

Department of Health/Developmental Disabilities Supports Division
DD WAIVER STANDARDS REQUIREMENT FOR PRIOR AUTHORIZATION BY DDSD REGIONAL OFFICE
PROVIDER REQUEST FORM

Name of Requestor: _____ Agency: _____ Phone Number: _____ Fax Number: _____

Specify Address where DDSD should send response: _____

TYPE 1 ACTION: SERVICE AUTHORIZATION

Instructions: Check the type(s) of prior authorization being requested. For information about how to justify this request, refer to the "documentation required" column below.

Submit this form and justification to: DDSD Regional Office that is applicable to the individual's address.

Name of Individual: _____ SS#: _____

Regional Office: Metro NW NE SE SW

Request is applicable to (check one): Current ISP Proposed ISP NM DD Waiver Assignment: _____

Annual ISP Dates: _____ To: _____ Requested Effective Dates: From: _____ To: _____

DD Waiver Service Standards 2007

Type of Action/Authorization Requested: (Check all that apply):

1. ___ Supported Employment ARA Exceptions
2. ___ Supported Employment UNDER age 18 (annual approval required)
3. ___ In-Home Adult Habilitation
4. ___ Community Access for third individual
5. ___ Adult Habilitation UNDER age 18 (annual approval required)
6. ___ Behavioral Support Consultation Exception to ARA (OBS)

7. ___ Family Living Services for three or more individuals with DD in same home
8. ___ Personal Support Services by Family Member
9. ___ Request for Outlier **Renewal** for: Supported Living
 Adult Habilitation
10. ___ Environmental Modifications – Assessment and Referral by other than OT
11. ___ Environmental Modifications – Packet for Review and approval by DDSD
12. ___ Tier III Approval-Prior Approval obtained through OBS
 in individual's residence (per 15 minute unit rate)
 in alternate residential setting (daily rate)
13. ___ 14-Day EMERGENCY APPROVAL of services (indicate services): _____

Documentation Required – Refer to:

- DD Waiver Service Standards 2007 page 74
- DD Waiver Service Standards 2007 page 68
- DD Waiver Service Standards 2007 page 86
- DD Waiver Service Standards 2007 page 81
- DD Waiver Service Standards 2007 page 83
- DD Waiver Service Standards 2007 page 36
- Submit ARA, ISP, PBSA/PBSP, 2 quarterly reports and letter of explanation
- DD Waiver Service Standards 2007 page 91
- DD Waiver Service Standards 2007 page 126

- DD Waiver Service Standards 2007 page 106-111
- DD Waiver Service Standards 2007 page 106-111
- DD Waiver Service Standards 2007 page 157

Note: Parents will not be approved as a Family Living Provider for children under the age of 18 years old. NO EXCEPTIONS.

Note: All requests for Community Living Services for children under the age of 18 years old requires final approval by the DDSD Division Director annually. Please contact the Regional Director for more information.

DD Waiver Service Standards Revised April 23, 2013

Type of Action/Authorization Requested: (Check all that apply):

1. ___ Additional hours of Intensive Community Integrated Employment Services
2. ___ Community Integrated Employment UNDER age 18 (annual approval required)
3. ___ Individual Intensive Behavioral Customized Community Supports-
Prior Approval obtained through local Regional Office OBS
4. ___ Customized Community Supports UNDER age 18 (annual approval required)
5. ___ Customized Community Supports Individual (CCSI) In-Home Services
6. ___ Family Living Services for three (3) or more individuals
with DD in the same home, but only 2 are on the DDW
7. ___ Environmental Modifications – Assessment and Referral by other than OT
8. ___ Environmental Modifications – Packet for review and approval by Regional Office
9. ___ Crisis Supports-Prior Approval obtained through local Regional Office OBS
 in individual's residence (per 15 minute unit rate)
 in alternate residence setting (daily rate)
10. ___ Preliminary Risk Screening and Consultation Related to Inappropriate
Sexual Behavior-Prior Approval obtained through OBS
11. ___ Intensive Medical Living Services

Documentation Required – Refer to:

- Guidelines for the Approval of Additional Hours of ICIE dated 12/1/14
- DD Waiver Service Standards 2013 page 73
- DD Waiver Service Standards 2013 page 92

- DD Waiver Service Standards 2013 page 93
- CCSI In-Home Services Policy and Procedure effective 1/15/15

- DD Waiver Service Standards 2013 page 131
- DD Waiver Service Standards 2013 page 120-126
- DD Waiver Service Standards 2013 page 120-126
- DD Waiver Service Standards 2013 page 113-114

- DD Waiver Service Standards 2013 page 226

- DD Waiver Service Standards 2013 page 171-190

DDSD NOTICE OF ACTION ON PRIOR AUTHORIZATION

Date Received: _____ Date Sent to Requestor: _____

Reason Returned (Comments): _____

RFI (Comments): _____

Denied (Comments): _____

Approved Effective Dates: From: _____ To: _____ When applicable, Total Units approved: _____

Reviewer(s): _____

DD WAIVER STANDARDS REQUIREMENT FOR PRIOR AUTHORIZATION BY DDSD REGIONAL OFFICE

DDSD will respond no later than 30 calendar days with the Notice of Action completed (above). If your request is incomplete or denied, you may resubmit with additional information (or as outlined in the justification packet dependant on the request).

SUPPLEMENTAL INFORMATION ON DENIAL OF PRIOR AUTHORIZATION REQUEST

This decision is based upon the documentation you submitted and the reason stated above.

Appeal

You can ask for a hearing if you do not agree with what we have told you in this Notice of Denial. You have 90 days (plus 3 days mailing) to ask for a hearing.

You can ask for a hearing by calling or writing to:

**New Mexico Human Services Department Administrative Hearings Bureau
P.O. Box 2348
Santa Fe, New Mexico 87504-23248
Telephone: 505-827-8164
Toll-free 1-800-432-6217, option 6
Fax: 505-827-8157**

At the hearing, you have the right to present evidence and witnesses. You have the right to see your file, documents on which the decision was based, and the rights to have a friend or family member, spokesperson, or attorney represent you. Hearings are usually held by telephone at the Income Support Division field office nearest you. The Administrative Hearings Bureau will advise you about the date, time, and place of your hearing.

cc: Guardian
DD Waiver Individual
Individual requesting Prior Authorization from DDSD