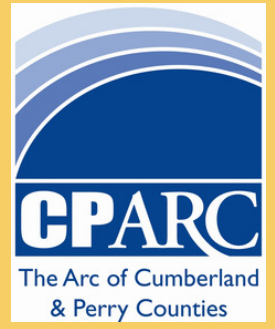


HOW DO I OBTAIN SERVICES IN THE ADULT IDD SYSTEM?



Before you apply for adult services, plan and look ahead! What goals do you have? What help do you need to achieve those goals? Can your family provide those supports?



WHEN DO I CONTACT MH/IDD?

The earlier the better! You can contact MH/IDD when your child is an infant if your child has significant disabilities or when they are in elementary school or receive a diagnosis per the criteria. You should contact MH/IDD prior to graduation or reaching age 21!

DETERMINING IF YOU ARE ELIGIBLE FOR SERVICES

Contact the County MH/IDD Office and ask for Intake. The MH/IDD office manages Medicaid Waivers and determines eligibility.



ELIGIBILITY CRITERIA

- A diagnosis of intellectual disability or autism spectrum disorder by an approved professional per regulations using a standardized diagnostic tool
- The individual must have adaptive skill deficits in 3 or more areas based on a standardized test
- The disability must have occurred prior to age 22
- The individual must be recommended for ICF/ID or ICF/ORC level of care by a physician, P.A. or N.P. based on a medical evaluation (form provided by MH/IDD.)

IF YOU ARE ELIGIBLE

A supports coordinator will be assigned to you! This counselor will help guide you and your family to decide what services, if any, you will need to reach your goals and live as independently as possible.

Assessments such as the PUNS (Prioritization of Urgency of Need of Services) and the SIS (Supports Intensity Scale) will be completed to determine the level of need. An ISP (Individualized Support Plan) will be written and revised each year.

If you need paid supports, funding may be provided through Medical Waivers. Waivers are typically only given once an individual reaches the age of 21.

IF YOU RECEIVE A WAIVER

Services provided for adults with Intellectual and Developmental Disabilities in Cumberland and Perry Counties are funded through Medicaid Waivers. Waiver availability is not an entitlement but based on eligibility and availability of funding.

Waivers are given based on need and availability. If you receive one, you will have a choice of providers for the services indicated in your ISP.

WAIVERS



The name comes from the fact the federal government "waives" Medical Assistance/Medicaid rules for institutional care in order for PA to use the same funds to provide supports and services for people closer to home in their own communities

DIFFERENT KINDS OF WAIVERS

PFDS- \$33,000 Per Year
Community Living- \$70,000 Per Year
Consolidated- No Cap