

Idaho Department of Health and Welfare
**ELIGIBILITY APPLICATION FOR ADULTS
 WITH DEVELOPMENTAL DISABILITIES (DD)**

Region	_____
Rate Code	_____
Date received	_____
Sent to IAP	_____

This application is for individuals turning 18 years of age or older who have been determined financially eligible for Medicaid. Applicants who do not meet the criteria will have their application returned.

Name _____ Date of Birth _____
 Address _____ Telephone _____
 Current Living Arrangement _____
 Referral Source, if other than self _____
Enrolled in Medicaid? No Yes If Yes, Medicaid Number _____

What services are you seeking?

DD Waiver- Traditional DD Waiver- Self Directed Community Supports
 Developmental Therapy Service Coordination Other (please specify) _____

Guardian (if applicable) _____ Family Member/Contact _____
 Address _____ Address _____
 Telephone _____ Telephone _____

Provide documentation which verifies you have a diagnosis that qualifies you as having a developmental disability. The documentation requirements are as follows:

- Provide a history and physical that has been completed within the last 365 days.
- AND**
- Provide documentation which verifies that your disability was identified before the age of 22,
- AND**
- If the diagnosis is **Cerebral Palsy, Epilepsy, or Traumatic Brain Injury**: Provide medical documentation from a physician.
- OR**
- If the diagnosis is **Intellectual Disability**: Provide results of an IQ test using the Wechsler Intelligence Scale for Adults – Third Edition (WAIS-III); or Stanford Binet Intelligence Scales, for ages two (2) through adult; or Test of Nonverbal Intelligence, Fourth Edition (TONI-4), for ages six (6) years through eighty-nine (89) years, eleven (11) months. If the IQ test was not done within the last three (3) years, new testing may be requested.
- OR**
- If the diagnosis is **Autism Spectrum Disorder (ASD)**: Provide documentation supporting this diagnosis from a professional working within their scope of practice.
- OR**
- 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)

**Submit to your local Health and Welfare, Regional Medicaid- Adult Developmental Disabilities office,
 Attn: QA Specialist (see page 2 of this application).**

****For Dept. use only****

DD Eligibility Approved Denied
 ICF/ID LOC Eligibility Approved Denied

Reason for Denial: _____

Signature of Authorized Representative of the Department: _____

_____ Date _____

Return the completed eligibility application for adults with developmental disabilities to the office nearest you.

Region 1

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

Location- 1120 Ironwood Drive, Suite 102 Coeur d'Alene, ID 83814	Phone- (208) 769-1567 Fax- (208) 666-6856 Email- BDDSQA1@dhw.idaho.gov
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Region 2

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

Location- 1118 F Street Mailing- PO Drawer B Lewiston, ID 83501	Phone- (208) 799-4430 Fax- (208) 799-5167 Email- BDDSQA2@dhw.idaho.gov
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Region 3

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

Location- 3402 Franklin Road Caldwell, ID 83501	Phone- (208) 334-0940 Option #3 Fax- (208) 334-0953 Email- BDDSQA3@dhw.idaho.gov
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Region 4

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

Location- 1720 Westgate Drive, Suite B Boise, ID 83704	Phone- (208) 334-0940 Option #3 Fax- (208) 334-0953 Email- BDDSQA4@dhw.idaho.gov
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Region 5

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

Location- 601 Pole Line Road, Suite 3 Twin Falls, ID 83301	Phone- (208) 736-3024 Fax- (208) 736-2116 Email- BDDSQA5@dhw.idaho.gov
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Region 6

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

Location- 1070 Hiline Road, Suite 260 Pocatello, ID 83201	Phone- (208) 239-6260 Fax- (208) 239-6269 Email- BDDSQA6@dhw.idaho.gov
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Region 7

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

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