

GUIDELINES

FOR COMPLETING A FULL APPLICATION PACKET

MR/DD Waiver Program

(Revised October 2001)

1. **Client Needs Summary for ICF/MR Waiver:** This form must be submitted as the top form of the full application packet. The copy of the form provided in Appendix A in the MR/DD Waiver Manual is NOT to be used. This is a sample form only. **The forms provided by the Behavioral Health Assessment Unit with the appropriate provider number supplied must be the only forms used.**
2. **MR/DD Waiver Full Application Cover Sheet:** This form must accompany the full application packet. The cover sheet was designed to assist the Service Coordination Agency to ensure all the required documentation has been reviewed and included before submitting the full application packet to the State MR/DD Waiver Program.
3. **DD-1:** The county DHHR office section needs to indicate the county, not the city or town.
4. **DD-2A: All sections must be fully completed.** The initial and annual Medical Evaluation must include the signature and license number of the physician. Medicaid will not accept a stamped signature or initials. Please note that white-out must never be used on a DD-2A. The physician may draw a line through an error, initial the error, and make the correction. Results of lab work may be submitted separately.
5. **DD-3: Must be completed within 90 days from the date received at the MR/DD Waiver Office.** The Psychological Evaluation must include the specific scores and results of the testing instruments used during the evaluation. Includes specific recommendations, (i.e., habilitation, residential). Includes a recommendation for an ICF/MR level of care. Assessments, interpretations and recommendations completed by a licensed psychologist or a card carrying supervised and signed by the supervising licensed psychologist. License number is required.
6. **DD-4:** The Social History must be reviewed and co-signed by a Licensed Social Worker or a BSW if the assessment is completed by a Temporary Licensed Social Worker.

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7. Full Application Packets must also include the following information:
 - a. A cover letter must be included to outline the services the individual is currently receiving along with an explanation as to why the participant is requesting MR/DD Waiver Program services.
 - b. DD-5, Individual Program Plan must be included. A general weekly schedule outlining when and what services are to be provided is included.
 - c. If the applicant is **school age**, a copy of the current IEP must be included.
 - d. If an applicant is receiving services from the **Birth to Three Program** a copy of the IFSP and copies of the assessments/summaries completed by professional specialists must be included.
 - e. If applicant has an **AXIS I** diagnosis, or a co-existing condition(s), a copy all previous and current psychiatric assessments and discharge summaries must be included.
 - f. It is recommended that copies of any additional reports or assessments be included in the packet to assist the MR/DD Waiver Program in the eligibility determination process. In addition, reports and assessments documenting that substantial delays occurred prior or during the developmental period is requested.
 - g. If the applicant is receiving service from DRS, a copy of the IPE (Individual Plan for Employment) must be included.
 - h. If applicable, all formal special requests must be included.
 - i. If applicable, a copy of the Human Rights Committee approval for medication used to modify behavior should be included or the scheduled date indicated.
 - j. If applicable, a copy of the Behavior Support Plan should be included or the scheduled date for development indicated.