



# DDP1 SUPPLEMENT

**Instructions:** This form must be completed by the Agency/Provider and attached to the DDP1 when submitting to enroll an individual in a *new service*. When requesting a change in service amount (units) for an *existing service*, this form should be completed (no DDP1 required) and submitted to the DDRO.

This form must be submitted for any of the following services:

- ✓ Day Habilitation
- ✓ Community Habilitation
- ✓ Community Pre-Voc
- ✓ Site-Based Pre-Voc
- ✓ Hourly Respite
- ✓ SEMP
- ✓ Pathway to Employment
- ✓ Free Standing Respite

**< PLEASE COMPLETE THE SECTIONS BELOW >**

| CHECK the TYPE OF REQUEST  |   |   |  |       |
|--|---|---|--|-------|
| <input type="checkbox"/> Requesting enrollment in a <b>NEW SERVICE</b>                           |   |   | <input type="checkbox"/> Verification of Medicaid (current/appropriate coverage type) and Waiver enrollment as of today's date |       |
| <input type="checkbox"/> Requesting an <b>INCREASE IN SERVICE AMOUNT</b> for an existing service |   |   |  |       |
| <input type="checkbox"/> Requesting a <b>DECREASE IN SERVICE AMOUNT</b> for an existing service  |   |   |  |       |
| DEMOGRAPHIC INFORMATION  |   |   |  |       |
| INDIVIDUAL'S NAME  | LAST  | FIRST   | M  |       |
| TABS ID:   |   |   |  |       |
| SERVICE AMOUNTS  |   |   |  |       |
| Specific Service Type  | TABS Program Code   | Total Service Amount  |  |       |
|  |   | UNITS/YEAR* (for fraction, 1/2 unit = .50) <i>see key at bottom of form</i> |  |       |
| FIRST DAY OF BILLABLE SERVICE INITIATION DATE (projected) AND FUNDING                            |   |   |  |       |
| SERVICE START DATE:  | MO  | DAY   | YR   |       |
| FUNDING SOURCE:  | <input type="checkbox"/> Check here if new units will be required to support this request |   |  |       |
| PROVIDER CONTACT INFORMATION   |   |   |  |       |
| PROVIDER STAFF COMPLETING FORM: (print)  |   | PHONE NUMBER:   |  |       |
| TITLE or POSITION:   |   | (    )    -    extension:   |  |       |
|  |   | EMAIL ADDRESS:  |  | DATE: |
|  |   | @    .  |  |       |

**NOTE:** REQUESTS FOR NEW FUNDING ARE SUBJECT TO REVIEW BY THE REGIONAL OFFICE.

| UNIT CONVERSION KEY  |   |
|--|---|
| Service Type   | Unit to Hour Conversion                 |
| Group Day Habilitation   | 1 unit = 4+ hours. 1/2 unit = 2-4 hours |
| Supplemental Group Day Habilitation  | 1 unit = 4+ hours. 1/2 unit = 2-4 hours |
| Community Habilitation   | 1 unit = 15 minutes                     |
| Community Pre-Voc (NSB)  | 1 unit = 15 minutes                     |
| Site-Based Pre-Voc   | 1 unit = 15 minutes                     |
| Free Standing Respite - IRAs   | 1 unit = 15 minutes                     |
| Hourly Waiver Respite  | 1 unit = 15 minutes                     |
| <i>Tip: to calculate units annually, determine number of units required per week and multiply times 52 weeks</i> |   |
| <i>* For SEMP and Pathway to Employment, enter "0" as the service amount.</i>                                    |   |

| For Internal/Regional Office Use Only                        |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Follow-up with SC/provider required | Name of DDRO Staff Reviewing: _____ |
| Form Revised 06/26/2015                                      |                                     |