

Request for Extraordinary Funding

Member Name:

Requesting CSP:

Medicaid ID:

CSP Phone number:

Tier Rate:

CSP Contact Name:

Date of Request:

CSP Email:

Checklist:

- Summary Page(s)
- Equipment and Supplies Form
- Direct Care Staffing Form- Day
- Direct Care Staffing Form- Res
- Average Hourly Wage Calculation Worksheet
- Threshold Calculation Sheet- Res
- Threshold Calculation Sheet- Day
- Person Centered Support Plan
- Behavior Support Plan (if applicable)
- Health Information (if applicable)
- Payroll forms
- Audit to cost tool

MCO Findings:

- Approved
- Denied
- Face to Face Needed
- Temporary Approval

MCO Comments:

Signature:

Date:

Request for Extraordinary Funding

Summary Pages for Extraordinary Funding Request when using the Excel Workbook

BEHAVIORAL ISSUES

This section contains a detailed account of the behavioral issues the individual is experiencing and how they are prevented and/or managed. Attach a copy of the individual's behavior support plan as well as summarized and interpreted data for the last year.

MEDICAL NEEDS

What, if any, special medical needs does the person have? Attach a copy of the individual's health information as well as summarized and interpreted data for the last year.

STAFFING NEEDS

This section contains a detailed account of the times of day and reasons that you think the individual needs increased staff support beyond that provided within the regular tier rate. State when staff is awake and when staff is asleep.

ADDITIONAL STAFF TRAINING

This section describes additional staff training required to effectively support the person and individualized to that person's needs.

EQUIPMENT/SUPPLIES

This section lists any supplies or equipment needed by the individual that is not covered by their Medicaid card and that add to the cost of the POC, as well as an explanation for why they are needed.