



## ICF/DD Services During the Day Option

The case manager must notify DHS that services during the day are being planned. Notice must be submitted prior to the service(s) being delivered. Once notice is received, the DHS will determine the rate for the Services During the Day Option.

### County information

COUNTY OF FINANCIAL RESPONSIBILITY:		DATE SUBMITTED:
CASE MANAGER: FIRST NAME		LAST NAME:
PHONE NUMBER:	E-MAIL:	

### Participant information

PERSON'S NAME:	PERSON'S PMI:
----------------	---------------

### Participant retirement status prior to this application

FULL: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PARTIAL: <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF DAYS PER WEEK (IF PARTIAL):	
ICF/DD FACILITY:	MA PROVIDER NUMBER:

### DT & H provider of services prior to this application

DT & H PROVIDER:	MA PROVIDER NUMBER:
COUNTY OF CURRENT DT & H PROVIDER:	

### Action requested - Check one and provide information

<input type="checkbox"/> NEW SERVICE	<input type="checkbox"/> CHANGE IN SERVICE DAYS	<input type="checkbox"/> END OF SERVICE
BEGIN SERVICE DATE:	OLD NUMBER OF DAYS:	END SERVICE DATE:
NUMBER OF DAYS:	NEW NUMBER OF DAYS:	
	BEGIN CHANGE IN SERVICE DATE:	

### Active treatment and individual choice

Choice of providers was offered, informed consent was obtained, ISP revised:	<input type="checkbox"/> YES
Planned services during the day comply with Federal Active Treatment requirements:	<input type="checkbox"/> YES

### If no, then application cannot be authorized.

Return this application:	Mail to: ICF/DD POLICY: DHS, PO Box 64967, St. Paul, MN 55164-0967
	Fax to: ICF/DD POLICY: 651-431-7411
	Questions call: 651-431-4300 or 866-267-7655