

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES DIVISION OF SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: Developmental Disabilities	Number: 8-2	Page: 1
	SUBJECT: Application to, Scoring for, and Selection from DD Registry		
	APPROVED: <i>/s/ Duane Mayes</i>		DATE: 12/22/15
	Duane Mayes, Director		

Purpose

To describe to applicants how and why to apply for placement on the DD Registry

To provide a uniform method of assigning a need-based score to a completed Developmental Disabilities Registration and Review (DDRR) form for placement on the DD Registry

To provide a uniform method of selecting individuals from the DD Registry to receive Medicaid home and community based waiver services

Policy

An individual who has been determined DD eligible and who wants to be considered for the Intellectual and Developmental Disabilities Medicaid home and community based services waiver must first apply using the DDRR application process to be placed on the DD Registry. SDS requests (but does not require) that other DD eligible individuals who receive state-funded grant services but are not seeking Medicaid waiver services seek placement on the Registry, as SDS uses the Registry as a predictive tool for program planning and management. The Registry provides the State and other stakeholders information on the current need and preferences of the individuals and families waiting for expanded supports and services.

The DDRR application measures the immediate needs and circumstances of the applicant through a self-scoring process. A Qualified Intellectual Disabilities Professional (QIDP) reviews the application, determines the applicant’s score based on information provided to SDS, and places the applicant on the Registry. Within the limits of appropriation from the legislature, a QIDP then selects individuals with the highest needs, as identified by their scores, for evaluation for the IDD Medicaid waiver.

Authority

- 7 AAC 130.200-130.319 (HCB waiver services; ICF/IID level of care)
- 7 AAC 140.600-140.640 (ICF/IID services)
- AS 47.80.100-47.80.170 (Programs for persons with disabilities)
- AS 47.80.900(6) (Definition of developmental disability)

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Definitions

“Applicant” means a DD eligible individual, or the individual’s designated representative, who has completed and submitted the Disability Determination Registration and Review form.

“Aging and Disability Resource Center (ADRC)” means a agency or entity designated by the state as an ADRC whose primary goal is to serve the public, specifically seniors, people with disabilities and their caregivers and families, as an unbiased resource for information and assistance related to Long Term Services and Supports (LTSS).

“DD eligible” means an individual who has submitted an initial application for a developmental disability determination and who has received an approval letter from SDS stating that s/he experiences a substantial developmental disability, as defined in AS 47.80.900(6):

(6) "person with a developmental disability" means a person who is experiencing a severe, chronic disability that

(A) is attributable to a mental or physical impairment or combination of mental and physical impairments;

(B) is manifested before the person attains age 22;

(C) is likely to continue indefinitely;

(D) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and

(E) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

“Developmental Disability Registration and Review” (DDRR) means the application form and process that, when completed, allows an individual who has been found “DD eligible” to be considered for further evaluation for the IDD Medicaid home and community based waiver services, when funding becomes available. The form uses a numerical system to score an applicant’s need, with higher scores indicating greater need.

“Developmental disabilities services” means both grant-funded services and the Intellectual and Developmental Disabilities (IDD) Medicaid waiver program.

“Grant-funded services” means services funded through programs managed by provider agencies with grant awards from SDS.

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“Intermediate care facility for individuals with intellectual disabilities” (ICF/IID) means a facility that is primarily for the diagnosis, treatment, habilitation, or rehabilitation of people with intellectual and developmental disabilities or related conditions and that has met the conditions for payment set out in 7 AAC 140.600.

“Legal representative” means a parent of a minor child or an individual with legal authority to act on behalf of an applicant. An individual age 18 and older without a court-appointed guardian or Power of Attorney is his or her own legal representative.

“Qualified Intellectual Disabilities Professional” (QIDP) means an SDS employee who meets the requirements of 7 AAC 140.640.

“Registry” means the list of applicants who have been found to be DD eligible, have completed the DDDR, and are waiting for SDS to make an ICF/IID level of care determination, in order to obtain home and community based waiver services.

“STAR agency/STAR coordinator” means the Short-Term Assistance and Referral entity/individual tasked with helping people with developmental disabilities and their families to address short-term needs, such as applying for a developmental disability determination, seeking grant-funded services, and completing the DDDR.

Responsibilities

1. The **applicant** or **legal representative** is responsible for:
 - a. submitting a complete DDDR application, including self-scoring of needs, to be reviewed and scored by a QIDP, and
 - b. maintaining current contact information with SDS, by submitting a completed DDDR at least annually, and more frequently, if contact information or needs change.
2. The **STAR coordinator** is responsible for
 - a. advising the applicant or legal representative of eligibility requirements, including DD eligibility, and
 - b. assisting the applicant or legal representative with submitting a complete DDDR application, upon request of the individual.
3. The **SDS QIDP** is responsible for
 - a. reviewing each DDDR application, including self-scoring of needs,
 - b. scoring the application, including modifying the self-scores using standardized criteria applied to the narrative provided in the application and to documents from the applicant’s determination of developmental disability, if necessary,
 - c. placing the applicant in score order on the Registry,

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- d. notifying the applicant in writing of the scoring outcome and confirming placement on the Registry,
- e. notifying the applicant annually via certified mail, that an updated DDRR must be submitted, and that the applicant will be removed from the Registry if the updated DDRR is not received within 30 days, and
- f. notifying via certified mail each individual that has been selected from the Registry that the individual will require an assessment to determine that the individual meets the level of care requirement for Medicaid waiver services.

Procedures

1. Timeframes

- a. Within 14 business days of receipt of the complete DDRR application, SDS scores the application and places the applicant on the Registry in score order.
- b. Within five business days of the applicant being placed on the Registry, SDS issues written notification of the scoring outcome and placement on the Registry to the applicant or representative, and the community provider who applied on behalf of the applicant, if a release of information is on file with SDS.

2. Application

- a. The applicant, legal representative, STAR coordinator, or another community provider on behalf of and with the permission of the applicant, submits the DDRR application, including signed releases of information, via the online form, secure messaging system, or paper copy.
- b. The QIDP reviews the DDRR and approves the self-score or, using the narrative provided in the application and, if necessary, documents from the applicant's determination of developmental disability, applies standardized criteria to modify the self-score. The QIDP then places the applicant on the Registry in score order.
- c. The QIDP notifies the applicant in writing of the applicant's score, including an explanation of any changes made by the QIDP to the applicant's self score, and confirms placement on the Registry.

Scoring and Selection

1. Criteria

- a. The questions on the DDRR, which were designed by a community stakeholder group and require community input to be changed or updated, gather information on the applicant's community participation skills, living situation, caregiver needs, and desired services.
- b. The DDRR uses a weighted set of possible scores for each question; the higher the need, the greater the number of points that are given.

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- c. An individual's rank on the Registry is relative to the scores of all the other individuals on the Registry, so an individual's position on the Registry may change depending on the relative needs of others on the Registry.

2. Re-determination of score

- a. An individual on the Registry can submit a revised DDDR application to provide additional information and answer questions raised by the QIDP on the initial score and Registry placement.
- b. If an individual's life situation changes at any time, a revised DDDR should be submitted to SDS.
- c. Individuals on the DDDR must reapply annually, to ensure SDS has current needs-based information

3. Selection after scoring

- a. At periodic intervals during the year, SDS selects or "draws" individuals from the Registry based on highest needs, as evidenced by the highest numerical scores at the time of the selection, for consideration for IDD Medicaid waiver services. The number of individuals selected is directly related to the amount of legislative appropriation
- b. SDS notifies by certified mail all individuals who have been drawn from the Registry that they have been selected to be assessed for IDD Medicaid waiver services. This notification includes information about the ICF/IID level of care assessment process.

Removal of Persons from the Registry

An individual on the Registry can be removed for the following reasons:

1. Selected for Medicaid waiver services
2. Deceased
3. No longer a resident of Alaska
4. DD eligibility has expired
5. Did not submit annual update to maintain placement on Registry
6. Request to be removed.

ATTACHMENTS:

- a) DDDR application form
- b) DDDR Standardized Criteria
- c) DDDR Scoring System
- d) Sample letter with scoring information and confirming placement on the Registry



ATTACHMENT A

State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

DDRR Application Form

State of Alaska, Department of Health and Social Services
Senior and Disabilities Services
Developmental Disabilities Waiting List Registration and Review

Under Alaska statute, the Department of Health and Social Services is required to maintain a registry of individuals who experience a developmental disability and are in need of services. Senior and Disabilities Services (SDS) is working to address this Developmental Disabilities registry by updating its policies and procedures around the selection of individuals in need of developmental disabilities services. Your feedback is important to us as we continue to work to provide developmental disabilities services to Alaskans who need them.

This registry and review form is used to gather both annual survey data that we need, and to ensure that SDS has the most current information about you and your needs. This form asks you for information about you, including how to contact you, your life concerns, and your service needs. The information you provide will be used to help select individuals for developmental disabilities services when funding becomes available. This information will also be compiled to be used in a report for the Department of Health and Social Services and the Alaska Legislature about those in need of developmental disabilities services in Alaska.

You may obtain help in completing this form from a STAR representative near you. Their assistance is free of charge. SDS also welcomes your comments about this form. You may also contact a Health Program Manager at a Senior and Disabilities Services office near you at any time to discuss the form or our programs in more detail, or to answer any questions:

Anchorage Office
(907) 269-3666 or 1-800-478-9996

Fairbanks Office
(907) 451-5045 or 1-800-770-1672

Please visit our website for more information about Senior and Disabilities Services.
<http://dhss.alaska.gov/dsds/Pages/default.aspx>

State of Alaska
Department of Health and Social Services
Senior and Disabilities Services (SDS)

Developmental Disabilities (DD) Registration and Review

Applicant/Person needing DD services

Name: _____ Male Female
Date of Birth: _____
Street address: _____ City/State/Zip: _____
Mail address: _____ City/State/Zip: _____
Telephone: Home _____ Cell _____ Work _____
Email address: _____ Preferred contact: Mail Telephone Email
Marital Status: Single Married
Racial/Ethnic Background: (Optional. Check more than one if applicable.)
 Alaska Native/American Indian Hispanic/Latino
 Asian Native Hawaiian/Pacific Islander
 Black/African American White
 Other _____

Applicant eligible for Alaska Native/Indian Health Services benefits
 Applicant enrolled in Medicaid/Denali Kid Care/TEFRA. Medicaid Number: _____
In the next 12 months, applicant would accept:
 Developmental disabilities grant services
 Home and community based Medicaid waiver services
 Either program (Eligibility criteria, available funding, and location may influence the program you may be selected for.)

Legal Representative

Name: _____
Street address: _____ City/State/Zip: _____
Mail address: _____ City/State/Zip: _____
Telephone: Home _____ Cell _____ Work _____
Email address: _____ Preferred contact: Mail Telephone Email
State agency interest: Public Guardian (OPA) Office of Children's Services (OCS) Custody
Representative Type: Parent Conservator
 Delegated Parental Authority Power of Attorney
 Full Guardian Representative Payee
 Partial Guardian Unknown
 Other: _____

Contact/Person completing form for applicant (if other than representative)

Name: _____
Relationship to applicant/person needing services: _____
Street address: _____ City/State/Zip: _____
Mail address: _____ City/State/Zip: _____
Telephone: Home _____ Cell _____ Work _____
Email address: _____ Preferred contact: Mail Telephone Email

If you need help completing this form, please contact:
Anchorage (907) 269-3666, Toll Free 1-800-478-9996
Fairbanks (907) 451-5045, Toll Free 1-800-777-1672

Review of Current Life Concerns

Please review the following list of community participation, living situation, and caregiver concerns.

- Provide the additional information or description requested after each checked item. **Scoring will be based on the information provided. No points will be given if the required additional information or description has not been included.**
- Consider the level of need for supports and services for the problems created by each of the concerns checked. Show the level of need after each checked item by marking a number from 1 – 4.
- Use the following as a guide to help decide the level of need:

- 1 = **No need/Not applicable:** no services needed at this time, but possible need in the future.
- 2 = **Minor need:** manageable problems, but additional supports and services would help.
- 3 = **Moderate need:** some problems needing supports and services to manage.
- 4 = **Major need:** difficult problems needing extensive supports and services.

Community Participation Concerns

Level of Need

1. Behavior which causes physical harm to self or others.
Injures self (scratches, bites, etc.) or physically assaults others.
*Behavior **must** be described on page 5; mark as Item 1.* 1 2 3 4
2. Behavior which interferes with home and/or community life.
Frequent, challenging behavior resistant to interventions.
*Behavior **must** be described on page 5; mark as Item 2.* 1 2 3 4
3. Behavior leading to justice system involvement.
Within the last five years, arrested, charged, jailed, or placed on probation;
continues to engage in behaviors likely to result in further involvement in
the juvenile or adult justice system.
No Yes
Date of most recent justice system contact _____
Current status of applicant _____
If in jail, anticipated date of release _____
4. Victim of psychological, physical, sexual, and/or financial abuse.
Unable to make appropriate decisions regarding health and safety;
finances, living situation or other life circumstances may be at risk.
*Circumstances **must** be described on page 5; mark as Item 4.* 1 2 3 4
5. Complex, chronic medical condition.
Requires on-going care and frequent attention by medical professionals,
and routine supervision regarding medical needs.
*Condition **must** be described on page 5; mark as Item 5.* 1 2 3 4
6. Applicant is caring for children or will be parent within eight months.
*Circumstances **must** be described on page 5; mark as Item 6;
include names and ages of children, and/or estimated due date.* 1 2 3 4

Use the following as a guide to help decide the level of need:

1 = **No need/Not applicable**: no services needed at this time, but possible need in the future.

2 = **Minor need**: manageable problems, but additional supports and services would help.

3 = **Moderate need**: some problems needing supports and services to manage.

4 = **Major need**: difficult problems needing extensive supports and services.

Living Situation Concerns

Level of Need

7. Death of primary caregiver within the past 12 months.
Name of caregiver _____
Date of death _____
1 2 3 4
8. No long-term caregiver available to assist with daily care needs.
Name of temporary caregiver _____
Relationship to applicant _____
End date of temporary care _____
1 2 3 4
9. Homeless.
No fixed, regular and adequate night-time residence. Spends nights at a supervised shelter providing temporary living, or at a public or private place not intended to be used as a night-time residence for humans; or is facing discharge from an institution within one week, but has no residence or resources to obtain shelter.
Location of night-time residence _____
Length of time applicant has been homeless _____
Date of discharge from institution _____
1 2 3 4
10. Discharge from foster care/Office of Children's Services within a year.
Living in foster care, but will be 18 within a year, and is at risk of being homeless because no caregiver has been identified.
1 2 3 4
11. Current residence is a nursing home, psychiatric treatment facility/hospital or intermediate care facility for the mentally retarded (ICF/MR).
Name of treatment facility _____
Date of admission _____
No Yes

Caregiver Concerns

Level of Need

12. Caregiver unable to provide adequate care.
Age, health, physical or psychological condition affects ability to continue providing care.
Circumstances must be described on page 5; mark as Item 12; include caregiver's birth date if age is a factor.
1 2 3 4
13. Caregiver unable to meet behavior or health needs of applicant.
Supports, skills or training insufficient to meet applicant level of need.
Circumstances must be described on page 5; mark as Item 13.
1 2 3 4
14. Caregiver unable to get or hold a job.
Needs of applicant interfere with caregiver ability to find or keep employment; resources and options for applicant care during work day have been exhausted.
1 2 3 4

Circumstances must be described on page 5; mark as Item 14.

Service Needs

SDS grants and programs make a variety of services available. The availability of a specific service will depend on the funding source. All services are subject to the limitations and requirements of state and federal regulations.

- Consider the service descriptions below, and determine which services are needed now, and which might be needed in the future.
- Check either the "Now" box or a multi-year box (1-2, 3-4, or 5-10 years) following the description.

Services coordination to gain access to, plan for, and monitor delivery of, medical, social, educational, and other services.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

In home supports: Services to help applicants acquire, retain, and/or improve self-help and social skills while living full time in the home of an unpaid caregiver.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Family habilitation: Services in a family-like setting to help applicants acquire, retain, and or improve self-help and social skills while living full-time in the licensed home of a paid caregiver.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Shared care: Services in a family-like setting to help applicants acquire, retain and/or improve self-help and social skills while living part time in the licensed home of a paid caregiver.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Group home: Services in a group setting to help applicants, age 18 or older, acquire, retain and/or improve self-help and social skills while living full time in a licensed assisted living home.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Supported living: Services in an independent setting to help applicants, age 18 or older, acquire, improve, and/or retain self-help and social skills while living full time in their own residences.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Day habilitation: Services (recreational and other activities) outside the home to help applicants acquire, improve, and/or retain self-help and social skills needed to participate in community life.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Respite: Relief services for caregivers which offer occasional breaks from the stress of caring for people with developmental disabilities.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Supported employment: Services which provide training, support, and supervision to help applicants to find and keep a job, or to participate in subsistence activities.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Transportation: Services to enable applicants to reach work sites and various resources, and to participate in community activities.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Specialized medical equipment and supplies which help applicants to experience their surroundings, to communicate, and to perform daily activities.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Nursing oversight: Services provided by a registered nurse to ensure that care of a medical nature is delivered in a manner that protects applicant health and safety.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Intensive active treatment: Professional treatment/therapy to prevent behavior regression or to address a family, personal, social, mental, behavior, or substance abuse problem.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Environmental modifications: Home modifications necessary for applicant health and safety.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Chore: Regular cleaning and heavy household chores within a residence where no one else is available.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Other: _____

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Please provide additional information as required:

Item # ____



ATTACHMENT B

State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

DDRR STANDARDIZED CRITERIA

Included information should be provided in full sentence form. Information should be current, and relevant to each section. Descriptive information should be provided so that the reviewer clearly understands the individual's situation. Please note that credit may not be given in multiple sections for a single concern.

Community Participation Concerns

- 1) *Behavior which causes physical harm to self or others. Injures self (scratches, bites, etc.) or physically assaults others.*
 - a) This section relates to intentional assaultive or self-injurious behaviors. Behaviors considered are those that are outside of the developmental norm for the individual's age and which cause physical harm to self or others.
- 2) *Behavior which interferes with home and/or community life. Frequent, challenging behavior resistant to interventions.*
 - a) This section relates to the impact of an individual's behavior on their ability to engage in their home and community. A description of the behavior's impact on their home and community life should be included. The information provided here should include behaviors in which formal interventions have been tried and been found unsuccessful at mitigating the behavior. Information should be provided regarding what professional level interventions have been tried to address the behavior and why those interventions have been determined ineffective.
- 3) *Behavior leading to justice system involvement. Within the last five years, arrested, charged, jailed, or placed on probation; continues to engage in behaviors likely to result in further involvement in the juvenile or adult justice system.*
 - a) This section refers only to those individuals that have been arrested, charged, jailed or are on probation for a crime. Please provide detail regarding the individual's current behaviors which are likely to lead to further involvement with the criminal justice system. Please provide the date of the most recent contact with the justice system, and the current status of the applicant.
- 4) *Victim of psychological, physical, sexual, and/or financial abuse.*
 - a) The section is for individuals who are victims of definite abuse. Information should demonstrate how the applicant was a victim of abuse.
- 5) *Complex, chronic medical condition. Requires on-going care and frequent attention by medical professionals, and routine supervision regarding medical needs.*
 - a) This section is for individuals who experience a complex and chronic medical condition. Examples of such medical conditions include uncontrollable seizure disorder, serious heart and lung disorders and medical conditions which require life sustaining medical equipment and technologies such as a ventilator.

- 6) *Applicant is caring for children or will be parent within eight months.*
- a) This section should thoroughly describe the circumstances, include names and ages of children, and/or estimated due date:

Living Situation Concerns

- 7) *Death of primary caregiver within the past 12 months.*
- a) This section should include the name of caregiver and the date of their death. Information provided should also include the current status of the applicant.
- 8) *No long-term caregiver available to assist with daily care needs.*
- a) Information provided, should include the name of temporary caregiver, their relationship to the applicant and the projected end date of the temporary care. In this section a parent is considered to be the long term caregiver of a minor child. If this is not the case comments should be provided. The Office of Children's Services is also considered to be the long term caregiver for children in their custody and are required to provide the applicant with adequate care.
- 9) *Homeless. No fixed, regular and adequate night-time residence. Spends nights at a supervised shelter providing temporary living, or at a public or private place not intended to be used as a night-time residence for humans; or is facing discharge from an institution within one week, but has no residence or resources to obtain shelter.*
- a) This section is for individuals who are homeless, not those individuals who are staying with friends or family, but do not rent or own their own home. Please provide the last known location of applicant's night time residence and the length of time applicant has been homeless. If applicant is facing discharge from an institution within one week, please provide the date of discharge.
- 10) *Discharge from foster care/Office of Children's Services within a year. Living in foster care, but will be 18 within a year, and is at risk of being homeless because no caregiver has been identified.*
- a) Please provide any additional information as it relates to this section.
- 11) *Current residence is a nursing home, psychiatric treatment facility/hospital or intermediate care facility for the mentally retarded (ICF/MR).*
- a) Please include the name of the treatment facility and the date of admission.
- 12) *Caregiver unable to provide adequate care. Age, health, physical or psychological condition affects ability to continue providing care.*
- a) This section applies to individuals who have an unpaid caregiver, not adults who are capable of providing their own care, or children in foster care who have a paid primary caregiver. Information provided should describe how the caregiver is unable to provide adequate care. Please include information regarding the age, health, physical or psychological condition which impacts the caregiver's ability to continue to provide care.
- 13) *Caregiver unable to meet behavior or health needs of applicant. Supports, skills or training insufficient to meet applicant level of need.*

a) This section should discuss what professional supports have been explored and exhausted as well as any training the caregiver has received to meet the applicant's level of need. Please describe why supports are no longer sufficient to meet the applicant's needs. Please note that grant funds, school services, EPSDT funded support, as well as professional level support should be explored to help the applicant and their family meet their needs.

14) *Caregiver unable to get or hold a job. Needs of applicant interfere with caregiver ability to find or keep employment; resources and options for applicant care during work day have been exhausted.*

a) This section refers to the needs of the applicant being the sole factor preventing the primary unpaid caregiver(s) from working. It does not apply to the probability of the parent(s) losing their job but rather the reality of being unemployed as a result of the applicant's needs.



ATTACHMENT C

State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

DDRR Scoring System

Explanation of Developmental Disabilities Registration & Review Scoring System			
Review of Life Concerns	Item Number	Score Multiplier*	Possible Points**
Community Participation Concerns			
	1	9	27
	2	7	21
	3	7	21
	4	8	24
	5	6	18
	6	7	21
Living Situation Concerns			
	7	11	33
	8	7	21
	9	7	21
	10	6	18
	11	9	27
Caregiver Concerns			
	12	10	30
	13	7	21
	14	5	15
		Total Possible Score	318

*The score multiplier is the weight each question is given as determined by the Waitlist Ad Hoc Committee and Senior & Disabilities Services.

**Possible points is the highest number of points possible for a given question. The points given for a question is determined by multiplying the level of need by the score multiplier:

- 1. = No need/Not Applicable 0
- 2. = Minor need 1
- 3. = Moderate need 2
- 4. = Major need 3
- No 0
- Yes 3



ATTACHMENT D

State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

Sample letter with scoring information and confirming placement on the Registry

Date

Dear _____,

You are receiving this letter because you recently submitted a Developmental Disabilities Registration and Review (DDRR) form to Senior and Disabilities Services (SDS) on behalf of Applicant's Full Name. SDS is writing to tell you that the form you submitted has been received and scored, and to provide you with additional important information.

The Developmental Disabilities Registry is used to prioritize those seeking services as funds become available. Individuals are selected for services based on their score. Even those with a score of zero may be eligible for services. Applicant's First Name has been placed on the Developmental Disabilities Registry, with a score of ____.

The score is calculated based on your responses to your items on the DDRR. A copy of the form is attached, along with comments by the SDS staff that reviewed and scored the form. Fourteen items are scored. Each of those items has levels of need worth different values. Each item's value was determined by the DDRR Ad Hoc Committee that developed this form. The table attached shows the value of each item.

There are many people on the registry. Highest scores are selected first, and as funding is available. If selected, you will be notified by a certified letter in the mail to the address we have on file.

Once drawn for Home and Community-Based Medicaid Waiver services a person must be eligible for Medicaid. You may visit <http://hss.state.ak.us/dpa/programs/medicaid> for more information on Medicaid eligibility.

To maintain Applicant's First Name's active status on the DD Registry, you will be asked to complete a DDRR form at least every year. You may also complete it any time there is a change in Applicant's First Name's contact information, needs, or life situation. You may download and print the form online at <http://dhss.alaska.gov/dsds/Documents/docs/ddRegAndReview.pdf>, or complete it online at <https://ddregistration.dhss.alaska.gov/>. Please note if you complete the form online, you will need the SDSID number, located on your DD eligibility approval letter.

If you have questions about your DDRR form, or how it was processed, you may contact the IDD Waiver Unit at 1-800-478-9996 or (907) 269-3666.

Sincerely,

Maureen Harwood
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