



Interagency Communication

Children's Waiver Transmittal Form

Child's Information:

Individual's name: _____

Date of birth: _____

Child is Medically Fragile and has Developmental Disability

Child is now or was formerly in Foster Care

Medicaid ID: _____

TABS ID, if known: _____

Care Manager Contact Information:

Contact's Name: _____

Contact's telephone: _____

Referring agency: _____

Referring agency contact: _____ Agency contact email: _____

Agency referred to: _____ Contact: _____

Action requested: ICF/IID redetermination OPWDD eligibility Waiver transfer

For LCED redetermination care manager completes this section:

I, _____ attest that the documentation provided for this LCED redetermination request remains valid and reflects the current needs of the child. Date of last LCED: _____

The request for redetermination requires submission of the following documents:

- Current general medical report
 Copy of child's most recent Plan of Care (POC) or a Social Evaluation (The POC needs developmental history/psychosocial information.
 Updated psychological if there is a significant change in the child's functioning

Additional requirements:

Target Population of Developmental Disability:

Child/youth is currently in foster care? YES NO

OR

Child/youth was originally in foster care when first becoming eligible/receiving HCBS (without a break of service)? YES NO

*If there was a break in HCBS eligibility or child/youth left HCBS and now no longer in foster care, then another Children's Waiver Target Population can be attempted for HCBS eligibility other than DD in Foster Care.

For initial OPWDD eligibility ICF-IID LCED care manager completes this section:

OPWDD Eligibility and Initial ICF-IID LCED requires submission of the following documents:

- Copy of child's **Plan of Care (POC), social/development history, psychological report**, or other report that provides information on developmental history/psychosocial status within the past 365 days
- A psychological report** that includes an assessment of intellectual and adaptive functioning (most recently available psychological report may be used as long as it accurately reflects the child's current status). An Early Intervention Multidisciplinary Core Evaluation may be acceptable provided it includes standardized test scores relevant to cognitive, language and communicative, adaptive, social, and motor functioning and includes the participation of a school psychologist or licensed psychologist.
- For conditions other than intellectual disability, **a medical or specialty report** that includes health status and diagnostic findings to support the developmental disability diagnosis
- General medical report** within the past 365 days

Provisional Eligibility:

For children enrolled in the Children's Waiver that have OPWDD provisional eligibility (either transitioned from CAH or new children), additional information regarding the child's diagnoses and level of functioning must be submitted to the DDRO twelve months prior to the provisional eligibility expiration date, (i.e., the child's eighth birthday). If updated reports are not provided by the stated deadline, the provisional eligibility will expire as of the child's eighth birthday.

See *Important Facts for OPWDD Eligibility* for additional information https://opwdd.ny.gov/system/files/documents/2020/02/eligibility_important_facts_2.pdf

Care manager completes this section to provide notification of transfer from Children's waiver to OPWDD waiver.

Date individual expressed interest in transfer:

Reason for the request: Family's choice No longer meets HCBS LOC Other (comment)

Comment:

- Did care manager advise family of transfer process: Yes No
- OPWDD Eligible: Yes _ No
 - If no, date eligibility documentation sent to Children's Liaison:
- Anticipated date of transfer and capacity management notification:

Care Manager Signature: _____ **Date:** _____

For OPWDD Purposes Only:

Child meets OPWDD eligibility

Child does not meet OPWDD eligibility

Date Eligibility Determined: _____

Date Eligibility Letter Sent: _____

Provisional Eligibility: Yes No

Child no longer meets OPWDD ICF/IID LCED

Date: _____

Date LCED Distributed:

LCED Distributed to: HHSC

C-YES

VFCA

ACS

For DOH to OPWDD Transfers:

Date of phone conference to confirm interest in transfer: _____

Date individual was connected with a CCO: _____

Date of Transfer: _____

Date HHSC NOD Received: _____

Date Changes Made to TABS: _____

OPWDD Representative's Name: _____

Date Notification Sent: _____