



2025



Liberty Healthcare

Idaho Independent Assessment Program -
Adult Developmental Disability Services

OUTREACH PACKET

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A dark blue silhouette of a person wearing a cape, standing in front of a large screen or monitor. The person is facing forward, and the screen is positioned behind them, suggesting they are presenting or working at a computer. The entire scene is set within a circular frame on a dark blue background.

INTRODUCTION



First of all, Welcome! We are so excited to meet you and help you navigate the Developmental Disability Waiver Assessment process. We are Liberty Healthcare a health and human services management company with over 30 years experience in the field. In Idaho, we provide independent assessments for Developmental Disability waiver services for both adults and children. The assessment process **must** be completed each year if you wish to continue to receive services.

In this packet you will find documents to help you understand the assessment process and help that process to go smoothly.

For more information or online forms:



You will find the following included:

- **Step by Step guide** for applying for and receiving Developmental Disability waiver Services
- **Liberty Glossary of Terms and Acronyms**
- **Authorization Form**
 - These forms give Liberty Healthcare permission to get/give information to others including scheduling the assessment.
- **Plan Developer Choice Form**
 - This form is needed in order to share assessment results and communicate with your chosen plan developer.
- **Provider Lists**
 - Links to the Department website for these lists are provided and will also be attached separately.
- **Contact Resources**

Please feel free to call us toll free at (877) 305-3469, or locally at 208-258-7980 if you have any questions.

Sincerely,

Jennifer La Jeunesse, LCSW, CMPE
Executive Director
Independent Assessment Services
Liberty Healthcare Corporation



Liberty Healthcare Corporation
THE FREEDOM TO SUCCEED™



APPLYING FOR ADULT DEVELOPMENTAL (DD) SERVICES



Step 1

You may apply for Developmental Disability (DD) services by submitting an Eligibility Application for Adults with Developmental Disabilities to your local Bureau of Developmental Disability Services (BDDS) office. An application can be mailed to you, or you may print off a copy of the application from:

<https://healthandwelfare.idaho.gov/services-programs/medicaid-health/apply-adult-developmental-disabilities-programs>



Return the completed eligibility application for adults with Developmental Disabilities via email, mail, or to the office nearest you. Please see page two of the application for the contact information of the office nearest you. As part of the application process, BDDS staff must first verify that you are financially eligible for Medicaid. If you do not currently have Enhanced Medicaid, you are still encouraged to apply as you may be eligible for Enhanced Medicaid if you meet level of care eligibility for the DD Waiver and financial criteria.

BDDS will then forward your application and supporting documentation as listed on the application to Liberty Healthcare.



Step 2

Liberty Healthcare will review your documents to see if we have enough information to set up an assessment.

Documents requested:

- A history and physical that has been completed within the last 365 calendar days.
- Documentation which verifies that your disability was identified before the age of 22,
- Documentation of your disability:
 - For **Cerebral Palsy, Epilepsy, or Traumatic Brain Injury**: A report from the physician
 - For **Intellectual Disability**: Results of an IQ test using one of the following approved tests
 - Wechsler Intelligence Scale for Adults- Third Edition (WAIS-III)
 - Stanford Binet Intelligence Scales, for ages (2) through adult
 - Test of Nonverbal Intelligence, Fourth Edition (TONI-4), for ages six (6) years through eighty-nine (89) years, eleven (11) months
 - **Tests over one (1) year old must be verified to reflect the current status of the individual by an appropriate professional.**
 - For **Autism Spectrum Disorder (ASD)**: Documentation supporting this diagnosis from a professional working within their scope of practice.
 - Other condition found to be closely related to, or similar to, one of these impairments that requires similar treatment or services. Provide documentation that can show the causal relationship between the impairing condition and the developmental disability. (Does not include mental illness)

If we have the needed documentation, we will contact you, your guardian, or other representative to set up an appointment to meet with us for an assessment interview. Please be aware we will be contacting you by phone to schedule the assessment. If not, we will send you a letter that lets you know what else is needed.



Step 3

It is important that you are available for your scheduled interview. Make sure you ask your guardian, a friend, or another person that knows you very well to be present at the interview.



Step 4

At the time of your interview:

- A Liberty Healthcare Assessor will interview you and the person you bring with you. This person will be known as the respondent. The assessor will ask about you and your needs. The assessor will complete a Medical, Social, Developmental Summary (MSDA) with you and your respondent.
- A Liberty Healthcare Assessor will complete the Scales of Independent Behavior—Revised (SIB-R) assessment tool with a person who knows you very well. This person is known as the respondent.
- Liberty Healthcare may request signatures on Release of Information (Authorization) forms to gather more information about your disability.
- A Liberty Healthcare Assessor will conduct the Inventory of Individual Needs (IIN) also called the Inventory of Needs (ION) that will help Liberty to calculate your annual budget if you qualify for adult DD services.
- Liberty Healthcare will have already provided you with an Adult DD Medical Care Form that you can take to your doctor to fill out and return. Liberty will be mailing or emailing you this form prior to the interview. This form can also be found on our [website](#) and provided at the time of the interview.

After the interview, the Liberty Healthcare Assessor will review the information and recommend if you're eligible for DD services. A notice will then be sent to you about the results.

RECEIVING ADULT DEVELOPMENTAL DISABILITY (DD) SERVICES

If you are determined eligible for State Plan only services, you can choose from:

- Service Coordination; and
- Developmental Disability Agency (DDA) services

If you are determined ICF/ID Level of Care eligible, you can choose from both State Plan services and DD Waiver services. DD Waiver services include:

- Residential Habilitation (Certified Family Home or Supported Living)
- Chore Services
- Respite
- Supported Employment
- Transportation
- Environmental Accessibility Adaptations
- Specialized Medical Equipment and Supplies
- Personal Emergency Response System
- Home Delivered Meals
- Skilled Nursing
- Behavior Consultation or Crisis Management
- Adult Day Health

If you are determined ICF/ID Level of Care eligible, you can choose the Consumer Directed Services option to self-direct your services instead of the services listed above.



Step 5

If you are determined eligible for DD and/or DD Waiver services, the Liberty Healthcare eligibility notice will include the amount of your annual budget and a timeline for submission of a plan.

If you are determined not eligible for either one of these services, you can request an appeal hearing of this decision by submitting an appeal request to Medicaid Appeals. Information about submitting an appeal is included on the denial notice you will receive from Liberty Healthcare.

NOTE: The interview portion of the assessment process must be completed each year if you wish to continue to receive services. The Scales of Independent Behavior, Revised (SIB-R) will be completed every three years, unless determined otherwise.



Step 6

Once you have been determined eligible for DD and/or DD Waiver services, you will need to choose a Plan Developer/Support Broker. If you decide to access State Plan and Traditional waiver services, you will use a Plan Developer to help you write your plan. Once you have selected a Plan Developer you will need to fill out the [Plan Developer Choice Form](#) and submit it to Liberty Healthcare.

If you decide to access self-direct for your services through the Consumer Directed Services option, you will use a Support Broker to help you write your plan. Once you have selected a Support Broker you will need to fill out the Plan Developer Choice Form and submit it to Liberty Healthcare.

For a list of Plan Developers or Support Brokers, go to:

- Plan Developers: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=6474&dbid=0&repo=PUBLIC-DOCUMENTS>
- Support Brokers: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=15050&dbid=0&repo=PUBLIC-DOCUMENTS>





Step 7

Once you have chosen a Plan Developer/Support Broker, they will help you to identify family and/or other individuals who are important to you to be part of a person-centered planning team.



Step 8

You and your person-centered planning team will work together to evaluate your needs and goals and help you to develop a plan. For individuals who choose to access State Plan and Traditional waiver services, this plan is called an Individual Support Plan (ISP). For individuals who choose to self-direct their services, this plan is called a Support and Spending Plan (SSP).

Once the plan is written, it is submitted to the Bureau of Developmental Disability Services (BDDS) for review. A Care Manager in the BDDS office will be responsible for reviewing and approving your plan.



Step 9

The Care Manager will make sure your plan meets your assessed needs, allows for your health and safety and is within your budget. You and your Plan Developer/Support Broker will be notified by mail if your plan has been approved.

- If the plan does not meet your assessed needs, allow for your health and safety, and/or is over budget, the Care Manager will contact your Plan Developer/Support Broker to discuss the plan. If adjustments are made to your plan so it meets your needs and is within budget, the Care Manager will be able to authorize the services on the plan.

- However, if your Plan Developer/Support Broker and the Care Manager are not able to agree on the services needed to meet your needs and/or the plan cost continues to exceed your calculated budget, the Care Manager will do one of the following:
 1. Authorize some of the services on your plan; or
 2. Deny all of the services on your plan.

The Care Manager will send a Notice to you, your Plan Developer/Support Broker and your guardian (if applicable) to let you know what services were approved and/or denied. If you don't agree with the Care Manager's decision to deny some or all of your services, you can request an appeal through Medicaid Appeals. Information about submitting an appeal is included on the notice.



Step 10

If some or all services on your plan are approved, these services will be authorized in the Medicaid payment system. If you are accessing Traditional DD services, the providers listed on your plan will also be notified they can provide services and the date you can begin receiving those services. If you are self-directing your services, you will need to notify your community support workers when they can begin to provide services.



Step 11

If your plan needs to be changed during the plan year, this can be done by your Plan Developer/Support Broker. For State plan or traditional waiver services, a Plan Developer will complete an addendum and provide any documents that support the requested changes. For self-directed services, a Support Broker will do a Plan Change Form. An update to a plan must be submitted in the following circumstances:

For a State Plan or Traditional waiver plan:

- A change in provider
- A change in the amount of time you will be receiving a service
- Adding or deleting a service
- Requesting the addition of a restrictive intervention
- Requesting the addition of alone time
- Requesting alone time for Certified Family Home services

For a Self-Directed plan:

- Adding or deleting services in a support category
- Moving money from one support category to another
- Requesting the addition of a restrictive intervention
- Requesting a Community Support Worker (CSW) with wages above fair market rate
- Requesting alone time for Certified Family Home services
- Requesting a change in the Fiscal Employer Agent (FEA)



Liberty Glossary of Terms and Acronyms

Key Terms

Term	Definition
Assessment	Interview process and tool used to complete eligibility for Developmental Disability waiver services.
Assessor	Liberty employee responsible for administering eligibility assessment.
Authorization to Use and Disclose Form	Release of information form that gives Liberty permission to get/share information.
Care Manager	The Department of Health and Welfare employee who is responsible for approving Adult Developmental Disability services.
Case Manager also known as Case Coordinator	The Department of Health and Welfare employee who is responsible for approving Child Developmental Disability services.
Individual Support Plan	What the plan developer is writing to identify the plan for Adult services.
Participant	The person the assessment is for.
Plan Developer Choice Form	The form that identifies who you want to be your plan developer and provides Liberty permission to get/share information with them.
Plan Developer	The person who writes the plan for the participant. Often the same person as the Service Coordinator or Support Broker (see below). For Children's Traditional Services this can also include Case Manager (see above).
Respondent	The person responding to the assessment interview and tool.
Service Coordinator	The person who coordinates Adult Traditional waiver services for the participant. Often the same person as the plan developer (see above).
Scales of Independent Behavior Revised	The Functional Assessment Tool used for adults.
Support Broker	The person who coordinates Adult Self-Direct or Children Family Direct services for the participant. Often the same person as the plan developer (see above).
Support and Spending Plan	What the Support Broker is writing to identify the plan for Adult Self-Direct Waiver Services.
Vineland	The Functional Assessment Tool used for children.

Key Abbreviations and Acronyms

Abbreviation or Acronym	Definition
ADH	Adult Day Health
ADL's	Activities of Daily Living
ASD	Autism Spectrum Disorder

A&D Waiver	Aged and Disabled Waiver
BDDS	Bureau of Developmental Disability Services
BI	Behavioral Intervention, also Behavioral Interventionist
BIP	Behavioral Intervention Plan
BLTC	Bureau of Long-Term Care
CBRS	Community Based Rehabilitation Specialist also called Community Based Rehabilitation Services
CBS	Community Based Services
CFH	Certified Family Home
CHIS	Children's Habilitation Intervention Services
CM	Care/Case Manager
CP	Cerebral Palsy
CSS	Customer Support Specialist
CSW	Community Support Worker
DD	Developmental Disability
DDA	Developmental Disability Agency
DHW	Department of Health and Welfare
DME	Durable Medical Equipment
DT	Developmental Therapy
Eval Sub Lim	Evaluation of Substantial Limitations
FDS	Family Directed Services
FEA	Fiscal Employer Agent
FSIQ	Full Scale Intelligence Quotient
GDD	Global Developmental Delay
HCBS	Home and Community Based Services
IAP	Independent Assessment Provider
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disabilities
ID	Intellectual Disability
IDAPA	Idaho Administrative Procedures Act (Administrative Code)
IEP	Individualized Education Plan
IESDB	Idaho Educational Services for the Deaf and Blind
ION/IIN	Inventory of Individual Needs
IRT	Intense Review Team
ISP	Individual Support Plan (under Traditional waiver)
KB	Katie Beckett
LOC	Level of Care
LON	Level of Need
MSDA	Medical, Social, and Developmental Assessment (MSDA) Summary
MRT	Manager's Review Team
NEMT	Non-Emergency Medical Transportation
PCP	Primary Care Physician
PCS	Personal Care Services
PD	Plan Developer, also Plan Development
PSR	Psychosocial Rehabilitation Specialist
QIDP	Qualified Intellectual Disability Professional
RALF	Residential Assisted Living Facility
RM	Regional Manager
SB	Support Broker
SD	Self-Direct
SE	Supported Employment

SIB-R	Scales of Independent Behavior Revised
SL	Supported Living
SSA	Social Security Administration
SSI	Social Security Income
SSP	Support and Spending Plan (under Self-Direct Waiver and Family Directed Services)
TBI	Traumatic Brain Injury
TSC/SC	Targeted Service Coordinator/Service Coordinator, also known as Targeted Service Coordination/Service Coordination
VABS	Vineland Adaptive Behavior Scales



Idaho Independent Assessment Services Program

8850 W. Emerald St. – Suite 164 | Boise, ID 83704 | 208.258.7980 | FAX: 208.258.7985 | EMAIL: idahoiias@libertyhealth.com

Liberty Healthcare Corporation is contracted with the Idaho Department of Health and Welfare to conduct Independent Assessments to determine eligibility for Developmental Disability Services. In order to expedite this process, please provide authorization to Liberty Healthcare Corporation to **obtain, use, and/or disclose** any information required to determine your eligibility for Developmental Disability Services. If you have any questions, please contact our Idaho office above.

Authorization to Obtain, Use and Disclose Health Information (to be filled out by Participant or Parent/Guardian)

PARTICIPANT INFORMATION		
PARTICIPANT FULL NAME: _____	DOB: _____	
ADDRESS: _____	City/State: _____	Zip Code: _____
REQUESTOR INFORMATION (To be completed if authorization is being made by someone other than the above Participant. Please provide documentation of your legal authority)		
REQUESTOR NAME (if different than Participant): _____		
REQUESTOR LEGAL RELATIONSHIP TO PARTICIPANT: _____		
ADDRESS: _____	City/State: _____	Zip Code: _____
REQUESTOR PHONE: _____	REQUESTOR FAX: _____	

I hereby authorize Liberty Healthcare Corporation to **OBTAIN** from and/or **DISCLOSE** (check one or both) my confidential information

to/from:

To/From: _____

Address: _____ City/State: _____ Zip Code: _____

Phone Number: _____

The following information (check all the apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Schedule the Assessment | <input type="checkbox"/> Physician Medical and Physical | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Respond to Assessment | <input type="checkbox"/> Independent Assessment Results | <input type="checkbox"/> Neuropsychological Evaluation |
| <input type="checkbox"/> Treatment Plan(s) | <input type="checkbox"/> Medication List/Progress Note(s) | <input type="checkbox"/> ASD Clinic Evaluation |
| <input type="checkbox"/> Presence/Participation in Treatment | <input type="checkbox"/> SIB-R/VABS information | <input type="checkbox"/> Other _____ |

This authorization will expire in one year unless an earlier date or event is specified here: _____

I understand that, at my request, a copy of the completed and signed authorization form will be made available to me. I understand and certify that I may revoke this authorization at any time by notifying Liberty's HIPAA Privacy Officer in writing at the address noted above. The revocation will only be effective from the date it is received in this office and will not apply retroactively. Information disclosed pursuant to this authorization may be subject to re-disclosure and Liberty assumes no responsibility for the use or misuse by others of my health information used, and/or disclosed under this authorization.

PARTICIPANT/LEGAL GUARDIAN (Print Name): _____ **Date:** _____

SIGNATURE: _____

CO-LEGAL GUARDIAN (Print Name): _____ **Date:** _____

SIGNATURE: _____



Plan Developer Choice Form

Participant Name: DOB:

I choose the following plan developer and agency as my plan developer/agency/support broker for the upcoming plan year:

Plan developer/support broker name (required):

Service coordination agency (required for traditional DD Waiver and State Plan; not required for DD Waiver – Self-Directed Community Services):

Plan developer/support broker's email address:

Service coordination agency email address:

Plan developer/support broker's phone number:

I hereby authorize the Idaho Department of Health and Welfare and/or Liberty Healthcare Corporation to: (check all that apply)

OBTAIN AND/OR

DISCLOSE

SCHEDULE WITH AND/OR

RESPOND TO ASSESSMENT

My confidential information to/from the above-named service coordination agency or non-paid plan developer or independent support broker.

The following information (check all that apply) will be transmitted:

Independent assessment results

Functional assessment results

Treatment plans

Psychiatric and psychological documentation

Physician medical documentation

Other: (please specify)

This authorization will expire within 365 days of the date this PD Choice Form is signed unless an earlier date is provided in writing.

PARTICIPANT/LEGAL GUARDIAN (Print Name):

SIGNATURE: **Date:**

CO-LEGAL GUARDIAN (Print Name):

SIGNATURE: **Date:**



CONTACT RESOURCES

Liberty Healthcare

8850 W Emerald Street Ste 164
Boise, ID 83704



208-258-7980 or toll free 877-305-3469



idahoiias@libertyhealth.com



<https://www.idahoiias.com>

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Training Director



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Please see the following page for region map and Department of Health and Welfare contacts.

Idaho Department of Health and Welfare

Regional Contacts/ QA

Region 1

208-769-1567

BDDSQA1@dhw.idaho.gov

Region 2

208-799-4430

BDDSQA2@dhw.idaho.gov

Region 3

208-334-0940 Option #3

BDDSQA3@dhw.idaho.gov

Region 4

208-334-0940 Option #3

BDDSQA4@dhw.idaho.gov

Region 5

208-736-3024

BDDSQA5@dhw.idaho.gov

Region 6

208-239-6260

BDDSQA6@dhw.idaho.gov

Region 7

208-528-5750

BDDSQA7@dhw.idaho.gov



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For Liberty Management:

North Region - 1 & 2

West Region - 3 & 4

East Region - 5, 6 & 7

List of Plan Developers/Service Coordinators:

Located under Service Coordination on page 10 of the provider list linked below.

List of Providers:

<https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=6474&dbid=0&repo=PUBLIC-DOCUMENTS>



List of Support Brokers:

<https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=15050&dbid=0&repo=PUBLIC-DOCUMENTS>



For questions around the Aged and Disabled (A&D) waiver please click here:

<https://healthandwelfare.idaho.gov/services-programs/medicaid-health/about-medicaid-elderly-or-adults-disabilities>

