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 line item on the service agreement.
- If you request an increase or decrease, you must request a corresponding increase or decrease within the same service group (i.e., intervention or family/caregiver training and counseling).
- All EIDBI services requested on the existing approved service agreement per line item must have been completed by the time the change request is submitted. In other words, the six-month time span must be completed before the provider can request a technical change, even if the entire time span of the whole service agreement has not ended.
- A provider may only submit a change request one time per six-month time span 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 must 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 must request an increase in 97156 and decrease units of 97157.

Information

ADMINISTRATIVE CONTACT

Enter the following for the person at your agency completing this request:

1. First name
2. Last name
3. Phone number
4. Today’s date in m/d/yyyy format.

SERVICE AGREEMENT

Indicate the:

1. Approved service agreement number (for the requested change)
2. Start date of line item in m/d/yyyy format
3. End date of line item in m/d/yyyy format.
PERSON WHO RECEIVES SERVICES
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. Email address
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, 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] or family/caregiver training and counseling [group and individual]).

NOTES
- You cannot request additional units of any service beyond the total units approved on the approved service agreement.
- The justification must not interfere with the overall treatment recommendations on the person’s Comprehensive Multi-Disciplinary Evaluation (CMDE) and Individual Treatment Plan (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 an increase and the decrease within each service group requested (i.e., intervention or family/caregiver training and counseling).
NOTES

- 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 ITP and submit to the medical review agent.
- If you exceed the service limit for a specific service code, you will need to complete the EIDBI Authorization Request form, DHS-3806, (PDF) and submit it to the medical review agent. For instructions on how to complete and submit the form, see Instructions to complete the EIDBI Authorization Request form, DHS-3806A, (PDF).

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.