FY 2009 SRS/CDDO Notification Form

This form is to be used by CDDOs to notify HCP-CSS when a person leaves HCBS-MR/DD waiver services or when a person has been defined to be in crisis and accesses new or additional HCBS-MR/DD services. For persons leaving services, this form is to be submitted within 14 days of the date the person is closed in BASIS. For persons approved for new or additional services, this form is to be submitted within 14 days of the Effective Date of Service Change (initial date the services begin).

Section 1:

CDDO Area: Contact Person: Phone Number:

Consumer Name: Tier: Age:

Social Security Number:

Effective Date of the Service Change: Review to be conducted by (date):

Section 2: (To be completed only for persons determined in crisis and accessing new or additional services)

Crisis Criteria Met: (Mark all that are applicable)

☐ Person is at significant, imminent risk of serious harm to him/herself or others in his/her current situation.
☐ Person requires protection from confirmed abuse, neglect, or exploitation or written documentation of pending action for the same.

Section 3: Approved New or Additional Services with Cost Calculations New Access ☐ Additional Access ☐

Service	Units Approved for Remainder of FY	Rate per unit	Total Cost for Balance of KFY 09
Total			

Section 4: Reason for Leaving Service (To be completed only for persons leaving services)

☐ Deceased
☐ Moved: The person left the state or CDDO area, with no plans to seek services in another CDDO area
☐ Self (family) removal: The person or his or her family or guardian removed the person from services
☐ Terminated: The CDDO terminates services to the person
☐ Determined no longer eligible for waiver services
☐ Admitted to Nursing Facility
☐ Service Conversion
☐ Other (please describe) _____

Section 5: Costs Eliminated Due to Changes:

Service	Units Approved for Remainder of FY	Rate per Unit	Total Cost Eliminated for FY 09
Total			

Submit **Reset**