



INTAKE & ENROLLMENT

a step-by-step guide

Receiving care from a Medicaid Waiver and/or State Program involves multiple steps & team members. We'll need to partner closely to complete all steps quickly & get you the care you need.

1

REFERRAL

A referral is made to our Intake team to request services. You're given a Request for Disability Determination form to begin the process.



<90 days to submit eligibility docs

2

DISABILITY DETERMINATION

You'll submit eligibility documents, including Cognitive/Adaptive testing & evidence of intellectual disability or neurological impairment. Your Intake Case Manager (CM) assesses whether you meet the criteria for developmental delay (*0-4 years) or disability (*5+ years). *If turning 5, the determination will need to be redone.

3

PROGRAM OPTIONS

If a Disability Determination is approved, your Intake CM will discuss program and waiver options.

4

APPLYING FOR MEDICAID

If you select a waiver program, a Benefits team member will provide information on applying for Medicaid Benefits through your County Medicaid office. If you are receiving Social Security Income (SSI), a Medicaid application may not be needed.

If you don't meet eligibility criteria during any point in the process, we'll refer you to other resources

8

ENROLLMENT CASE MANAGER

You'll be assigned an Enrollment CM who completes all remaining Medicaid waiver steps. They will help you determine what services meet the needs identified in the Level of Care Assessment.

7

LEVEL OF CARE ASSESSMENT

An Intake CM schedules the Level of Care Assessment to determine functional eligibility for Medicaid waiver programs.



<90 days to process Medicaid application

6

WAIVER OFFER

Once Medicaid application and/or SSI are submitted, you'll be offered enrollment into the waiver program contingent upon meeting functional eligibility, Medicaid eligibility, and the program's targeting criteria.

5

DOCUMENT COLLECTION

DP collects copies of documents needed for enrollment, including:

- Social Security Card
- Photo ID
- Birth Certificate
- Professional Medical Information Page (PMIP)



9

SERVICE PLAN

Your Enrollment CM will schedule a Service Plan meeting to discuss your goals, needs, and waiver requirements for the upcoming year.



60 days to choose service providers

10

PROVIDER SELECTION

Your Enrollment CM will assist in completing a Request for Proposal (RFP) to help you find service providers.

BEGIN SERVICES

Upon Medicaid approval, we'll set a service start date & providers will begin supports. An Active CM will initiate ongoing case management & meet with you at least 4 times a year.