WV Personal Care & Waiver Dual Services Request				
Personal Care for Persons Receiving Waiver Services				
A copy of this Request Form must be maintained in the member record.				
Required Documentation: If this form is not complete, it cannot be processed and will be returned.				
Please 🗹 mark attachments for the appropriate level request.				
Personal Care Provider	Personal Care Pro	ovider		
(Agency Name)	NPI			
Provider Address				
Contact Person Name	Contact Person			
	Telephone Num	ber		
Date of Submission				
FYI: All requests for Personal Care must be submitted by the PC provider into the Personal Care				
CareConnection <sup>©</sup> system. All required information must be attached in the system before a request can be				
considered.				

Member Information				
Member Name		Member Medicaid Number		
Level of Personal Care Services Requested				
Selecting a Level below satisfies the Policy Manual requirement to indicate "number of hours requested."				
	Personal Care Level 1	Personal Care Level 2		
PC and ADW or I/DDW   For questions, call 844-723-7811				
□ Aged and Disa	abled Waiver (ADW)			
$\Box$ Member receives ADW at Service Level D		□Intellectual/Developmental Disabilities Waiver		
□Current ADW PAS		(I/DDW)		
$\Box$ ADW Member Assessment (N/A for Personal		WV Personal Care & I/DD Waiver Dual Services		
Options)		Request form		
$\Box$ ADW Participant-Directed Service Plan (N/A for		Request form		
Traditional)				
Personal Care Plan of Care – completed by PC				
RN				
PC and TBIW   For questions, call 866-385-8920				
Traumatic Brain Injury Waiver (TBIW)				
$\Box$ Member needs more than max Personal Attendant services hours available through TBIW				
□Current TBIW PAS				
TBIW Member Assessment				
$\Box$ Personal Care Plan of Care – completed by PC RN				
TBIW Service Plan				

Member/Legal Representative Signature Date

PA/Homemaker RN Signature

Date

Personal Care RN Signature

Date

CM/RC/SC Signature

20160907 Personal Care – Dual Services Request Form