermination.

Medical eligibility must be redetermined annually by BMS. The case does not continue to be eligible after the redetermination unless both financial and medical eligibility are redetermined.

**O. EXPEDITED PROCESSING**

There is no expedited processing requirement.

**P. CLIENT NOTIFICATION**

See Chapter 6.

**Q. DATA SYSTEM ACTION**

Each application requires data system action to approve, deny or withdraw.

## R. REDETERMINATION VARIATIONS

The redetermination process is the same as the application process with the following exceptions:

### 1. The Redetermination List

There is no redetermination list.

### 2. The Date Of The Redetermination

RAPIDS sets a 12-month redetermination cycle for CDCS AG's.

### 3. Scheduling The Redetermination

When the AG is due for redetermination, the Worker will receive an eligibility alert. If the Worker uses client scheduling, the AG will automatically be scheduled for redetermination.

When the Worker receives notice that a redetermination is due, he must schedule it using form DFA-10.

### 4. Completion Of The Redetermination

When the redetermination is completed and the individual remains eligible, the case is updated to reflect current circumstances.

## S. THE BENEFIT

The CDCS recipient is the only individual who appears on the medical card.

### 1. Ongoing Benefit

Effective April 2015 the Medicaid card issuance process will change from a monthly to a yearly issuance. The Medicaid card will not include any date parameters since eligibility may terminate.

Each January, beginning with the 2016 issuance, Medicaid recipients will receive one Medicaid card per case.

In situations where retroactive eligibility is established, the Medicaid card will be validated appropriately for each back-dated month.

### 2. Ending Date Of Eligibility

The ending date of eligibility is the last day of the month of the effective month of closure.