

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Aged and Disabled Waiver Request for Service Level Change

Purpose: To assess an ADW member's need for an increase in their Service Level if the member is a service level A, B, or C and only when there is a substantial change in the member's medical condition.

Note: Members who are appealing a denial of medical eligibility will remain at their current Service Level pending a Medicaid Fair Hearing decision. The UMC will not review a request for an increased Service Level for such members in a hearing status.

1. Service Level Request Type: Choose one:
 - Change in Condition
 - Start New Service Level prior to Anchor Date with recent PAS

2. ADW Member Information:
 - Member's First and Last Name
 - Birth Date
 - Medicaid Number
 - Address to include street, city, state and zip code
 - County
 - Legal Representative, if applicable
 - Phone Number
 - Member/Legal Representative must sign request
 - Enter current PAS date

3. Agency Information:
 - Agency Name
 - Address to include street, city, state and zip code
 - Phone Number
 - Fax Number
 - CM/RN Signature/Date and Member/Legal Representative Signature/Date

4. The following documents must be submitted with the **Request for Service Level Change**:
 - A completed copy of the **Request for Service Level Change** with original signatures, *i.e.*, **"signature of member on file" is not acceptable.**
 - A narrative explaining the need for Service Level Change.
 - A statement from a physician, nurse practitioner or physician's assistant explaining the need for Service Level Change. **Statement must be on the medical professional's letterhead. Applicable Lab results, hospital discharge summary dated no later than one month prior to, or one month following, the request for an increased Service Level.**
 - Current ADW PAS
 - Current Service Plan that includes Personal Attendant Log (PAL)
 - Proposed PAL Update
 - Any additional documentation that substantiates the request.

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4. Information that **will not** be considered includes:

- Verbal or telephonic statements.
- Letters from family, neighbors, friends, or Case Management and Personal Attendant staff **without** an attached MD's, DO's, ANP's or PA's documentation or hospital discharge summary.

5. A completed Request for Service Level Change with all required documentation **must** be submitted to the UMC for review in order to determine whether additional hours are warranted. This request may or may not result in a change in the Service Level. **Send all required documents to: Kepro, 1007 Bullitt Street, Suite 200, Charleston, WV 25301. Fax: 866-212-5053.**

6. Notice of the determination will be sent to the member (or legal representative) and the Personal Attendant Agency, or if a Personal Options member, to PPL.

7. The Personal Attendant Agency **must** notify the appropriate Case Management Agency of the Service Level determination.