

WV Personal Care & Waiver Dual Services Request

Personal Care for Persons Receiving Waiver Services

A copy of this Request Form must be maintained in the member record.

Required Documentation: If this form is not complete, it cannot be processed and will be returned.

Please mark attachments for the appropriate level request.

| | | | |
|---|--|------------------------------------|--|
| Personal Care Provider (Agency Name) | | Personal Care Provider NPI | |
| Provider Address | | | |
| Contact Person Name | | Contact Person Telephone Number | |
| Date of Submission | | | |

FYI: All requests for Personal Care must be submitted by the PC provider into the Personal Care CareConnection© system. All required information must be attached in the system before a request can be considered.

Member Information

| | |
|-------------|------------------------|
| Member Name | Member Medicaid Number |
|-------------|------------------------|

Level of Personal Care Services Requested

Selecting a Level below satisfies the Policy Manual requirement to indicate "number of hours requested."

Personal Care Level 1

Personal Care Level 2

PC and ADW or I/DDW | For questions, call 844-723-7811

Aged and Disabled Waiver (ADW)

- Member receives ADW at Service Level D
- Current ADW PAS
- ADW Member Assessment (N/A for Personal Options)
- ADW Participant-Directed Service Plan (N/A for Traditional)
- Personal Care Plan of Care – completed by PC RN

Intellectual/Developmental Disabilities Waiver (I/DDW)

- WV Personal Care & I/DD Waiver Dual Services Request form

PC and TBIW | For questions, call 866-385-8920

Traumatic Brain Injury Waiver (TBIW)

- Member needs more than max Personal Attendant services hours available through TBIW
- Current TBIW PAS
- TBIW Member Assessment
- Personal Care Plan of Care – completed by PC RN
- TBIW Service Plan

Member/Legal Representative Signature Date

PA/Homemaker RN Signature Date

Personal Care RN Signature Date

CM/RC/SC Signature Date