

REQUEST FOR I/DD WAIVER REMOVAL OR BACK ON WL OR ELIGIBILITY TERMINATION

Individual: _____
Guardian: _____
TCM: _____

Date of Birth: _____
Wait List Date: _____
Today's Date: _____

Dear Individual and/or Guardian,

You are receiving this letter because you have contacted the Johnson County CDDO to request either removal from the Home and Community Based Services (HCBS) Intellectual/Developmental Disability (IDD) waiver, or you are wanting to terminate IDD eligibility altogether.

The HCBS IDD waiver is funded by KanCare (the Kansas Medicaid program) and was created to provide services to individuals with IDD in their home community. Services are designed to provide individuals with the least restrictive level of care necessary and to promote greater independence. An individual must first be determined IDD eligible before being assessed for the IDD waiver. Services available to IDD waiver recipients include: Personal Care Services, Overnight Respite, Supportive Home Care, Enhanced Care Services, Specialized Medical Care, Medical Alert Devices, Assistive Services, Supported Employment, Day Supports, Residential Supports, and Wellness Monitoring. Unfortunately, some individuals who are functionally eligible for IDD waiver services are placed on a waiting list until funding becomes available. Other individuals, after completing a functional assessment, are determined functionally ineligible for the IDD waiver and their names cannot be added to the statewide waiting list until they are found functionally eligible.

Please check the box of the removal option you are requesting:

- A) I request to be removed from the HCBS IDD waiver eligibility system and end all IDD waiver services. I understand the only service that may be available to me is Targeted Case Management. I also understand that in order to re-enter the HCBS IDD waiver system I will need to complete a functional assessment with the CDDO and be found functionally eligible before being placed back on the waiting list.**
- B) I request to end all services through the HCBS IDD waiver and be placed back on the waiting list. I understand my waiting list date will be the date of my last functionally eligible assessment.**
- C) I request to terminate all IDD eligibility and be removed completely from the IDD system. I understand that if at any time my needs change, I will have to reapply by contacting the CDDO.**

Please sign this form and return it to the Johnson County CDDO in the self-addressed stamped envelope provided. If you have further questions, please contact the Johnson County CDDO at (913) 826-2600.

I understand that by signing below I am being removed, ending, or terminating services or eligibility as indicated by the option selected above, and that I will need to contact my Targeted Case Manager (if I have one) or the CDDO if at any time my needs change.

Full Name: _____

Signature: _____

Date: _____