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| **MEMBER DEMOGRAPHICS – TO BE COMPLETED BY THE IDD WAIVER PROVIDER** |
| Date of Referral to PC Provider |  | Member’s IDDW 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 in the IDDW program.**
 |
| How many units are included in the IDDW authorizations for Direct Care services?* Child (must have 7,320 units/service year)
* Adult (must have 11,680 units/service year)
 | [ ] Child – Units=Click here to enter text.[ ] Adult – Units=Click here to enter text. |
| 1. **IDDW Member has an ICAP Service Level of 1, 2, 3 or 4 (Service Level ranges from 1 through 9).**
 |
| What is the IDDW member’s ICAP Service Level, as completed by the UMC? | [ ] ICAP Service Level =Click here to enter text. |
| 1. **IDDW Member does not reside in a 24-hour staffed setting (must reside in a biological or adoptive family or specialized family care home).**
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| In what type of IDDW residence does the member reside? | [ ] Biological or Adoptive Family[ ] Specialized Family Care Home[ ] Waiver ISS [ ] Waiver Group Home  |
| 1. **Must have a completed Personal Care PAS.**
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| Has the PC PAS and request been submitted? | [ ] PC PAS is completed and attached to the request in PC UMC web portal by the PC Provider |
| 1. **Must have a completed Personal Care Plan of Care.**
	1. **Must include signatures of the IDDW Case Manager, the Personal Care RN, and member/Legal Representative (if applicable)**
	2. **Must include a schedule outlining when IDDW and PC services are to be provided - THERE MAY BE NO DUPLICATION OF SERVICES.**
	3. **Must be attached in the IDDW UMC web portal by the CM.**
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| Have all of the following been attached in the appropriate web portal? | [ ] Meeting including IDDW and PC providers and 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.

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.

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|   |   | Service | Code | Unit | Adult Limit - Units | Child Limit - Units |
| Direct Care Services | Day Services | Facility Based Day Habilitation (1:1-2) | T2021U5 | 15 min | **11,680** units per member’s service year |   |
| Facility Based Day Habilitation (1:3-4) | T2021U6 | 15 min |
| Facility Based Day Habilitation (1:5-6) | T2021U7 | 15 min |
| Job Development 1:1 | T1019HB | 15 min |
| Pre-vocational Training 1:1-2 | T2021U1 | 15 min |
| 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 |
|   | Family Person-Centered Support (1:1) | S5125U5 | 15 min | **7,320** units per member’s service year |
|   | 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) | 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 |