Instructions to complete the EIDBI Technical Change Request for Service Agreement (DHS-6516)

The EIDBI provider agency uses the Early Intensive Developmental and Behavioral Intervention (EIDBI) Technical Change Request form, DHS-6516 (PDF) to request a technical change services to an existing approved EIDBI service agreement. Use these instructions to complete the form.

NOTES

• The provider must consult with parent/legal representative about the request. The parent/legal representative must sign the request to indicate he/she approves of the request.
• A change request only may be made following the approved end date of the existing approved service agreement.
• All EIDBI services requested on the existing approved service agreement must have been completed by the time the change request is submitted.
• A provider may only submit a change request one time per service agreement.

Examples of when/how to use form

• Provider used more group intervention services than what was previously requested (i.e., group intervention services must have been approved on the current service agreement). In turn, using less individual intervention services. Therefore, the provider may request to decrease units of 97153 (individual) and increase units of 97154 (group).
• Provider conducted more family/caregiver training and counseling services individually rather than in a group. Therefore, the provider may request an increase in 97156 and decrease units of 97157.

Information

SERVICE AGREEMENT
Indicate the:
1. Approved service agreement number (that you request the change for)
2. Start date in m/d/yyyy format
3. End date in m/d/yyyy format.

RECIPIENT
Enter the person’s:
1. Complete legal last name, first name and middle initial
2. 8-digit PMI or recipient number
3. Date of birth in m/d/yyyy format.

EIDBI PROVIDER AGENCY
Enter the provider agency’s:
1. Name
2. NPI number
3. Address, city, state and zip code
4. Contact person’s name
5. Phone number
6. Fax number.

QUALIFIED SUPERVISOR PROFESSIONAL (QSP)
Enter the QSP’s
1. Name
2. Phone number.
PARENT/LEGAL REPRESENTATIVE(S)
INFORMATION

Enter the following for both parent/legal representative(s) (if applicable):
1. Name
2. Relationship to the person
3. Phone number.

Justification

Provide the rationale for a change to the already approved units for EIDBI Intervention services, observation and direction and/or family/caregiver training and counseling.

- The justification must support the need to increase and/or decrease the units of each service
- The adjustment in units must not alter the overall total amount of units approved on the service authorization for each service type (i.e., EIDBI intervention [group and individual], observation and direction or family/caregiver training and counseling).

NOTE

- Requesting additional units of any service beyond the total units approved on the approved service agreement, other than Travel Time, is not allowed.
- The justification must not interfere with the overall treatment recommendations on the person’s CMDE and ITP.

Services

Determine the service area(s) you request a change to and complete those that apply. For each service:

1. Check the procedure code requested
2. Enter the total number of units you request to change
3. Indicate if you are requesting an increase or decrease (except for Travel Time, as that can only increase).

NOTE

- You can only make a change request for the same type of service the units originally were approved for (e.g., if you request an increase in units for group intervention code 97154, you must decrease units of individual intervention 97153).
- The request must not increase the overall total of units approved. If you need an increase in overall units (e.g., treatment intensity), you must make the request in the upcoming Individualized Treatment Plan (ITP) progress monitoring update section for a future service authorization.
- Travel time may only be increased. It cannot decrease from the previously approved service authorization.
Signatures

Obtain the following signatures:

1. QSP
2. Parent/legal representative 1
3. Parent/legal representative 2 (if applicable).

NOTE

Signatures can be either electronic or physically signed. Electronic signatures automatically will record the date. If physically signed, the signee must indicate the date the form was signed. The parent/legal representative’s signature acts as the date of the change request.

Submission

Fax the completed form to DHS at 651-431-7447.