

Rate Code Date received Sent to IAC

ELIGIBILITY APPLICATION FOR ADULTS WITH DEVELOPMENTAL DISABILITIES (DD)

This application is for Medicaid participants turning 18 years or older who have been determined financially eligible for Medicaid. If you do not currently have Enhanced Medicaid, you are still encouraged to apply as you may be eligible if you meet level of care eligibility for the DD Waiver and financial criteria.

meet level of care eligibility for the DD Waiver <u>and</u> financial criteria.		
Name		
Address Current Living Arrangement		
Enrolled in Medicaid?		
What services are you seeking? Choose one:	☐ Family Member ☐ Legal Guardian ☐ Contact	
DD Waiver- Self Directed Community Supports DD Waiver- Traditional (if eligible, includes State Plan services below) State Plan Services (Service Coordination, Developmental	NameAddress	
Therapy)	PhoneEmail	
For Intellectual Disability: Results of Third Edition (WAIS-III); or Stanford or Test of Nonverbal Intelligence, For nine (89) years, eleven (11) months. current status of the individual by an O For Autism Spectrum Disorder (AS professional working within their second O Other condition found to be closely requires similar treatment or services	within the last 365 calendar days. ND cility was identified before the age of 22, ND raumatic Brain Injury: A report from a physician R of an IQ test using the Wechsler Intelligence Scale for Adults ford Binet Intelligence Scales, for ages two (2) through adult; burth Edition (TONI-4), for ages six (6) years through eighty- Tests over one (1) year old must be verified to reflect the appropriate professional. R SD): Documentation supporting this diagnosis from a ope of practice. R related to, or similar to, one of these impairments that s. Provide documentation that can show the causal ondition and the developmental disability. (Does not include	
	hip has been registered with the state of Idaho (if applicable)	
O Documentation demonstrating that guardians.	mp has been registered with the state of idano (if applicable)	
Submit to email inbox or address	listed on page 2 of this application	
For Dept. use only	Denis 1	
	oproved Denied Denied	
Signature of Authorized Representative of the Depa	rtment:	
g se me Bepa	Date	

Return the completed eligibility application for adults with developmental disabilities via email, mail, or to the office nearest you.

Region 1

(Counties served-Benewah, Bonner, Boundary, Kootenai, and Shoshone)

Location-	Phone- (208) 769-1567
1120 Ironwood Drive, Suite 102	Fax- (208) 666-6856
Coeur d'Alene, ID 83814	Email- BDDSQA1@dhw.idaho.gov

Region 2

(Counties served- Clearwater, Idaho, Latah, Lewis, and Nez Perce)

Location- 1118 F Street	Phone- (208) 799-4430
Mailing- PO Drawer B	Fax- (208) 799-5167
Lewiston, ID 83501	Email- BDDSQA2@dhw.idaho.gov

Region 3

(Counties served-Adams, Canyon, Gem, Owyhee, Payette, and Washington)

Location- please bring to:	Phone- (208) 334-0940 Option #3
1720 Westgate Drive, Suite B	Fax- (208) 334-0953
Boise, ID 83704	Email- BDDSQA3@dhw.idaho.gov

Region 4

(Counties served- Ada, Boise, Elmore, and Valley)

Location-	Phone- (208) 334-0940 Option #3
1720 Westgate Drive, Suite B	Fax- (208) 334-0953
Boise, ID 83704	Email- BDDSQA4@dhw.idaho.gov

Region 5

(Counties served-Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls)

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Location-	Phone- (208) 736-3024
601 Pole Line Road, Suite 3	Fax- (208) 736-2116
Twin Falls, ID 83301	Email- BDDSQA5@dhw.idaho.gov

Region 6

(Counties served-Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, and Power)

Location-	Phone- (208) 239-6260
1070 Hiline Road, Suite 260	Fax- (208) 239-6269
Pocatello, ID 83201	Email- BDDSQA6@dhw.idaho.gov

Region 7

(Counties served-Bonneville, Butte, Clark, Custer, Freemont, Jefferson, Lemhi, Madison, and Teton)

Location-	Phone- (208) 528-5750
150 Shoup Avenue, Suite 20	Fax- (208) 528-5756
Idaho Falls, ID 83402	Email- BDDSQA7@dhw.idaho.gov