

TOR QUESTIONING GUIDE

1.

Is your child currently receiving Waiver services?

Yes

No

Have you applied for Waiver services?

No

Provide Waiver Fact Sheet & Referral documentation to appropriate Waiver agency (see two columns to far right)

Which one?

Do Not Know

Complete BCSC Release of Information Form for appropriate agencies to determine application status & submit to appropriate agency (see two columns to right)

CASE CONFERENCE: MEDICAID WAIVER STATUS PRE-K TO HIGH SCHOOL EXIT

Student Name: _____

Waiver Application Date: _____

Aged & Disabled

A medical condition requiring significant daily living skills support such as paraplegia, quadriplegia, g-tube, tracheotomy, seizure disorders, epilepsy, cerebral palsy, etc.

Traumatic Brain Injury (TBI)

Any age with disability result of traumatic brain injury

Area Agency on Aging
372-6918

Autism

Autism and Autism Spectrum

Developmental Disabilities

Mild, moderate, severe cognitive disabilities, spina bifida, cerebral palsy, seizure disorders, multiple sclerosis or other physical disorder causing substantial delays

Support Services

For individuals with DD Waiver eligibility. Services are limited to \$13,500 per year which may include \$2000/yr respite, but does not include residential services.

Bureau of Developmental Disabilities Services
1-877-218-3532

2.

Have you made your annual call to confirm contact information?

Yes

No

Provide appropriate phone number from above for student/family to call & confirm contact info with appropriate agency

ANNUAL CONTACT DATES RECORDED

