SECTION
APPENDIX

SUBJECT
Authorized Services for Incurment (DPHHS-AMDD-131)

PURPOSE

The AMDD-131 form is to assist county eligibility technicians in determining which Home and Community Based services a HCBS individual can use toward their incurment. Services listed on this form must be those services prior-authorized by the case management team serving the individual. The form will be especially useful for individuals in adult residential who can use their incurment to pay for their services in an assisted living facility or adult foster home.

DISTRIBUTION

The CMT sends the white copy to the county office of public assistance keeps the yellow copy and sends the pink copy to the individual.

INSTRUCTIONS

Client Name—Enter the name of the individual.

SSN—Enter the individual's social security number.

Waiver Case Manager—Enter name of case manager filling out form.

Phone No.—Enter phone number of the case manager.

Agency—Enter agency name of case management team.

Initial Screen—Enter date of

Change—Enter date of

Services Used for Incurment— Enter the starting date of the service that the individual will use toward their incurment. Enter name of the service, the number of units to be assigned toward the incurment, the cost per unit and the total monthly cost. In the case of Adult Residential, the number of "Units" is the number of days it will take to meet the incurment amount being used and the "Cost Per Unit" is the daily rate. Also put the provider's name and provider number on the form.

For example; if an individual entered an AR facility January 1, 2006:

Original Date of Service:	January 1, 2006
Service:	Adult Residential Care
Units:	Enter the number of days it will take to meet the incurment amount.

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Cost Per Unit	Enter the daily rate.
Amount applied to monthly incurment	Enter the monthly amount to be used to meet incurment.
Grand Total Month:	The total dollars the individual will spend per month for HCBS services.

The last section states that the selected services will not be payable by Medicaid during the relevant time period. This means that HCBS will not pay for the days the individual is covering with his/her incurment because those days will not have been prior authorized for Medicaid payment by the case management team.

Case Manager's Signature—The case manager filling out the form signs and dates.