

PERSONAL CARE SERVICES PROGRAM & IDD WAIVER DUAL SERVICES REQUEST

MEMBER DEMOGRAPHICS – TO BE COMPLETED BY THE IDD WAIVER PROVIDER			
Date of Referral to PC Provider		Member's IDDW Anchor Date	
Member's Name		Member's IDDW Record ID	
<p>ITEMS 1-3 MUST BE COMPLETED BY THE IDDW PROVIDER.</p> <p>ITEMS 4-5 MUST BE COMPLETED BY THE PC PROVIDER.</p> <p>THE PC PROVIDER MUST SUBMIT PAGE 1 OF THIS FORM WITH PC AUTHORIZATION REQUEST.</p>			
1. Member is using (authorized for) the maximum number of Direct Care service units in the IDDW program.			
How many units are included in the IDDW authorizations for Direct Care services?	<input type="checkbox"/> Child – Units= Click here to enter text. <input type="checkbox"/> Adult – Units= Click here to enter text.		
<ul style="list-style-type: none"> Child (must have 7,320 units/service year) Adult (must have 11,680 units/service year) 			
2. IDDW Member has an ICAP Service Level of 1, 2, 3 or 4 (Service Level ranges from 1 through 9).			
What is the IDDW member's ICAP Service Level, as completed by the UMC?	<input type="checkbox"/> ICAP Service Level = Click here to enter text.		
3. IDDW Member does not reside in a 24-hour staffed setting (must reside in a biological or adoptive family or specialized family care home).			
In what type of IDDW residence does the member reside?	<input type="checkbox"/> Biological or Adoptive Family <input type="checkbox"/> Specialized Family Care Home <input type="checkbox"/> Waiver ISS <input type="checkbox"/> Waiver Group Home		
4. Must have a completed Personal Care PAS.			
Has the PC PAS and request been submitted?	<input type="checkbox"/> PC PAS is completed and attached to the request in PC UMC web portal by the PC Provider		
5. Must have a completed Personal Care Plan of Care. <ul style="list-style-type: none"> a. Must include signatures of the IDDW Service Coordinator, the Personal Care RN, and member/Legal Representative (if applicable) b. Must include a schedule outlining when IDDW and PC services are to be provided - THERE MAY BE NO DUPLICATION OF SERVICES. c. Must be attached in the IDDW UMC web portal by the SC. 			
Have all of the following been attached in the appropriate web portal?	<input type="checkbox"/> Meeting including IDDW and PC providers and member/Legal Rep. if applicable was held [DATE]: Click here to enter text. <input type="checkbox"/> PC Plan of Care includes a tentative schedule <input type="checkbox"/> PC Plan of Care has been attached in IDDW UMC web portal by IDDW SC		

IDDW defines a "child" as anyone who is age 17 or under. If the individual is age 18 or older, they are considered in the "adult" category.

- For a child in IDDW wishing to access dual services, the maximum number of Direct Care units is defined as 7,320 (15-minute) units.
- For an adult in IDDW wishing to access dual services, the maximum number of Direct Care units is defined as 11,680 (15-minute) units.

****Page 1 of this Checklist must be included with any PC request**

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The IDD Waiver services below are defined per policy as Direct Care services.

		Service	Code	Unit	Adult Limit - Units	Child Limit - Units
Direct Care Services	Day Services	Facility Based Day Habilitation (1:1-2)	T2021U5	15 min	11,680 units per member's service year	
		Facility Based Day Habilitation (1:3-4)	T2021U6	15 min		
		Facility Based Day Habilitation (1:5-6)	T2021U7	15 min		
		Job Development 1:1	T1019HB	15 min		
		Pre-vocational Training 1:1-2	T2021U1	15 min		
		Pre-vocational Training 1:3-4	T2021U2	15 min		
		Pre-vocational Training 1:5-6	T2021U3	15 min		
		Supported Employment (1:1)	T2019	15 min		
		Supported Employment (1:2-4)	T2019HQ	15 min		
		Family Person-Centered Support (1:1)	S5125U5	15 min		7,320 units per member's service year
	Direct Care Services	Family Person-Centered Support (1:2)	S5125U6	15 min		
		Family Person-Centered Support (1:1)— Personal Options	S5125UA	15 min		
		Home-Based Person-Centered Support (1:1)	S5125U7	15 min		
		Home-Based Person-Centered Support (1:2)	S5125U8	15 min		
		Licensed Group Home Person-Centered Support (1:1)	S5125U1	15 min		
		Licensed Group Home Person-Centered Support (1:2)	S5125U2	15 min		
		Licensed Group Home Person-Centered Support (1:3)	S5125UD	15 min		
		Licensed Group Home Person-Centered Support (1:4)	S5125UQ	15 min		
		Skilled Nursing - LPN (1:1)	T1003U4	15 min		
		Skilled Nursing - LPN (1:2)	T1003U3	15 min		
		Skilled Nursing - LPN (1:3)	T1003U2	15 min		
		Unlicensed Residential Person-Centered Support (1:1)	S5125HI	15 min		
		Unlicensed Residential Person-Centered Support (1:2)	S5125UN	15 min		
		Unlicensed Residential Person-Centered Support (1:3)	A5125U3	15 min		
		Unlicensed Residential Person-Centered Support (1:1)—Personal Options	S5125UD	15 min		
		In-Home Respite (1:1)	T1005-UA	15 min		
		In-Home Respite (1:2)	T1005-UB	15 min		
		In-Home Respite—Personal Options (1:1)	T1005-UD	15 min		
		Out-of-Home Respite (1:1)	T1005-U1	15 min		
		Out-of-Home Respite (1:2)	T1005-U5	15 min		
		Out-of-Home Respite (1:3)	T1005-U6	15 min		
		Out-of-Home Respite—Personal Options (1:1)	T1005-UC	15 min		

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