



## Disabled Child Living At Home (DCLH) Application Checklist

**This form should be included with all new and renewal applications.**

The purpose of this form is to assist the Medicaid Regional Office (MRO) Specialist in the collection and submission of medical records required for every DCLH application submitted to Telligen. Applications submitted without all of the required documents will delay the review process and the ability to make a recommendation regarding the level of care.

### Instructions:

1. Give the parent/legal guardian the Level of Care application packet and explain the contents. All of the packet contents are located on the Telligen provider website (<https://msmedicaid.telligen.com>) in the Document Library. The packet includes:
  - a. Telligen Welcome Letter
  - b. DCLH Medicaid Eligibility Guide
  - c. Medical Necessity and Level of Care Statement
  - d. Parent Skills Checklist
  - e. Guidelines for Developmental and Psychological Evaluation
  - f. DCLH Frequently Asked Questions (FAQ) Document
2. Emphasize to the parents/guardians that all sections of the form must be completed.
3. Place a checkmark by each required piece of documentation that is submitted by the parent/guardian and included with the application.
4. Include the completed checklist with the application request.
  - Save the checklist and attach it as the first document when submitting records in Qualitrac (the Telligen portal).
5. If the child's medical record has any type of document listed on the checklist, include it, even if it is not specifically listed as a required document. It could provide additional information that could assist in the Level of Care (LOC) determination.
6. Do not submit more than twelve (12) months of medical records. Inform the parents the LOC recommendation is based on the most current medical condition.
7. Ensure there are at least three (3) months of medical records included. If the child is less than 3 months old, include all medical records.

### Section 1: Beneficiary, MRO and Physician Information

MRO Staff Member Name		Direct Phone #:	
Email Address:		MRO Region #:	

### Beneficiary and Applicant Information

Applicant's Last Name:		Applicant's First Name:	
Parent/Guardian Name:		Applicant SS#:	
Physician Name:		Physician Medicaid ID #:	



## Section 2 Checklist for MROs when Collecting & Reviewing Documents

Parents have given the application packet and instructions for collecting medical records.
All the documents collected are recent and current medical records.
There are NO LESS than 3 months of medical records included with the application.
There are NO MORE than 12 months of medical records included with the application.
The DCLH Level of Care Statement is complete, signed and dated by a physician.
The parent has been informed that LOC decisions are based on the child's current medical condition.
The parent has been informed that if the child does not meet LOC based on the current medical condition. A new application can be filed if there is a change in the child's medical condition.
Does the Parent perform therapy in the home? If the parent/guardian performs therapy in the home, a detailed account of the therapy session should be described on the Parent Skills Checklist.

## Section 3: Documentation Checklist

Required Documentation	Instructions
DCLH Medical Necessity/Level of Care Statement	Must be complete, dated, & signed by a physician.
Parent Skills Checklist	Form must be completed whether the parent/guardian performs the skills or not in the home.  If the parent/guardian does not perform any skills, indicate that on the form in the space provided

### Additional Documents – Check all that are included

Individual Education Plan (IEP), if applicable	
Individualized Family Service Plan (IFSP), if applicable	
<p><b>Age 0 to 5 – Developmental Evaluation</b></p> <p>Required with the initial application and again every three (3) years.</p> <p>Only required for children with intellectual disabilities or related conditions such as Cerebral Palsy, Epilepsy, Autism Spectrum Disorder, Asperger Syndrome, Down's Syndrome, Pervasive Developmental Disorder or other Developmental Delays.</p>	<p>Must include a score.</p> <p>Refer to the form describing additional information and appropriate evaluations</p>
<p><b>Age 6 and Up – Psychological Evaluation</b></p> <p>Required with initial application and again every three (3) years.</p> <p>Only required for children with intellectual disabilities or related conditions such as Cerebral Palsy, Epilepsy, Autism Spectrum Disorder, Asperger Syndrome, Down's</p>	<p>Must include a score.</p> <p>Refer to the form describing additional information and appropriate evaluations</p>



	Syndrome, Pervasive Developmental Disorder or other Developmental Delays.	
	Physician order for nursing, if applicable	Include the most recent order
	Nursing notes, if applicable	Include the most recent 3 months
	Physician order for therapy, if applicable	Include the most recent order
	Therapy notes, if applicable	Include the most recent 3 months
<b>Hospital Records – Only required if the child had a recent hospitalization</b>		
	Hospital Admission Orders	
	History & Physical	
	Hospital Discharge Summary	
	Hospital Discharge Instructions for the child and parent/guardian	

**Hospital Records:** If the child has had a recent hospitalization, include the most recent medical records. Records from previous hospitalizations are not required or needed.