Traumatic Brain Injury Program
Provider Agency Certification
Change Request

Legal Name of Agency

DBA (Doing Business As) if applicable

Street Address (If additional service locations, please submit a new form for each location)

Mailing Address			
City			Zip Code
Phone		Fax	E-Mail Address

Reason for Request (Check all that apply)

☐ WVDHHR/BMS requested service expansion ☐ Office relocation due to emergency situation

☐ Office relocation/same counties served ☐ Office relocation/less counties served

☐ Reduction of Counties Served and/or Services provided

☐ Other

_____

_____

Administrator Approval:

As the authorized agent for the above named provider agency, I am requesting the changes listed above.

I understand that any change that I am requesting requires prior approval from KEPRO.

Administrator/Director Printed Name   Signature

Contact Person / Print Name   Title   Date of Request

Fax form to: KEPRO Attn: TBI Waiver Manager, 1.866.607.9903

Do Not Write Below This Line
For UMC Use Only

Date request received: _____

Reviewed by: _____

Decision: _____ Approved _____ Denied (reason): _____

Date Provider Notified: _____

Date Molina Notified: _____

Date BMS Notified: _____

Change Request Form Instructions

When is this form required?

This form must be submitted to KEPRO TBI Waiver whenever the agency has a change. This change may include but is not limited to: change in county (ies) served, change in location, change in services provided, change in authorized agent.

Additional documentation and information may be required after submitting this initial request.

Agency Information

All the information is required. If any of the information is different from the original (most recent) certification please note this.

Reason for Request

Please be as specific as possible. This will help KEPRO make a decision regarding the request. .

Administrator Approval

This section must be completed and signed. Unsigned forms will be returned without any decision.

For UMC Office Use Only

KEPRO will review the request for change and the provider will be notified within 30 days of the decision.