Waiver ICF/ORC LOC for children prior to age 9 with Developmental Disabilities documentation – Initial (waiver capacity available)

DATE

Individual’s or Surrogate’s Name

Address

Address

Dear [Name of Individual or Surrogate]:

You are receiving this letter because you expressed an interest in receiving Waiver services through the Office of Developmental Programs. Previously, you were determined to meet ICF/ORC Level of Care for children prior to age 9 with Developmental Disabilities and indicated under Service Preference –Home and Community Based Services under the Waiver. This letter is to inform you that waiver capacity has been identified for you and it is our intent to proceed with the enrollment process for the \_\_\_\_\_\_\_\_\_\_ Waiver, if you are still interested.

Please contact our office within 10 business days of receipt of this letter to finalize the enrollment process. The Level of Care criteria will be validated before Waiver enrollment is finalized.

A current medical evaluation is required as part of the formal Level of Care determination process. The medical evaluation must be completed within the previous 365 calendar days and reflect the individual’s current medical condition. A medical form is enclosed with this letter. A recommendation for ICF/ORC Level of Care must be made by the practitioner. Our records indicate that the medical evaluation we have on file was completed on \_\_\_\_\_\_\_.

The determination of ICF/ORC level of care for children prior to the age of 9 with developmental disabilities will be documented on DP 250, *“Certification of Need for ICF/ID or ICF/ORC Level of Care”* and sent to you upon completion*.* In addition, the determination of ICF/ORC level of care for children prior to age 9 with developmental disabilities will be shared with your local County Assistance Office as part of the Medicaid eligibility process for (INSERT PROGRAM NAME) Waiver enrollment.

If you have any questions regarding this letter, please contact me at \_\_(Telephone Number)\_\_\_.

Sincerely,

Name

Waiver Coordinator

Administrative Entity

Enclosure

MA 51, Medical Evaluation

cc: Individual’s File

Individual’s Surrogate [if applicable]

Supports Coordinator