

**WEST VIRGINIA I/DD WAIVER
REQUEST TO CONTINUE SERVICES**
Email request to wvddwaiver@kepro.com

Date Submitted: (Current request)	Click or tap to enter a date.	Date of Last Submitted DD-12: (Indicate month and year of the last known DD-12 previously submitted)	Click or tap to enter a date.
Provider Agency and Location (as applicable):	Click or tap here to enter text.		
Name of person submitting request:	Click or tap here to enter text.	Phone #/ Extension:	Click or tap here to enter text.
Email Address of person submitting request:	Click or tap here to enter text.		
Name of Person Who Receives Services:	Click or tap here to enter text.	Record ID:	Click or tap here to enter text.
Anchor Date:	Click or tap to enter a date.	Has a Direct Care Service Been Provided within the last calendar month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Person Who Receives Services Legal Representative:	<input type="checkbox"/> Self	<input type="checkbox"/> State Appointed	<input type="checkbox"/> Family <input type="checkbox"/> Other

Type of Eligibility Request (complete only applicable section[s]):

<input type="checkbox"/> Eligibility Extension Request			
Complete when there is or will be no direct care service provided during a full calendar month.	Date of Last Direct Care Service:	Anticipated dates of extension:	From: Click or tap to enter a date.
	Click or tap to enter a date.		To: Click or tap to enter a date.
<input type="checkbox"/> Initial Crisis Site Admission			
Anticipated dates of admission:	From	Click or tap to enter a date.	
	To	Click or tap to enter a date.	
<input type="checkbox"/> Crisis Site Extension			
Date of initial admission:	Click or tap to enter a date.		
Anticipated dates of extension:	From	Click or tap to enter a date.	
	To	Click or tap to enter a date.	
<input type="checkbox"/> Exception to Monthly Home Visit Requirement			
Next home visit should take place early the following month; I/DD-12 must be placed in clinical file in lieu of I/DD-3 and be provided as an attachment in the next upcoming I/DD-5		Date of last home visit:	Click or tap to enter a date.
<input type="checkbox"/> Exception to Bi-Monthly Day Visit Requirement			
Next day visit should take place the following month—for example, if request for exception to February is approved, the next visit will take place in March and the visit after will occur in May		Date of last day visit:	Click or tap to enter a date.
<input type="checkbox"/> Exception to Interdisciplinary Team (IPP requirements)			
<input type="checkbox"/> Exception to hold meeting without person who receives services	Date of last annual IPP:	Click or tap to enter a date.	
<input type="checkbox"/> Exception to hold meeting without legal representative	Date of last 6-month IPP:	Click or tap to enter a date.	
<input type="checkbox"/> Exception to hold meeting outside I/DD Waiver mandated timelines	Date IDT meeting is expected to be held:	Click or tap to enter a date.	

Exception to End of Service Year Modification Timelines

(Service providers may request an Exception to modification timelines if the Case Manager does not request the modification in CareConnection® within 30 calendar days of the member’s anchor date. Attach proof of contact made with Case Management agency.)

Anchor Date:	Click or tap to enter a date.
Service Provider Agency:	Click or tap here to enter text.
Case Management Agency:	Click or tap here to enter text.

Briefly describe the reason for the special request: (attach documentation when applicable):

Click or tap here to enter text.

***Provider should include this form in the clinical record for verification of any approvals as well as attach to person’s next upcoming I/DD-5.**

UMC USE ONLY BELOW LINE

*KEPRO staff should include summary of approval in CareConnection® in record

<input type="checkbox"/> Approved	Date Expires:	Click or tap to enter a date.
<input type="checkbox"/> Not Approved		
<input type="checkbox"/> Additional Documentation Requested (see notes section for more information)		

Notes:

Please know, an approved DD12 does not allow billing to be provided without an active authorization, but rather that the IPP, even if conducted late, is **valid** from the date it is conducted. Proration of services may be necessary as a result of meetings being held late.

Name of UMC staff reviewing request: Click or tap here to enter text.

Email Address: Click or tap here to enter text.