



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

**CHANGE IN CONDITION INSTRUCTIONS**

Any participant/legal guardian who wants to request additional budget dollars based on a change in condition may submit a Change in Condition request if they believe they have met the requirements identified in IDAPA 16.03.10.514.01.b.:

- a. Documented changes in the participant's condition resulting in a need for services that meet medical necessity criteria; **and**
- b. The change in condition results in a change in a response on the current Inventory of Individual Needs (IIN).

If the criteria above have been met, the Change in Condition form should be completed in its entirety and then submitted to the Information Coordinator with **applicable** documentation that supports what change has occurred. *Please do not include reports, documentation or information that does not apply to the requested change.*

**INFORMATION COORDINATOR**

[BDDACM@dhw.idaho.gov](mailto:BDDACM@dhw.idaho.gov)

Fax: 208-332-7297

**The Department Care Manager will review the request to ensure it meets medical necessity criteria.**

If the Care Manager determines the Change in Condition **does not meet** medical necessity, they will send a *Change in Condition—Medical Necessity Denial Notice* to the participant/legal guardian. This Notice will include appeal rights.

If the Care Manager determines the Change in Condition **meets** medical necessity criteria, they will forward the request to Liberty Healthcare Corporation (Liberty) to determine if a response to the IIN has changed, and if so, did it result in a change to the budget.

If the Change in Condition **does result** in a change in response(s) on the IIN and a change in the calculated budget, Liberty will send the participant and/or their legal guardian a *Change in Condition—Approval Notice* with the new calculated budget amount. This Notice will include appeal rights.

The Plan Developer or Support Broker (as applicable) must prorate any additional budget dollars available for the remainder of the plan year. For direct services, the pro-rated amount available is based on the new annual budget amount and the start and stop dates for the direct service(s) being requested.

For a Change in Condition related to a need for durable medical equipment (DME), additional dollars approved for DME don't need to be pro-rated.

If Liberty determines the Change in Condition **does result** in a change in responses on the IIN but **does not result** in an increase in the calculated budget, Liberty will send a *Change in Condition—No Budget Increase Notice* to the participant and/or their legal guardian. This Notice will include appeal rights.

If Liberty determines the Change in Condition **does not result** in a change in responses on the IIN, Liberty will send a *Change in Condition—Denial Notice* to the participant and/or their legal guardian. This Notice will include appeal rights.

*The Change in Condition process is not a mechanism to appeal your budget. You must be able to provide documentation and/or information that supports there is a significant change in the participant's functional, behavioral or medical needs since the last budget was calculated or the participant will be transitioning into a living situation that isn't currently reflected on the Inventory of Individual Needs.*