

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Early Intensive Developmental and Behavioral Intervention (EIDBI) Technical Change Request

The EIDBI provider agency uses this form to request a technical change in EIDBI services to an existing approved EIDBI Service Agreement. The provider must consult with parent/legal representative regarding this request. The parent/legal representative's signature indicates that he/she approves of the request.

Instructions

Instructions to complete this form are at [EIDBI Technical Change Request Instructions, DHS-6516A \(PDF\)](#).

When completed, fax the form to 651-431-7447. If you have additional questions, email asd.dhs@state.mn.us.

Information

Service agreement

SERVICE AGREEMENT NUMBER	START DATE	END DATE
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Recipient (verify Medical Assistance eligibility using MN-ITS or call 651-431-4399 or 800-657-3613)

LAST NAME	FIRST NAME	MI	RECIPIENT ID	DATE OF BIRTH
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EIDBI provider agency

AGENCY NAME		PROVIDER NPI/UMPI		
ADDRESS	CITY	STATE	ZIP CODE	
CONTACT NAME	AGENCY PHONE NUMBER		AGENCY FAX NUMBER	

Qualified supervising professional (QSP)

NAME	INDIVIDUAL NPI NUMBER	PHONE NUMBER
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Parent(s)/legal representative(s)

1.	NAME	RELATIONSHIP TO CHILD	PHONE NUMBER
2.	NAME	RELATIONSHIP TO CHILD	PHONE NUMBER

Justification

Provide a rationale for requesting a change to the already approved units requested for EIDBI service.

EIDBI services

In the appropriate service box below, fill in the requested number of units to change. Check if you are requesting an increase or a decrease. The total number of units for EIDBI intervention (group and individual), observation and direction and family/caregiver training and counseling cannot exceed the original approved authorization amount for each service group following the change request.

The only exception to this is a request for an increase for travel time units. It is not necessary to request a decrease for travel units.

PROCEDURE CODE	SERVICE TYPE	MODIFIER (see codes below)	REQUESTED NUMBER OF UNITS	INCREASE/DECREASE
INTERVENTION				
0368T	EIDBI INTERVENTION: INDIVIDUAL (FIRST 30 MINUTES)	HK, HP, HO, HN		Increase Decrease
0369T	EIDBI INTERVENTION: INDIVIDUAL (ADDITIONAL 30 MINS)	HK, HP, HO, HN		Increase Decrease
0364T	EIDBI INTERVENTION: INDIVIDUAL (FIRST 30 MINS)	HN, HM		Increase Decrease
0365T	EIDBI INTERVENTION: INDIVIDUAL (ADDITIONAL 30 MINS)	HN, HM		Increase Decrease
0366T	EIDBI INTERVENTION: GROUP (FIRST 30 MINS)	HK, HP, HO, HN, HM		Increase Decrease
0367T	EIDBI INTERVENTION: GROUP (ADDITIONAL 30 MINS)	HK, HP, HO, HN, HM		Increase Decrease
OBSERVATION AND DIRECTION				
0362T	EIDBI OBSERVATION & DIRECTION (FIRST 30 MINS)	HK, HP, HO, HN		Increase Decrease
0363T	EIDBI OBSERVATION & DIRECTION (ADDITIONAL 30 MINS)	HK, HP, HO, HN		Increase Decrease
0362T	EIDBI OBSERVATION & DIRECTION, TELEMEDICINE (FIRST 30 MINS)	HK, HP, HO, HN, GT		Increase Decrease
0363T	EIDBI OBSERVATION & DIRECTION, TELEMEDICINE (ADDITIONAL 30 MINS)	HK, HP, HO, HN, GT		Increase Decrease
FAMILY/CAREGIVER TRAINING/COUNSELING				
T1027	FAMILY/CAREGIVER TRAINING/COUNSELING: INDIVIDUAL	HK, HP, HO, HN		Increase Decrease
T1027	FAMILY/CAREGIVER TRAINING/COUNSELING: INDIVIDUAL, TELEMEDICINE	HK, HP, HO, HN, GT		Increase Decrease
T1027	FAMILY/CAREGIVER TRAINING/COUNSELING: GROUP	HK, HP, HO, HN, HQ		Increase Decrease
TRAVEL				
H0046	TRAVEL TIME			Increase (decrease n/a)
Modifier code definitions: GT = Telemedicine, HP = Doctoral, HO = Master's degree, HQ = Group, HN = Bachelor's degree, HM = Less than bachelor's degree, HK = Qualified supervising professional				

Signatures

Qualified supervising professional (QSP)

SIGNATURE	DATE
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Parent/legal representative(s)

NOTE: The parent/ legal representative's signature acts as the date of the change request.

1.	SIGNATURE	DATE
2.	SIGNATURE	DATE

When completed, fax this form to 651-431-7447.

651-431-4300 or 866-267-7655

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်,ကိးဘဉ်လိဝဲဒၣ်နီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໄປຮວດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທຮໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (8-16)



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(ADA1[9-15])