



REQUEST FOR ALTERNATIVE DAY PROGRAM

Alternative Day Program Request - Please Complete on-Line and Print

This form is used to request all Day Program Services except 31U Developmental Training. Requesting Agency completes Sections 1, 2, and 3. ISSA agency completes Section 4. Division staff completes Section 5. Requesting Agency must secure prior approval from the DD Division in order to provide, bill, and be paid for these services. See the Medicaid Waiver Manual for Program Descriptions of Alternative Day Programs. Requests missing information, required attachments, or signature(s) will be returned. Authorization, if approved, will be communicated to the agency through an Agency Change Memo and an updated rate sheet.

1. Identifying Information (Complete all items)

Date of Request: _____

Individual: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ Zip Code: _____

SSN: _____ RIN: _____

Requesting Agency Name: _____ Email Address: _____

Person Completing Request: _____ Telephone: _____ Ext.: _____

Include Required Attachments

2. Alternative Day Program Requested (Check one)

At-Home Day Program (Program Code 37U) - Waiver Program CILA Agency Name: _____

For At-Home Day Program, attach a copy of the individual service plan (ISP) with a detailed daily schedule that includes the time staff will be involved with the person. The plan should explain how identified needs are to be addressed. If a person is not attending a day program because of behavior or medical issues, then the plan should address the behaviors or medical issues.

Adult Day Care Program (Program Code 35U) - Waiver Program

For Adult Day Care, provider must be licensed by the Illinois Department on Aging and enrolled as a 35U waiver provider with the Division of Developmental Disabilities. 35U Provider's Name: _____ FEIN: _____

Supported Employment (Program Codes 36U, 36G, 39U, and 39G) - Waiver Program

For Supported Employment, attach a copy of the Dept. of Rehabilitation Services (DRS) denial or notice of closure.

Regular Work / Sheltered Employment (Program Code 38U) - Non-Waiver Program

For Regular Work / Sheltered Employment, attach a copy of the Individual Service Plan (ISP) including evidence supporting appropriateness of individual's participation in Regular Work / Supported Employment and ISSA verification letter that the person/guardian chose to participate in a non-waiver program.

Other Day Program (Program Code 30U) - Non-Waiver Program

For Other Day Program, include a preliminary service plan from the other day program provider and ISSA verification letter that the person/guardian chose to participate in a non-waiver program.

3. Reason for Request - Required for 30U and 37U Requests Only: Include Required Attachments

Has an illness or medical conditions or severe maladaptive behaviors that prevent participation in a traditional day program. Attach a description of the behavior or health issues and how they prevent the person from attending a community-based day program.

Is over the age of 60 and declines to participate in traditional out-of-home day programs.

Is unable to locate a traditional day program to serve him/her or appropriate to meet his/her needs. Attach a list of the the names of the providers that were contacted and the reason/(s) for denial.

4. ISSA concurs with plan for Alternative Day Program Services? Yes No

ISSA Agency Name: _____

ISSA Representative Name: _____ Telephone: _____

ISSA Signature: _____ Date: _____

5. Division Staff concurs with request? Yes No Effective Date Authorized: _____

Signature of Division Staff: _____

Date: _____

Track-It #: _____