

DEPT. OF HEALTH AND HUMAN SERVICES

# Applying for Developmental Disabilities Services

How to apply for developmental disabilities services online

To apply for developmental disabilities services with DHHS follow these steps:

1) Start by clicking ACCESSNebraska wherever you see the icon.



2) You can enter the site in English or Spanish. Click ENTER in English to do so.

## ENTER in English []

3) To apply for developmental disabilities services, click Developmental Disabilities Application.



4) Instructions for the application will open in a new window. Once you have read all the instructions, click CONTINUE to apply online.

## Welcome to ACCESSNebraska Developmental Disabilities Application

#### The application for DD Services is now available on the ACCESSNebraska website.

- · This online application has replaced the previous 'referral' process. Therefore, the old 'referral form' is no longer necessary.
- An application for DD Services must be completed and signed by the applicant, the parent if the applicant is a minor child, or the applicant's court appointed guardian.
- The process of determining eligibility for DD Services does not begin until a signed application has been received by the Department of Health and Human Services.

#### Third Party Assistance:

If you are a third party providing assistance to an individual who's applying for DD Services, applications can also be submitted by one of the following ways:

- Printing and completing a paper copy of the application that's available on the Developmental Disabilities public website.
   The applicant or legal guardian must sign the application.
- · Contacting the Department of Health and Human Services using the toll free number (877)667-6266.
- · Or go to any local DHHS office for assistance.

#### Supporting Documentation/Records:

After the Department of Health and Human Services receives your submitted application, DHHS may request documentation that's needed to determine eligibility for DD Services.

The types of documents which may be requested include, but are not limited to, the following:

- · Assessments for intellectual or adaptive behavioral functioning completed by a licensed psychologist
- · Medical diagnoses prior to age 22 which have affected the applicant's ability to carry out activities of daily living
- Current or previous psychiatric diagnoses prior to age 22 which have affected the applicant's ability to carry out activities of daily living
- · Educational reports such as Multi-Disciplinary Team (MDT) reports and Individual Education Plans (IEP)

After the application for DD Services has been submitted, the applicant or legal guardian may send records or documentation to support the applicant's eligibility to one of the addresses listed below:

Mail: DD Eligibility PO Box 98947 Lincoln, NE 68509

Email: DHHS.DDEligibility@nebraska.gov

Fax: (402)742-8384

Select Continue to start the application process. After the application has been submitted, a Confirmation page with your confirmation number will be displayed. This confirmation number is proof that your application has been submitted.



When you already have an ACCESSNebraska account, you can use it to apply.

#### Welcome to ACCESSNebraska Developmental Disabilities Application

This site allows you to apply for Developmental Disabilities Services. The process begins by creating an account or logging in using your ACCESSNebraska User ID and Password. By creating an account, your draft application will be available for you to complete for 30 days.

#### Establish a User ID and Password

First, create your User ID (such as your personal email address) and set the password.

## Choose your Security Questions

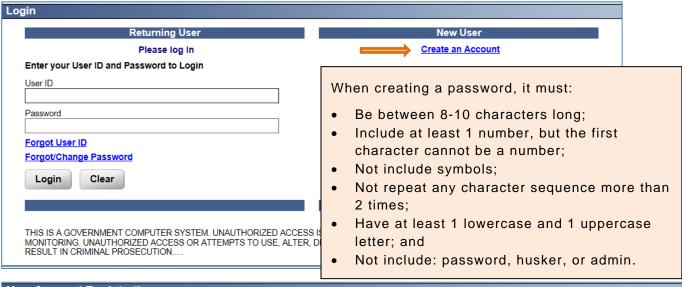
 Select and answer three security questions. If you forget your password, you can reset your password by answering the security questions correctly.

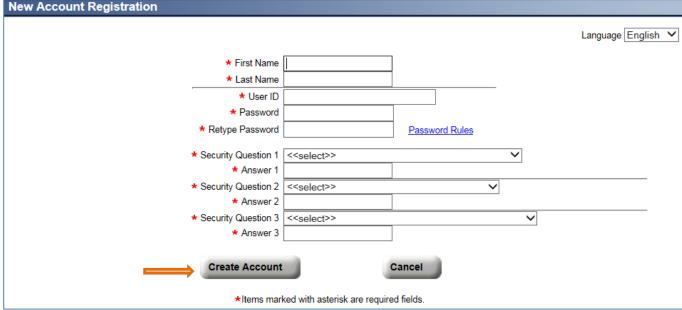


## 6) Login using your existing account,

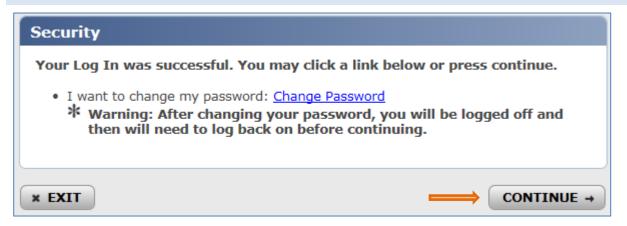


## **OR** Create a new ACCESSNebraska account by following instructions.

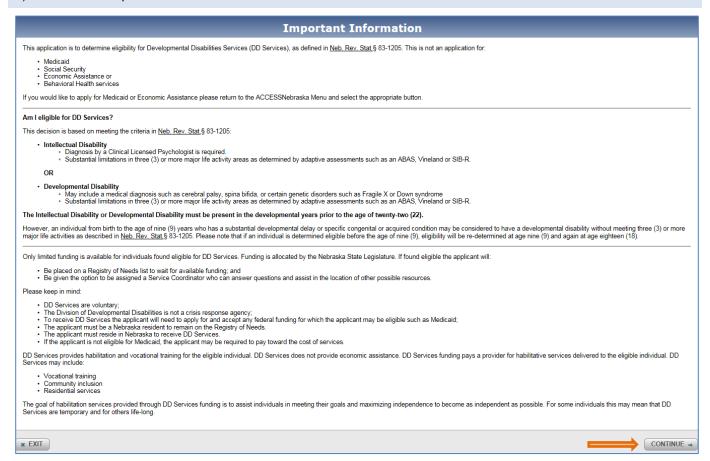




7) Once you are logged in, you will be asked if you want to change your password. Unless you want to create a new password, click CONTINUE.

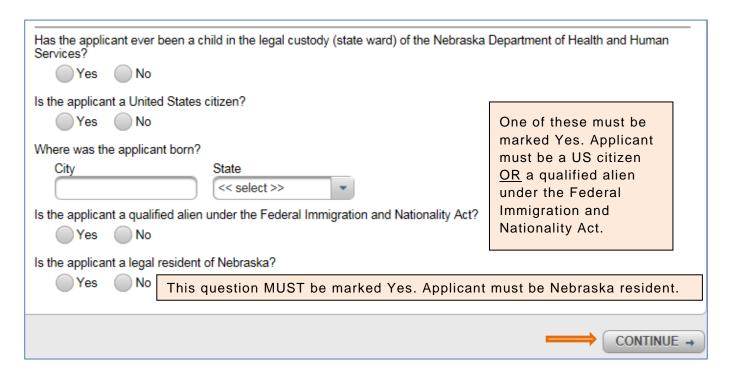


8) Read the "Important Information" screen and click CONTINUE.

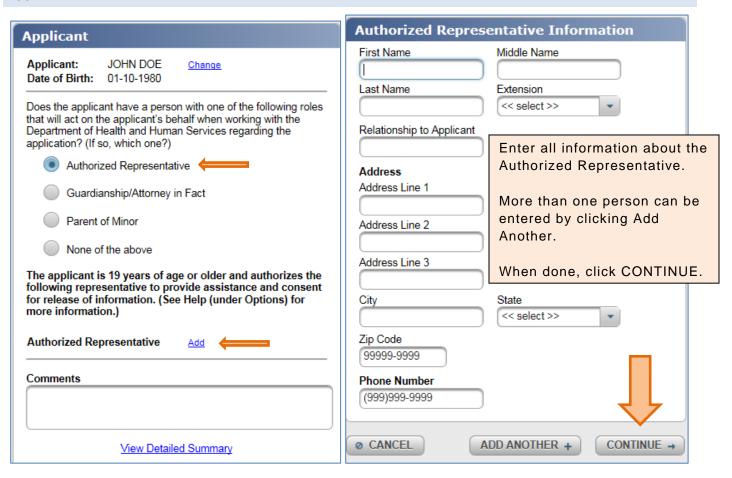


9) Fill out all information about the applicant. When you are helping someone who you are legally responsible for, such as a child or ward, be sure to fill out his/her information and not yours. When all information is entered, click CONTINUE.

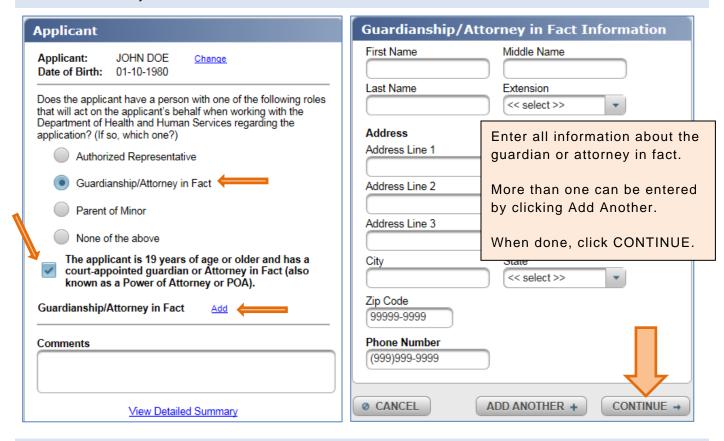
Applicant Information			
Does the applicant have an intellectual or developmental disability?			
Yes No		This question MUST be marked Yes.	
Did this intellectual or developmental disability occur before the age of 22?  Yes No			
Is the applicant currently receiving or has the applicant ever received Aged & Disabled waiver services, Traumatic Brain Injury (TBI) waiver services, or other Medicaid & Long-Term Care Services?  Yes No Unsure			
Does the applicant want to be connected with other services?  Yes No			
First Name	Middle Name	Last Name	Extension
Previous Names			
	<b>^</b>		
Sex Date of Birth Social Security Number			
Male Female	mm-dd-yyyy		
Physical Address		Mailing Address	
Address Line 1		Address Line 1	
Address Line 2		Address Line 2	
Address Line 3		Address Line 3	
City	State	City	State
	<< select >>		<< select >> •
Zip Code		Zip Code	
99999-9999		99999-9999	
Primary Phone Number	Type of Phone		
(999)999-9999	<< select >> •		
Secondary Phone Number	Type of Phone		
(999)999-9999	<< select >>		
Email Address			
example@domain.com		J	



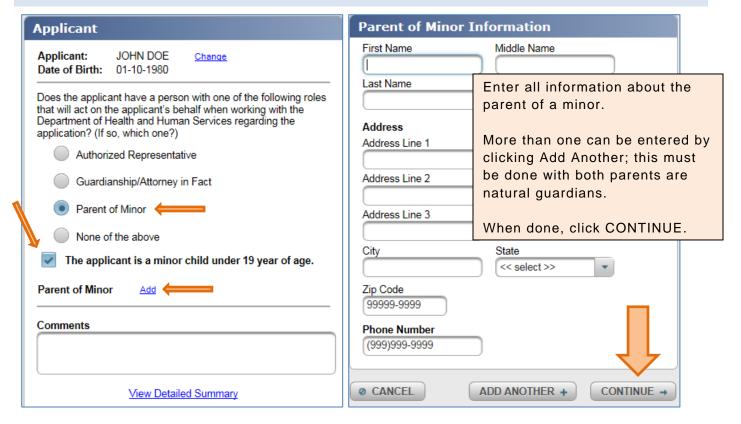
10) Review applicant information. When the applicant has an authorized representative helping with the application, select "Authorized Representative" and click Add. An authorized representative does not have to be a legal representative; it's just someone who is helping with the application.



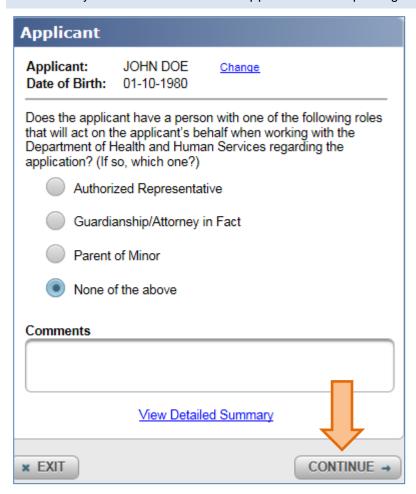
On the same screen, when the applicant has a guardian or attorney in fact, select Guardian/Attorney in Fact and click Add.



 $\underline{\mathbf{O}}$ n the same screen, when the applicant is a minor and a parent is their natural guardian, select Parent of Minor and click Add.



On the same screen, when the applicant does not have an authorized representative, guardian, attorney in fact, or parent when a minor, select None of the above and click CONTINUE. This should only be selected when an applicant is completing the application without any help.



11) Provide contact information for schools and doctors to support your diagnosis of a developmental disability and/or show your skills. It is important to complete this section so DDD can gather all necessary records and make an accurate determination in a timely manner. When finished click CONTINUE.

In this section, you can supply contact information for doctors and schools that can assist DHHS with determining eligibility for DD Services. Types of records may include but are not limited to: Assessments for intellectual or adaptive behavioral functioning completed by a licensed psychologist · Medical diagnoses prior to age 22 which have affected the applicant's ability to carry out activities of daily living · Current or previous psychiatric diagnoses prior to age 22 which have affected the applicant's ability to carry out activities of daily living Educational reports such as Multi-Disciplinary Team (MDT) reports and Individual Education Plans (IEP) The Department of Health and Human Services will not contact any doctors or schools for applicant records unless the applicant (or applicants legal guardian) has provided the necessary authorization. You can provide this authorization to DHHS by the applicant or the legal guardian completing the Authorization Disclosure Section in this signed and submitted electronic application. Providing the authorization with this application will enable the Department of Health and Human Services to more quickly determine your eligibility. Contact Information Do you want to provide contact information for Educational records? Yes No Not Available **Educational Records** Add Contact Do you want to provide contact information for Physician records? Yes No Not Available Do you want to provide contact information for Psychologist records? When you select Yes, you will Yes No Not Available be given the option to Add Do you want to provide contact information for Psychiatrist records? Contact. Click this option. Yes No Not Available You may select Yes and enter Do you want to provide contact information for Therapist/Counselor records? records for all fields. Yes No Not Available Only click CONTINUE on Comments this screen once all schools and doctors are entered. View Detailed Summary CONTINUE → × EXIT **Contact Information** Applicant Name: JOHN DOE Educational Contact Information For each source of information, enter all contact School information. Specific Disability More than one can be entered by clicking Add Another. Multiple sources of information should be entered. Address Address Line 1 When done entering all, click CONTINUE to return to Address Line 2 the main Contact Information page. Address Line 3 City State 99999-9999 << select >> Phone Number (999)999-9999 ADD ANOTHER + CONTINUE -CANCEL

12) The authorized disclosure section must be completed to give DDD permission to contact the schools and doctors you provided in the previous section. When finished click CONTINUE.

In this section, you can authorize the Department of Health and Human Services to contact and request record information from doctors and schools for whom you've provided contact information in the previous section. You will select which types of information DHHS can request. · You will specify the date this authorization ends or is terminated. · This information will be used to populate the Authorization for Release of Personal Health Information form. Providing this authorization with this application will enable the Department of Health and Human Services to more quickly determine your eligibility. The authorization allows information to be disclosed to: Division of Developmental Disabilities Nebraska Department of Health and Human Services The Reason for Disclosure is 301 Centennial Mall South automatically checked as Eligibility PO Box 98947, Lincoln, NE 68509-8947 Determination and My Request. You Or fax: (402)742-8384 do not need to do anything in this Or e-mail: DHHS.DDEligibility@nebraska.gov area. The information to be released pursuant to this authorization is limited to records/ applicable parties. You must select the types of Failure to provide this information will not affect treatment, or payment, however information you would like certain benefits, provided per Nebraska Department of Health and Human Service school(s) and doctor(s) to provide to DDD. It is recommended you Disclosure Authorization check those marked in this example. Authorization for Disclosure of Protected Health Information for JOHN DOE. Reasons for Disclosure This release of information is for the purpose of obtaining source documents/records ONLY related to determining DD eligibility. Therefore, we have preselected the reasons for disclosure as indicated below and are not asking that you select any other type of disclosure as it does not pertain to DD eligibility. Eligibility Determination My Request Insurance Claim Legal Purposes Consultation and/or Treatment Planning Other (be specific) Select specific types of information that can be disclosed to the Department of Health and Human Services. All information that can be disclosed to the Adult Abuse and Neglect Aftercare Referral Form Central Registry and the Child Abuse and Neglect Central Registry. Discharge Summary Diagnosis History & Physical Examination Laboratory Medications Progress Notes Psychiatric History & Treatment All other non-medical information, records, or documents which could be released. Psychological Evaluation & Treatment Social History X-rays & Other Diagnostic Imaging Results Alcohol and/or Drug Abuse Treatment Genetic Testing Information HIV/AIDS Information Sickle Cell Anemia Vocational Rehabilitation Education Records Other (be specific) This Authorization (unless revoked earlier in writing) shall terminate on

View Detailed Summary

05-08-2018

× EXIT

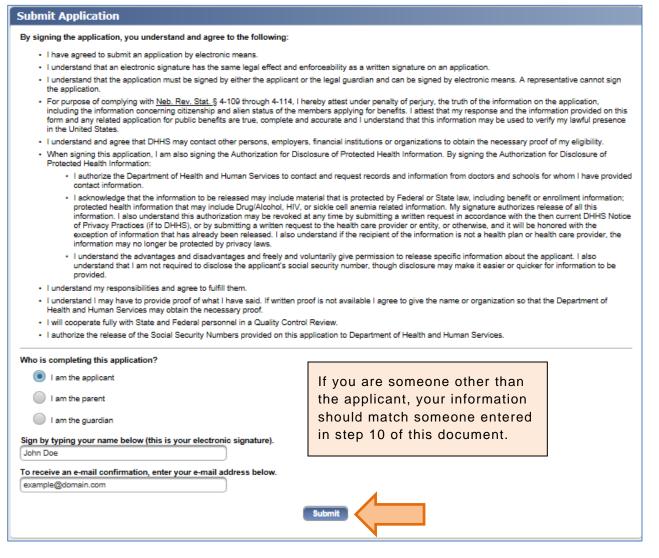
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CONTINUE -

13) Review your application by clicking Application Summary, Rights and Responsibilities, and Authorization for the Disclosure of Protected Health Information. As you review each section click the corresponding checkbox. Then click CONTINUE.



14) Submit your application by clicking your relationship to the applicant, typing your name, and clicking Submit. This serves as your signature.



15) You will receive a confirmation number for your application. Click Print and be sure to save this number.

