

BUREAU FOR MEDICAL SERVICES									
PER		OGRAM & IDD WAIVER DUAL SERVICES REQUEST							
MEMBER DEMOGRAPHICS – TO BE COMPLETED BY THE IDD WAIVER PROVIDER									
Date of Referral		Member's IDDW							
to PC Provider		Anchor Date							
Member's Name		Member's IDDW							
		Record ID							
ITEMS 1-3 MUST BE COMPLETED BY THE IDDW PROVIDER.									
ITEMS 4-5 MUST BE COMPLETED BY THE PC PROVIDER.									
THE PC PROVIDER MUST SUBMIT PAGE 1 OF THIS FORM WITH PC AUTHORIZATION REQUEST.									
1. Member is using (authorized for) the maximum number of Direct Care service units									
	W program.	T							
•	re included in the IDDW	□Child - Units=Click here to enter text.							
	Direct Care services?	□Adult – Units= <u>Click here to enter text.</u>							
	st have 7,320 units/service								
year)									
	st 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		T							
What is the IDDW member's ICAP Service		\Box ICAP Service Level = <u>Click here to enter text.</u>							
Level, as complete	-								
		4-hour staffed setting (must reside in a							
	or adoptive family or speci								
In what type of IDDW residence does the		☐Biological or Adoptive Family							
member reside?		□Specialized Family Care Home							
		□Waiver ISS							
		□Waiver Group Home							
	e a completed Personal Car								
Has the PC PAS ar	d request been submitted?	□PC PAS is completed and attached to the							
		request in PC UMC web portal by the PC Provide							
	e a completed Personal Car								
	_	e IDDW Case Manager, 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 CM.									
	owing been attached in the	☐ Meeting including IDDW and PC providers and							
appropriate web portal?		member/Legal Rep. if applicable was held							
		[DATE]: Click here to enter text.							
		□PC Plan of Care includes a tentative schedule							
		□PC Plan of Care has been attached in IDDW UMC web portal by IDDW CM							

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.

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PERSONAL CARE SERVICES PROGRAM & IDD WAIVER DUAL SERVICES REQUEST

One of the services of the The IDD Waiver services below are defined per policy as Direct Care services. Please note that Respite Care is not considered a Direct Care service in IDD Waiver.

	1100	Hot considered a Direct Care service in IDD Walver.			Adult	Child
					Limit -	Limit -
		Service	Code	Unit	Units	Units
Direct Care Services Day Services		Facility Based Day Habilitation (1:1-2)	T2021U5	15 min	1 11,680 1 units per memb er's service year	
		Facility Based Day Habilitation (1:3-4)	T2021U6	15 min		
	S	Facility Based Day Habilitation (1:5-6)	T2021U7	15 min		
	Vice	Job Development 1:1	T1019HB	15 min		
	Ser	Pre-vocational Training 1:1-2	T2021U1	15 min		
	ay	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		7,320 units per member's service year
		Family Person-Centered Support (1:1)	S5125U5	15 min		
		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)	esidential Person-Centered 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		