

DD Waiver Request for More Information

Individual's Name:

Case Manager:

Case Manager Documentation:

- No support Coordinator goals listed on 457
- Please submit overall schedule of services
- Please resubmit using new DMAS-456
- Updated signatures needed from individual/family member.
- Documentation on DMAS-457 does not justify services requested.
- Start date changed to reflect CSP date.
- _____
- _____

Adult Companion Care/ CD Companion Care:

- Individual under age 18.
- Individual also requesting PERS, can not receive both services.
- Individual does not meet criteria for companion care. _____
- Need to submit 97A/B and 457 from provider.
- Please submit schedule.
- Need documentation on 457 that individual is not safe to be alone and is unable to use PERS.
- Need documentation on 457 that no one is available in the home during hours of service.
- Hours reduced, can not exceed 8 hours per day.
- Needs of individual exceed level of care requested. Service only for supervision.
- _____
- _____

Assistive Technology

- Need evaluation from appropriate professional (revisions and renewals)
- Need itemized quote with provider invoice cost
- Need not documented on DMAS-457
- Amount reduced, total exceeds \$5000
- Please clarify if 30% mark-up is included
- Amount changed to reflect 30% mark-up
- Please provide detailed description of item(s) _____
- Check DME first and resubmit request with documentation of DME denial. _____
- Denied, doesn't meet definition of AT. _____
- Denied, AT not approved for purposes of convenience or restraint. _____
- Pursue more cost effective options. _____
- Not specified on professional eval. _____
- Extended warranties not covered under AT. _____
- _____
- _____

CD Attendant Care:

- Need 97A/B (renewals & revisions)
- Need 99 (renewals & revisions)
- Need detailed schedule outlining specific times and duties of attendant.
- Back up plan not indicated.
- Document need for increase in hours on 457.
- Hours reduced, attendant care can not be used for training.
- _____
- _____

CD Respite

- Need 97A/B (renewals & revisions)
- Need 99 (renewals & revisions)
- Document on DMAS-457 that individual lives with an unpaid caregiver.
- Hours reduced due to cap of 720 hours per year.
- Document need for increased hours on 457.
- _____
- _____

Crisis Supervision/Intervention:

- Need assessment report from provider
- Request not submitted within 72 hours of initiation of service.
- Assessment report not appropriate _____
- Service requested exceeds 60-day limit.
- _____
- _____

Crisis Supervision/Supervision:

- Document that services are being supervised by a qualified professional.
- Cannot approve supervision without crisis intervention services.
- Need for hours requested not documented in assessment.
- Service requested exceeds 60day limit.
- _____
- _____

Date Plan Received:

Date Plan Reviewed:

DMAS Staff signature:

Date request for more information sent:

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Day Support/ Prevocational:

- Clarify request. Should be in units, not hours.
- Need 457 from provider and schedule (renewals)
- Intensity needed not documented on DMAS-457
- Behavior plan not documented (for high intensity day support).
- Attendant /personal care hours can not overlap with day support.
- _____
- _____

Environmental Modifications:

- Total reduced, requested amount exceeds \$5000.
- Denied, does not meet definition of EM
- _____
- Need itemized quote listing supply and labor costs separately.
- Consult requested to demonstrate need. What is the remedial or medical benefit?
- Rental property, needs documentation that unit doesn't meet Rehab Act requirements.
- Document on DMAS-457 how this EM prevents institutionalization.
- _____
- _____

Family Caregiver Training:

- Hours reduced, exceeds limit of 80 hours.
- Document on DMAS-457 the caregiver(s) who is to receive training.
- Document on DMAS-457 how training will assist the family maintain individual at home.
- _____
- _____

Personal Care:

- Need 97A/B (renewals & revisions)
- Need 99 (renewals & revisions)
- Need back-up plan documented
- Submit detailed schedule outlining specific times and duties of attendant.
- Hours reduced, supervision not approved for adults. Use companion care.
- Document need for increase in hours on 457.
- _____
- _____

PERS:

- Also receiving companion care, can not receive both on plan.
- Need MD order for medication monitoring.
- Document on 457 times when individual is alone.
- Document on DMAS-457 that person has the cognitive and physical ability to use PERS.

Agency-directed Respite

- Need 97A/B and/or 99 (renewals & revisions)
- Need provider 457 (DMHMRSAS renewal)
- Document on DMAS-457 that individual lives with an unpaid caregiver.
- Hours reduced due to cap of 720 hours per year.
- Document need for increased hours on 457.
- _____
- _____

In-Home Residential:

- Submit DMAS-457 from provider (renewal).
- Submit schedule from provider (renewal).
- Need for training not documented on DMAS-457
- Number of hours requested do not match level of service needed to achieve goals.
- _____
- _____

Skilled Nursing:

- Need signed DMAS-485.
- DMAS-485 outdated, must be signed within the 21 days prior to requested start date.
- Document skilled needs on DMAS-457.
- Check SPO benefits first.
- _____
- _____

Supported Employment:

- Clarify whether hours or units are being requested. (Enclave, units; Individual, hours).
- Has DRS/special education services been contacted regarding possible funding for supported employment?
- Attendant/personal care hours can not overlap with supported employment.
- _____
- _____

Therapeutic Consults:

- Hours reduced, submit documentation from provider and revision request to justify need for additional hours.
- Document on DMAS-457 why consult is necessary to implement POC.
- Hours reduced, therapeutic consult can not include direct therapy or duplicate SPO services.
- _____
- _____

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