

INSTRUCTIONS FOR THE CHILDREN’S CHOICE WAIVER CPOC REVISION REQUEST

The CPOC Revision Request is designed to document any revision(s) to the original, OCDD APPROVED CPOC. Only the recipient 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 is responsible for submitting the request. The Office for Citizens with Developmental Disabilities (OCDD) Regional Waiver Supports and Services Office or Human Services Authority or District must approve the request before implementation of changes can occur. **Revision requests never change the beginning or ending dates of the current care plan.**

Documents, such as, medical reports, prescriptions, evaluations, letters, etc, should be attached to the requested revision to support the justification. If needed, the OCDD Regional Waiver Office or Human Services Authority/District will request a new schedule page to accompany the revision request.

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

Recipient Name: Enter the name of the Recipient.

Medicaid #: Enter the Medicaid number.

CPOC Begin Date: Enter the CPOC begin Date.

CPOC End Date: Enter CPOC end date.

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

Phone #: Enter the 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, whether the revision request is a routine request or an emergency request.

Date Revision Request

Submitted to OCDD: Enter the date.

Date of Recipient Request: Enter the date the recipient notified the support coordinator of the need for the revision.

Column 1, Provider’s Full Name: Spell it out. Do not use initials.

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

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

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

Column 4, Procedure Code: Enter the type of 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. 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.

Column 9, Admin. Fees: Some services have an administrative fee. Enter the Amount of the Administrative fee for the support.

Column 10, Requested Start Date: When do you want the services to begin? Must allow at least a seven day turn around time from the OCDD Regional Waiver Office or Human Services Authority/District.

Column 11, End Date: Unless this is a service that will be completed in a short amount of time such as a home mod, the End date will be the CPOC end date.

Indicate all 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 OCDD Regional Waiver Office or Human Services Authority/District and the date the request is signed is necessary in this section.

This last line is to be filled out by the OCDD Regional Waiver Office or Human Services Authority/District 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 recipient’s file.