

INSTRUCTIONS FOR COMPLETING THE FORM

PURPOSE: This form should be completed when the following requests did not result in team concurrence: a change to an existing waiver service or a new service request.

PROCEDURES FOR PROCESSING THE WAIVER SERVICE REQUEST FORM (DP 1022)

- The supports coordinator (SC) should clarify the waiver service request with the individual and/or surrogate.
 - What specific new service or change to an additional service is requested by the individual/surrogate?
- The SC should identify what has changed in the individual's life by gathering the necessary information that has prompted this request. Some questions to ask include:
 - Has an assessment been completed to identify the need?
 - Does the service require a physician's order, submission to Medical Assistance (MA) or private insurance and/or an evaluation from a physician/specialist?
 - Was there a change in the individual's physical health or behavioral health?
 - What progress is the individual making towards the desired outcome?
 - Has there been a change with the primary caregiver?
 - Does the individual receive the currently authorized level of services?
 - Does the individual receive the authorized level of services from other service systems (EPSDT, education, children and youth, etc.)?
 - Is the request for the service related to services authorized but not received through other service system (i.e. EPSDT or therapeutic staff support)?
 - Is the requested service related to a specific health or welfare need for the individual/surrogate?
- The SC should explain, in detail, the specific need and how the requested services will support this need.
- If the requested new or additional services require a physician's order, submission to MA or private insurance and/or an evaluation, the 15-calendar day timeline will begin when the additional information is obtained and the formal request can be submitted.
- The SC should complete the DP 1022 with the individual.
- The SC provides a copy of DP 1022 to individual/surrogate before submitting to SC supervisor for review.
- The SC submits DP 1022 to SC supervisor for review.
- The SC supervisor formally submits the DP 1022 to the designated staff person at the administrative entity (AE) within five-calendar days from date of receipt from SC supervisor for approval or disapproval.
- The AE is required to review and respond to the request by approving in full, in part, for a limited time, or denying within 10-calendar days from receipt of the DP 1022.
- If the form is incomplete, the AE shall notify the SC supervisor in writing. The SC supervisor has three-calendar days from date of notification to resubmit the completed form to the AE.
- If, during the review, a "no" response is indicated in any question, the AE will provide instructions to the SC supervisor of what is needed to move forward with the request.
- If additional information cannot be obtained within the 15-calendar day time frame, the AE shall consider this a denial and follow the rest of this procedure.
- The AE will complete, sign and date the form in all applicable sections and mail the completed copy of the DP 1022 to the individual/surrogate that explains the AEs actions within 10-calendar days of receipt of the form.
- If full or partial approval was granted, the AE will communicate the decision to the SC supervisor who submitted the request.
- The requested service should start within 30-calendar days from the authorization date of the service.
- If the AE denies the request, fair hearing and appeal rights will be attached to the completed copy of the DP 1022.

- The AE must maintain a copy of the DP 1022 and the fair hearing and appeal rights, if applicable, in the individual's file and also send a copy to the SC supervisor who submitted the request.

PROCEDURES IF DP 1022 IS APPROVED IN FULL, IN PART, OR FOR A TIME LIMITED BASIS

- If the AE approves the request in full, in part, or for a time limited basis, the decision should be communicated to the SC supervisor within three-calendar days of approving the request.
- Within five-calendar days of receiving the decision, the SC shall complete a critical revision to the ISP, the SC supervisor submits the ISP to the AE, and the change is authorized by the AE.
- If the change involves a currently authorized service in the HCSIS, the old authorization must be end-dated and a new authorization reflecting the approved change in units must be entered.
- The requested services should start within 30-calendar days of the service authorization.
- If the AE approves the request in part, or for a time limited basis, the basis for this partial or limited approval must be provided.
- The AE must provide due process and fair hearing information when services are approved in part or for a limited time basis.

PROCEDURES IF DP 1022 IS DENIED

- If the AE denies the request, the decision should be communicated to the SC supervisor within three-calendar days of denying the request.
- Within five-calendar days the AE sends a denial letter to the individual/surrogate making the request and the SC supervisor, detailing specifically what is being denied and the basis for the denial. Specific references to the AE operating agreement, the approved Waivers, and/or applicable Office of Developmental Programs (ODP) bulletins must be included in the denial letter. A copy of the individual's fair hearing and appeal rights should be attached.
- If the AE denies an individual/surrogate's request or gives the individual partial or limited approval, the basis for this partial or limited approval must be provided.
- If the individual/surrogate pursues a fair hearing, then the AE will submit a copy of the denial letter with the fair hearing request.

| | | | |
|--|--|--|-------------------------|
| 1. INDIVIDUAL'S NAME: | | 2. SUPPORTS COORDINATOR'S NAME: | |
| 3. SURROGATE'S NAME: | | 4. RELATIONSHIP TO INDIVIDUAL: | |
| 5. FUNDING (Please check which funding you receive): | | <input type="checkbox"/> Consolidated Waiver <input type="checkbox"/> Person/Family Directed Support Waiver | |
| 6. SERVICE CHANGE (Please describe the change in service or new request for a service that is needed at this time and the amount of the service needed. Remember that a service can only be approved if it is required to meet an assessed need of the individual being served. For multiple requests, please attach additional forms.) | | | |
| DESCRIBE THE CHANGE IN SERVICE OR NEW REQUEST (Include why these services are necessary to maintain health and welfare and what may have changed in the individual's life to warrant the request): | | | |
| SERVICE DEFINITION NAME: | | UNITS OF SERVICE NEEDED: | |
| SIGNATURE (individual/surrogate): | | | DATE OF REQUEST: |

ADMINISTRATIVE ENTITY REVIEW OF WAIVER SERVICE REQUESTS

The AE completes this section. If a question is marked "no", additional instructions will be given on what information is needed to approve the request, or the reason for denial will be provided.

| | | |
|---|------------------------------|-----------------------------|
| 1. Has an assessment been completed which identifies a need for the requested services? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do the services require a physician's order, submission to MA or private insurance, and/or an evaluation from a physician/specialist? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is the requested service eligible under the waiver? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Is the individual eligible for the requested service through the Office of Vocational Rehabilitation, Individuals with Disabilities Education Act or MA/private insurance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Is the requested service eligible in the location where the service would be provided? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Has the provider signed a Medicaid agreement with the state? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| SIGNATURE | DATE | |

ADMINISTRATIVE ENTITY DECISION

| | |
|--|---|
| SERVICE REQUEST HAS BEEN REVIEWED AND IS (Please check one): | |
| <input type="checkbox"/> Fully approved | <input type="checkbox"/> Partially approved |
| <input type="checkbox"/> Approved on a time-limited basis | <input type="checkbox"/> Disapproved |
| List approved change(s): | |
| List fully and partially disapproved requests. Clearly state reason(s) for disapproval. Specific references to the current approved waivers and applicable ODP bulletins must be included. | |
| SIGNATURE (Administrative entity): | DATE: |