



Enrollment Guide Intellectual and Developmental Disabilities Waivers (Age 18 and older)

Step 1: Request for Developmental Disability Determination

Request for Developmental Disability (DD) Determination application form can be accessed via DDRC's website or by contacting a DDRC Adult Intake Resource Coordinator.

Online Access

Go to **ddrcco.com**, click on the drop-down arrow next to the *Services tab* on the menu bar and select "*Getting Started*". Download the DDRC Application for Services located under the heading *Step 2: Apply for Services*.

Phone Request

Contact a DDRC Adult Intake Resource Coordinator (RC) at (303) 233-3363 to request a DD Determination form.

Applicants have 90 calendar days to complete the DD Determination process or request an extension prior to the end of 90 days. If the DD Determination process is not completed or an extension is not requested within 90 days, then the process will be terminated. The DD Determination process can start again at any time by submitting a new Request for Developmental Disability Determination form.

Step 2: Developmental Disability Determination Criteria

To be eligible for Supported Living Services (HCBS-SLS) or Developmental Disability (HCBS-DD) waiver a person must be determined to have an Intellectual and Developmental Disability via a Developmental Disability Determination.

Determination of a Developmental Disability (DD) is based on Cognitive and/or Adaptive Behavior testing information, neurological diagnosis, and proof that onset of the disability/diagnosis manifested prior to age 22 (see <https://ddrcco.com/accessing-services/developmental-disability-definition> for more information). Applicants are responsible for obtaining and providing the documentation needed to make DD Determination. If you need assistance obtaining testing information and/or records, please contact the DDRC Adult Intake Department at 303.233.3363 for instructions.



Step 3: Developmental Disability Determination Process

A Developmental Disability Determination will be completed within 30 days working days of when the application as well as all testing information and supporting documentation needed to make a DD Determination has been submitted to DDRC. Once Developmental Disability determination is made, the applicant will receive notice of the decision via either conventional mail or email within 7 working days.

If the applicant is determined to have an Intellectual and Developmental Disability and is aged 18 or older they can begin the enrollment process into HCBS-SLS waiver, be placed on the waiting list for the HCBS-DD waiver, or both.

Step 4: Health First Colorado (Medicaid) Verification

Applicants must be eligible for Health First Colorado (Medicaid) benefits in order to enroll into a waiver program. Contact your Intake Resource Coordinator to verify if you are an active recipient of Health First Colorado (Medicaid). Once the verification process is complete, your Intake Resource Coordinator will contact you to discuss and begin the next phase of the enrollment process. The Health First Colorado verification process can take anywhere from one to two weeks to complete.

If you need to apply for Health First Colorado, visit Jefferson County Human Services benefits office (Phone # 303.271.1388) or apply via the Program Eligibility Application Kit (PEAK) website at <https://coloradopeak.secure.force.com>. Once a date-stamped copy of the Medicaid and waiver application or copy of the Health First Colorado (Medicaid) card is received, the applicant can request verification of Health First Colorado (Medicaid) and, if determined to have active Medicaid, begin the pre-enrollment process.

If you need to apply for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) through the Social Security Administration, call 1.800.772.1213 or visit the website at www.ssa.gov.

Step 5: Request for Long Term Care Medical Services (Financial Eligibility)

Applicants must also meet the financial eligibility requirements for Long Term Care (LTC) prior to enrollment into a waiver program. A Long Term Care (LTC) Waiver Application packet will be sent by the Intake Resource Coordinator to the applicant once the Health First Colorado (Medicaid) verification process is complete. This packet includes the LTC Waiver application, a required documentation list, Waiver Fact Sheet, and Release of Information (ROI) form for the Physicians Medical Information Page (PMIP).

The purpose of the PMIP is to certify the medical necessity of LTC services. Either DDRC or the enrollee can request the PMIP from the Primary Care Physician (PCP) or medical



provider. The enrollee can request a copy of a blank PMIP form from the Intake RC if desired. The PMIP needs to be completed, signed, and dated by a medical provider such as a Physician, Psychiatrist, Physician Assistant, or Nurse Practitioner in order to approve HCBS-LTC-SLS waiver. Please note the PMIP is often not signed by a medical professional unless the enrollee has been seen in the past year. The time frame for the LTC-SLS waiver application and PMIP process is dependent upon response time of the enrollee & medical provider.

The applicant will need to complete and submit the LTC Waiver application, along with all required supporting documentation, to their Intake Resource Coordinator within 90 calendar days of the Health First Colorado (Medicaid) verification. If the LTC Waiver application and all required supporting documentation is not submitted within 90 days, the applicant's case status will be changed to withdrawn and the enrollment process will be discontinued.

Step 6: 100.2 LTC Functional Assessment

Even if an applicant is eligible for Health First Colorado and meets the criteria for LTC waiver services, they must also meet the functional level of care criteria for the waiver.

Once the LTC waiver application is completed and returned to DDRC, the applicant will be contacted to arrange a date and time to complete the 100.2 LTC Functional Assessment in the home within 10 working days. Functional eligibility cannot be determined until the 100.2 assessment has been held and a completed Professional Medical Information Page (PMIP) has been received from the medical provider. If the PMIP is not received within 90 days of when the 100.2 LTC Functional Assessment meeting was held the applicant can not be determined eligible for waiver services.

If the applicant is determined to meet the functional criteria for the waiver, they can begin the last phase of the enrollment process.

Step 7: Support Intensity Scale (SIS) Assessment

A Supports Intensity Scale (SIS) assessment must be completed prior to enrollment in either the HCBS-SLS or HCBS-DD waiver to determine both the applicant's level of support needs and their level of waiver funding.

The Intake Resource Coordinator will request that a SIS assessment be completed within 45 calendar days of the determination of functional eligibility.



Developmental Disabilities Resource Center

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Step 8: Enrollment into Services

Once it has been determined that the applicant meets the functional eligibility requirements for the waiver and a SIS assessment has been requested, the applicant will be assigned to an ongoing Resource Coordinator who will complete enrollment into services.

The assigned ongoing Resource Coordinator will contact the applicant to schedule a service plan meeting and, if needed, complete a Request for Proposal (RFP) to assist with provider selection. Once the service plan meeting has been held and service providers have been selected, the enrollment can be completed.