

Disabled Child Living at Home (DCLH) Frequently Asked Questions



Who should I contact to learn more about applying for the DCLH category of eligibility?

Contact your local Medicaid Regional Office to discuss the benefits of the program and whether your child may be eligible.

What is an Institutional Level of Care review and why does my child need one?

The DCLH program provides benefits to allow children with long-term disabilities or complex medical conditions to live at home with their family instead of living in an institution, such as a hospital, nursing facility, or an intermediate care facility for individuals with intellectual disabilities (ICF/IID). Federal regulations for the DCLH eligibility have strict guidelines and require a child's disability to need the same kind of specialized care at home that would be provided in an institution. Medicaid ensures compliance with this regulation by performing an institutional level of care review for each child who applies.

What information will the Medicaid Office need for my child's application?

To begin, the Medicaid Office Specialist will collect basic information, such as your child's name, date of birth, and medical condition to start the application process. The Medicaid Office will assist and guide you until your application is submitted to Alliant.

Will I need anything else for my child's first application?

Yes. Medicaid will provide the disability paperwork at the time of the application. Once completed and returned to Medicaid, it will be sent to the Social Security Office for disability determination.

How long does it usually take for the Social Security Office to finish a disability determination?

This process can take up to 90 days. You will not be able to submit an application until the child has the disability determination.

Who will perform my child's Institutional Level of Care review?

All the medical records and documents submitted with the application will be reviewed by the Alliant review team of Registered Nurses and Physicians.

Who is responsible for collecting the medical records required for the application?

The parent or legal guardian is responsible for collecting all medical records for the application. Once all the records are collected, you will give them to the Medicaid Regional Office, and they will assist you with submitting the application to Alliant.

How many medical records will I need to collect for the application?

Decisions for any the categories of eligibility are based on the child's current medical condition. Alliant will need at least 3 months of records, but no more than 12 months of records.

What type of medical records will I be asked to collect?

Medical records you can expect to obtain may include:

- ✓ Medical Necessity/ Level of Care Statement completed and signed by the treating physician
- ✓ Developmental Evaluation and IFSP, if available (children 0-5 years of age)
- ✓ Psychological Assessment and IEP, if available (children 6-18 years of age)
- ✓ Parent Skills Checklist
- ✓ Nursing and/ or Rehab Therapy Notes

The Medicaid Office will help you understand all the documents you need to collect and how to complete the forms.

How long does the application process take?

With the family's assistance, the eligibility decision is usually made within 90 days from the application start date.

What happens once Alliant completes the level of care review?

Alliant will communicate the decision to the Medicaid Office, and they will inform the parent or legal guardian. Please Note: Alliant only performs the institutional level of care review and is not responsible for the approval or denial of eligibility.

How will I know if my child has been approved?

If your child's application meets all the federal regulations required for the DCLH category of eligibility, the Medicaid Office will notify you in writing of the approval and the length of time it is approved.

If my child receives a Social Security disability determination approval, will this also guarantee approval for DCLH benefits?

No. A disability approval alone does not guarantee coverage under the DCLH category of eligibility. DCLH is governed by a Federal Regulation which requires your child to meet several specific criteria.

What if my child is not approved for any of the categories for DCLH benefits?

If your child's application does not meet all the required federal regulations, the MRO will notify you in writing of the denial.

My child was denied and now my child's medical condition has changed. What should I do?

If a child has a significant change in medical condition, the parent or legal guardian can reapply.

If my application is denied, what options do I have?

Parents may request an appeal if the application is denied. Parents are allowed 15 calendar days from the date of the denial notification to request a continuation of Medicaid coverage for children who have existing Medicaid coverage under the DCLH category of eligibility, and until an appeal hearing can occur. Parents have up to 30 calendar days from the date listed on the denial notification letter to request a hearing with Medicaid.