

WAIVER SERVICE REQUEST

Individual/surrogate completes this section of the form to request a change to an existing waiver service, a plan modification, requests for information and new service requests that did not result in team concurrence. The Supports Coordinator (SC) confirms the request by providing assistance or completing the form as necessary based on the results of the team meeting.

1. INDIVIDUAL'S NAME		2. SUPPORTS COORDINATOR'S NAME	
3. SURROGATE'S NAME		4. RELATIONSHIP TO INDIVIDUAL	
5. FUNDING (Please check which funding you receive):		<input type="checkbox"/> Consolidated Waiver <input type="checkbox"/> Person Family Directed Support Waiver	
6. SERVICE CHANGE (Please describe the change in service that is needed at this time, the amount of service needed and the provider chosen to render the service. Remember that a service can only be approved if it is required to meet an unmet need of the individual being served. For multiple requests, please attach additional forms.)			
NAME SERVICE DEFINITION	UNITS OF SERVICE NEEDED	PROVIDER CHOSEN	
CLARIFYING THE REQUEST (Include why these services are necessary to maintain health and welfare and what may have changed in the person's life to warrant the request):			
SIGNATURE			DATE

What happens after this form is completed?

1. **SC submits completed form to SC Supervisor/Manager for Review.**
2. **SC Supervisor/Manager submits form to Administrative Entity (AE) within 10 calendar days.**
3. The AE will review the request and answer the questions on the following page within 20 calendar days.
4. The AE will either approve the request in full, in part, or for a limited time, or will deny the request.

What happens if the AE approves the request in full or partially?

1. If the AE approves the request in full, a critical revision to the ISP is completed, the plan is approved and the change is authorized. The requested service(s) should start within 30 calendar days.
2. If the AE partially approves the request, the partial or time-limited services will be approved through a critical revision to the ISP.
3. A copy of this form will be sent to the individual or surrogate that explains the AEs actions within 30 calendar days of the team meeting.

What happens if the AE denies the request?

1. If the AE denies the request, the AE will send a copy of this request to the individual or surrogate that explains what was denied and why. A copy of the Fair Hearing and Appeal rights will be attached.
2. The individual or surrogate has the right to file an appeal and request a fair hearing. The AE must receive the appeal within 30 calendar days of written notification of denial.
3. The AE will offer a pre-hearing conference and, within 3 business days, notifies the Bureau of Hearings and Appeals and the ODP Regional Office of the results of the conference.

WAIVER SERVICE REQUEST (continued)

4. The Regional Office will conduct a Service Review and forward the results within 15 calendar days of ODPs receipt of the appeal.
5. If the appeal is supported through Service Review, the requested service(s) should start within 30 calendar days of the AEs receipt of the service review.
6. Regardless of the outcome of the Service Review, a Fair Hearing will be held unless the request for a hearing is withdrawn.
7. If the Service Review supports the AE's actions, but the Fair Hearing and Appeal decision grants the individual the requested services, the AE will authorize the approved services within 30 calendar days of the final order from the Bureau of Hearings and Appeals.
8. If the Fair Hearing and Appeal is denied by the Bureau of Hearings and Appeals, individual or surrogate has the right to request Reconsideration by the Secretary of the Department of Public Welfare within 15 calendar days.
9. If the Reconsideration of the appeal is denied by the Secretary of Public Welfare, an appeal may be filed through the Court of Common Pleas.

AE REVIEW OF WAIVER SERVICE REQUESTS

Administrative Entity completes this section. If a question is marked "No", additional instructions will be given on what information is needed to approve the request, or the reason for denial will be provided.

1. Is the requested service eligible under the waiver?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Is the individual eligible for the requested service through the Office of Vocational Rehabilitation, Individuals with Disabilities Education Act or MA/Private insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Is the requested service eligible in the location where the service would be provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Has an assessment been completed which identifies a need for the requested services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Is the requested provider qualified, willing and able to provide the service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Has the provider agreed to a cost-effective rate for the service and signed a Medicaid agreement with the state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SIGNATURE	DATE	

ADMINISTRATIVE ENTITY DECISION

SERVICE REQUEST HAS BEEN REVIEWED AND IS (Please check one):	
<input type="checkbox"/> Fully Approved	<input type="checkbox"/> Partially Approved
<input type="checkbox"/> Approved on a Time-Limited Basis	<input type="checkbox"/> Disapproved
List approved change(s):	
List fully and partially disapproved requests. Clearly state reason(s) for disapproval. Specific references to the current approved waivers and applicable ODP bulletins must be included.	
SIGNATURE	DATE

A copy of this form as well as a copy of the Fair Hearing and Appeal Rights are returned to the SC and the individual or surrogate, and maintained in the individual's file at the AE.