

Medicaid Waiver & Disability Support Application Guide

Purpose:

This guide helps families organize information needed for TEFRA or other Medicaid waivers and disability support applications, including daily needs, safety concerns, and medical necessity. You may copy this form and create your own document to edit and submit into your application or use as guidance on what to include before submission.

Programs and eligibility criteria vary by state. This guide is designed to support applications for Medicaid waivers (including TEFRA/Katie Beckett), SSI, and other disability-related services.

CHILD INFORMATION

Child's Name: _____

Date of Birth: _____

Diagnosis/Diagnoses (include date of diagnosis):

Parent/Guardian Name: _____

Phone: _____

Email: _____

Tip:

Include all diagnoses and evaluation reports. Also include when diagnoses were given (month/year is okay). This helps show how long support has been needed.

DAILY FUNCTIONING

Describe your child's day-to-day needs:

Areas where your child needs support:

- Communication
- Behavior/Regulation
- Safety Awareness
- Transitions
- Social Interaction
- Elopement Risk
- Emotional Regulation
- Other: _____

Tip:

Think: What does your child need help with that typically developing peers of the same age don't?

MEDICAL NECESSITY & FUNCTIONAL IMPACT

Describe your child's medically necessary supports and how their condition impacts daily functioning:

My child requires ongoing support in the following areas:

- Behavior and emotional regulation
- Communication (expressive and/or receptive)
- Safety awareness and supervision
- Mobility or physical functioning
- Sensory regulation
- Daily living skills (eating, dressing, hygiene)
- Social interaction
- Attention and executive functioning
- Other: _____

My child requires medically necessary supports that are essential for their safety, development, and ability to function in daily life.

These supports are required due to functional limitations that are greater than what would be expected for a typically developing child of the same age.

Tip:

Medical necessity means the support is required for safety, development, or daily functioning—not optional.

SAFETY CONCERNS

Does your child have safety concerns? Yes No

If yes, describe:

Examples (check all that apply):

- Impulsive behaviors
- Aggression toward others
- Attempts to access unsafe objects
- Elopement (running/wandering away)
- Unsafe behaviors toward animals
- Other: _____

Tip:

Be specific. Safety concerns are one of the most important parts of approval.

SUPERVISION NEEDS

Level of supervision required:

- Typical for age
- Frequent monitoring
- Constant supervision required

Describe:

Tip:

If your child cannot be left alone safely, that is important to include.

BEHAVIOR & REGULATION

Describe behaviors you see at home:

Frequency:

- Daily
- Multiple times per week
- Occasional

Triggers (if known):

- Transitions
- Denied requests
- Unstructured time
- Sensory needs
- Unknown
- Other: _____

Tip:

It's okay if triggers are unknown. This shows unpredictability.

INTERVENTIONS & RESPONSE

Private therapies/services your child has received:

- Occupational Therapy (OT)
- Speech Therapy
- Counseling / Behavioral Therapy
- PCIT
- Social Skills Training
- Other: _____

Effectiveness:

- Effective
- Somewhat helpful
- Not effective
- Made behaviors worse

Describe:

Tip:

If something didn't work or made things worse, include details about that.

MEDICATION

Medication(s): _____

What does it help with?

What challenges still remain?

Tip:

Even if medication helps, explain what still requires support.

SCHOOL SUPPORTS (IEP/504)

Does your child have an IEP or 504? Yes No

Services received:

- Speech services
- Academic support
- Behavioral support
- Counseling services
- Physical Therapy
- Occupational Therapy
- Other: _____

Describe ongoing challenges:

Tip:

Attach all documents relevant to services your child receives at school plus behavior referrals, and teacher statements. These can be made available upon written request to your child's school.

FINANCIAL IMPACT

Monthly medical expenses:

Medications: \$ _____

Appointments: \$ _____

Other: \$ _____

Recommended services from doctor/psychologist (ex: therapy, counseling, behavioral support):

Insurance details:

Out-of-pocket max: \$ _____

Coinsurance: _____ %

Tip:

Include expected costs even if services have not started yet.

PHYSICIAN RECOMMENDATION SUPPORT

Bring this section to your child's doctor.

Ask your doctor to include:

- Diagnoses and medical conditions
- Functional limitations
- Safety concerns
- Level of supervision required
- Need for ongoing therapeutic supports
- Impact compared to same-age peers
- Statement of medical necessity

Suggested language to request your doctor to use in their recommendation letter:

“Requires constant supervision due to ongoing impulsive and unsafe behaviors.”

“There are safety concerns, including aggression, impulsivity, and/or elopement risk, which require immediate adult intervention.”

“These needs exceed what would be expected for a typically developing child of the same age.”

“These challenges persist despite medication and prior interventions.”

“Ongoing therapeutic support is medically necessary to address regulation, safety, and daily functioning.”

“The child requires medically necessary supports due to functional limitations impacting daily life and safety.”

“Without consistent support, the child is at risk for continued dysregulation and safety concerns.”

Tip:

Attach physician recommendation letter.

DAILY DATA COLLECTION

Track:

- Behaviors
- Safety concerns
- Supervision level
- Interventions needed

Tip:

Data collection forms are easily found through a Google search. Complete for 1–2 weeks. Patterns matter more than perfection.

SUMMARY STATEMENT

My child requires a level of care and supervision that is greater than what would be expected for typically developing peers of the same age because:

Tip:

Be clear and direct. This is one of the most important parts.

SIGNATURE

Parent/Guardian Name: _____

Signature: _____

Date: _____