

**WEST VIRGINIA I/DD WAIVER
REQUEST TO CONTINUE SERVICES**

Email request in an editable format to wvddwaiver@acentra.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) submitting request:	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.
If an eligibility extension is approved, will CM services be necessary during the hold? If yes, describe what types of services will be provided below.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<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.
Does this include a request for exception to in-person visit as required? If yes, describe below:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Exception to Quarterly Day Visit Requirement				
Indicate the 3-month quarter and describe why a visit could not occur below. Next day visit should take place the following month.			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 <input type="checkbox"/> Exception to hold meeting without legal representative <input type="checkbox"/> Exception to hold meeting electronically/by phone <input type="checkbox"/> Exception to hold meeting outside I/DD Waiver mandated timelines	Date of last annual IPP:	Click or tap to enter a date.
	Date of last 6-month IPP:	Click or tap to enter a date.
	Date IDT meeting is expected to be held:	Click or tap to enter a date.

<input type="checkbox"/> Exception to End of Service Year Modification Timelines Only residential/day service providers may request an Exception to modification timelines. Requests may be submitted 16-30 calendar days after service year ends if the Case Manager does not request the modification in UMC's web portal within 15 calendar days of the member's anchor date. Attach proof of contact made with Case Management agency and completed purchase worksheet including all services/units needed for the relevant service year.	
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.
Outline of Services/Units for modification:	Click or tap here to enter text.

Briefly describe the reason for the special request including dates of contact/attempted contact: (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

*Acentra Health staff should include summary of approval in UMC's web portal in member's record.

<input type="checkbox"/> Approved	Date Expires:	Click or tap to enter a date.
<input type="checkbox"/> Not Approved		

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.