

Dual Service Provision Request Form (Policy Section 501.18)

PURPOSE: To request approval for the provision of both Aged and Disabled Waiver and Personal Care Services to the same person if the ADW member is a level of care D and requires additional hours of service to meet needs. ***All criteria outlined in policy section 501.18 must be met.***

Member Information

1. Document Member's full name and Medicaid number, and their current ADW service level (Must be level D).
2. Document the time period (***no more than 6 months***) services are requested including start and end dates.
3. Document the number of units **per month** of Personal Care services being requested.
4. Document the **total number of units** of Personal Care service being requested for the entire period

Service Information

1. Document the name of the member's Case Management Agency.
2. Document the name of the member's Homemaker Agency.
3. Check box if the member is a Personal Options member.

Personal Care Provider Information

1. Document the Personal Care agency:
 - Name
 - Address, phone number and fax number.
 - Provider Number
 - Date of the service planning meeting between CM, HMRN, PCRN and member/Legal representative or for someone with personal options, between the PCRN, PPL and the member/legal representative.

2. The dual provision service plan meeting attendees must sign and date the document.
 - Member/Legal Representative
 - PA/HM RN
 - Personal Care RN Signature
 - Case Manager (CM) / Resource Consultant (RC)

Required Data Must be Submitted With This Form:

1. Dual Service Provision Request Form (***must be complete***)
2. Narrative describing how services will be utilized and not duplicated.
3. Current ADW PAS and PC PCMEA
4. Current Member Assessment, (***for traditional option members***), and Personal Care Nursing Assessment.
5. Current Plan of Care or Participant Directed Service Plan (***for Personal Options members***).
6. Proposed Personal Care Plan of Care
7. Any additional documentation that substantiates the request.

Send request with all attachments to:

Innovative Resource Group
100 Capital Street, Suite 600
Charleston, WV 25301
Fax number: 866-212-5053