

WV Personal Care & I/DD Waiver Dual Services Request

MEMBER DEMOGRAPHICS – TO BE COMPLETED BY THE I/DD WAIVER PROVIDER			
Date of Referral to PC Provider		Member’s I/DD Waiver Anchor Date	
Member’s Name		Member’s I/DD Waiver Record ID	

ITEMS 1-3 MUST BE COMPLETED BY THE I/DD WAIVER 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 I/DDW program.	
How many units are included in the I/DD authorizations for Direct Care services? <ul style="list-style-type: none"> Child (must have 7,320 units/service year) Adult (must have 11,680 units/service year) 	<input type="checkbox"/> Child – Units= Click here to enter text. <input type="checkbox"/> Adult – Units= Click here to enter text.
2. Member has an ICAP Service Level of 1, 2, 3 or 4 (Service Level ranges from 1 through 9).	
What is the member’s ICAP Service Level, as completed by the ASO?	<input type="checkbox"/> ICAP Service Level = Click here to enter text.
3. Member does not reside in a 24-hour staffed setting (must reside in a biological or adoptive family or specialized family care home).	
In what type of I/DDW residence does the member reside?	<input type="checkbox"/> Biological or Adoptive Family <input type="checkbox"/> Specialized Family Care Home <input type="checkbox"/> Waiver ISS <input type="checkbox"/> Waiver Group Home
4. Must have a completed Personal Care PAS.	
Has the PC PAS and request been submitted?	<input type="checkbox"/> PC PAS is completed and attached to the request in PC CareConnection© by the PC Provider
5. Must have a completed Personal Care Plan of Care. <ol style="list-style-type: none"> Must include signatures of the I/DDW Service Coordinator, the Personal Care RN, and member/Legal Representative Must include a schedule outlining when I/DDW and PC services are to be provided - THERE MAY BE NO DUPLICATION OF SERVICES. Must be attached in the I/DDW CareConnection© by the SC. 	
Have all of the following been attached in CareConnection©?	<input type="checkbox"/> Meeting including I/DDW and PC providers and member/LR was held [DATE]: Click here to enter text. <input type="checkbox"/> PC Plan of Care includes a tentative schedule <input type="checkbox"/> PC Plan of Care has been attached in I/DDW CareConnection© by I/DDW SC

I/DD Waiver 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.

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- For a child in I/DD Waiver wishing to access dual services, the maximum number of Direct Care units is defined as 7,320 (15-minute) units.
- For an adult in I/DD Waiver wishing to access dual services, the maximum number of Direct Care units is defined as 11,680 (15-minute) units.

The I/DD Waiver services below are defined per policy as Direct Care services. Please note that Respite Care is not considered a Direct Care service in I/DD Waiver.

		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	11,680 units per member's service year		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			