

Office for Citizens with Developmental Disabilities

INSTRUCTIONS FOR THE CHILDREN'S CHOICE WAIVER PLAN OF CARE (POC) REVISION REQUEST

The Plan of Care (POC) Revision Request is designed to document any revision(s) to the original, APPROVED POC. Only the participant and/or family/guardian can make a request to the support coordinator for a revision to be made to the services currently delivered. The support coordinator will then contact the service provider to begin the process of working out the details of the request, staffing, hours, etc., and will be responsible for submitting the request. **The Local Governing Entity (LGE) must approve the request before implementation of changes can occur. Revision requests never change the beginning or ending dates of the current plan of care.**

A copy of the current Children's Choice Services Balance report must be submitted with all revisions to the Plan of Care. All related documents (e.g., medical reports, prescriptions, evaluations, letters, etc.) will be attached to the requested revision to support the justification. If needed, the LGE will request a new schedule page to accompany the revision request.

Revision #: Enter the revision number here. (Example: Revision #1, Revision #2, etc.)

Participant Name: Enter the name of the Participant.

Medicaid #: Enter the participant's Medicaid number.

POC Begin Date: Enter the POC Begin Date.

POC End Date: Enter POC End date.

Support Coordination Agency: Enter the full name of the support coordination agency that is submitting the revision.

Phone #: Enter the agency phone number in which the support coordinator may be contacted should further clarifications be necessary.

Type of Revision:
Routine or Emergency: Enter by checking or marking an "x" in the space provided, indicating whether the revision request is a routine request or an emergency request.

Date Revision Request Submitted to Waiver Office: Enter the date of revision request submission to Waiver Office.

Date of Participant Request: Enter the date the participant notified the support coordinator of the need for the revision.

Column 1, Provider's Full Name: Spell it out provider's full name. Do not use initials.

Column 2, Provider's Number: Enter the correct provider numbers in this column.

Please refer to the Children's Choice provider manual for the following:

Column 3, Service Type: Enter the type of service.

Column 4, Procedure Code: Enter the procedure code.

Column 5, Monthly Charge: Enter the monthly charge.

Column 6, # of Units Not hours: Enter the number of units, not hours.

Column 7, Cost per Units: Enter the cost per unit.

Column 8, Yearly Costs: Every service will have a yearly cost. Enter the amount of yearly cost. For simplicity, the cost of support coordination is already included in the format. It is \$1,500. The number of units, times the cost per units will give you a yearly cost for the other services.

If participant utilize Permanent Supportive Housing (PSH) services, a maximum number of units will be budgeted at beginning of POC year. Participant must utilize 1 unit of PSH services monthly. If participant move out of PSH unit, any unused annual funds will be returned to CC budget.

Column 9, Admin. Fees: Some services have an administrative fee. Enter the amount of the administrative fee for the service(s), if applicable. If participant utilize Self-Direction Option, note the administration fee to be budgeted annually. If participant wish to discontinue Self-Direction option, administrative fee will be pro-rated on the first (1st) date of the following month.

Column 10, Requested Start Date: Indicate when do you want the service(s) to begin. (NOTE: Must allow at least a seven day turnaround time from the LGE.)

Column 11, End Date: Enter ending date of service(s). Unless this is a service that will be completed in a short amount of time such as a home modification, the End Date will be the POC end date.

- Indicate Yearly Totals and the Grand Total for all services.
- Signature of the support coordinator, the date the request is signed.
- Signature of the Children's Choice Provider and the date the request is signed.
- Signature of the LGE staff and the date the request is signed is necessary in this section.

FOR LGE STAFF:

This last line is to be filled out by the LGE staff for review and appropriate determination. Once approved or denied, the representative will mail a copy of the OCDD-CC-CPOC Revision to the appropriate support coordinator. Original request will be kept in the participant's file.