

## REQUEST FOR PLAN OF CARE EXPENDITURE EXCEPTION

Case Management Agency: _____	Medicaid Provider ID#: _____
Case Manager: _____	Phone: (____) _____ Fax: (____) _____
Recipient's Medicaid ID #: _____	Date of Birth: _____

Provide a brief type written narrative that describes the following:

Recipient's current medical condition. Include functional limitations and opportunistic illnesses.	
Reason and justification for additional expenditures, including anticipated outcomes.	
Please check the documentation included.	<input type="checkbox"/> Physician's Prescription <b>Current:</b> <input type="checkbox"/> Level of Care (CARES) <input type="checkbox"/> Plan of Care <input type="checkbox"/> Social Needs Assessment  Acuity Level: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High  Itemized cost list and work orders* for <input type="checkbox"/> Environmental Accessibility Adaptations <input type="checkbox"/> Specialized Medical Equipment and Supplies  * Include a description of the item(s), quantity, manufacturer/model/serial number/parts and special features if applicable, comparable market cost per unit and total cost.



## PAC WAIVER EXCEPTION REQUEST PROCESS

A completed **Request for Plan of Care Expenditure Exception** must be submitted to the regional office of the Disease Management Organization (DMO) for AIDS, when:

- ❑ The total costs for PAC waiver services exceed \$1000 per month.
- ❑ Services not included under recipient's assessed Acuity Level\* are needed.
- ❑ Services are needed in excess of maximum limits.

The case manager submits a completed Request for Plan of Care Expenditure Exception form and supporting documentation to the Regional Office for the DMO.

Staff at the DMO will date stamp the form on receipt and review it for completeness. Requests that are incomplete will be returned to the case manager within 5 working days with a note describing the additional documentation needed.

The DMO staff will review requests that are complete and have adequate supporting documentation. The request will be processed and determined as Approved, Partially Approved or Denied. The written determination will be sent to the Case Manager within 5 working days and copied to the Medicaid PAC waiver liaison and the PAC waiver program analyst at headquarters.

If approved, the Case Manager will proceed to update the plan of care and coordinate access to the authorized services.

The DMO will track the requests that are received and submit monthly reports to the PAC waiver program analyst on the number and nature of the requests that were submitted, and outcomes.

Note: \**Acuity Levels* are determined following the completion of a Comprehensive Needs Assessment that is comprised of a Social Needs Assessment and a Medical Needs Assessment.

*Comprehensive Needs Assessments* are completed when a recipient:

- Is new to the PAC Waiver and does not have an Acuity Level; or
- Has a changed health status that requires a re-evaluation of their Acuity Level; or
- Has not had a Comprehensive Needs Assessment within the last 12 months and has not received an Acuity Level.