



PRELIMINARY AUTHORIZATION TO PROVIDE MEDICAID WAIVER SERVICES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 AGING SERVICES-HOME AND COMMUNITY BASED SERVICES
 SFN 410 (7-2021)

By accepting this Preliminary Authorization to Provide Services, the provider agrees to provide the services in accordance with standards and conditions agreed to in signing the Medical Assistance Program Provider Agreement as a designated qualified service provider. If an authorization is for multiple providers, the monthly total authorized dollars/units for an individual may not be exceeded by the combined providers. This preliminary authorization is time limited and is not a guarantee of payment for services. Individual eligibility for Medicaid can be verified by calling VERIFY at 1-800-428-4140 or 701-328-2891. Individuals may be responsible for recipient liability fee that is payable to the provider. Provider is responsible for maintaining documentation supporting services provided. This is a preliminary authorization to provide services. Final units, dates, and dollar amounts will be entered for billing and will be reflected on an approved pre-authorization form.

Qualified Service Provider(s) Name (Last, First)		QSP Number	
QSP Physical Address	City	State	ZIP Code
Individual Name (Last, First)	Individual Identification Number ND	Telephone Number	
Address	City	State	ZIP Code
Rural Differential Tier (choose one) <input type="checkbox"/> RD1 <input type="checkbox"/> RD2 <input type="checkbox"/> RD3		RD Removed Date	
Authorization Start Date		Authorization End Date	

Service(s) Authorized: Please all authorized services, unit/daily rate, units, and record dollar amount for the service(s).

Service	Code	Unit/Daily Rate	Units	Not to Exceed Total	Service	Code	Unit/Daily Rate	Units	Not to Exceed Total
<input type="checkbox"/> Community Transition Services Set up Exp	T5999				<input type="checkbox"/> Specialized Equipment	T2028			
<input type="checkbox"/> Environmental Mod	S5165				<input type="checkbox"/> Transition Coordination	T2038			

A typed signature is legally binding and equivalent to a handwritten signature.

Annual/Initial Authorization - Case Manager Signature	Date
Provider Signature	Date
Authorization Canceled - Case Manager Signature	Date

DISTRIBUTION: **Original** - Qualified Service Provider **Copy** - Client's Case File **Copy** - Client **Copy** - State Office

SERVICE DESCRIPTIONS

Specialized equipment includes supplies, safety devices, or assistive technology that enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. Coverage may include the cost of set up, maintenance, and upkeep of equipment, and may also include the cost of training the participant or caregivers in the operation and/or maintenance of the equipment. Specialized Equipment may also include an assistive technology assessment.

The purpose of **Environmental Modification Service** is to modify a recipient's or family member's home to enhance the recipient's ability to function as independently as possible in the home or family member's home. Examples of allowable home modifications include but may not be limited to the following: labor and materials to widen doorways to accommodate wheelchair, installation of a wheelchair ramp, installation or relocation of plumbing and/or electrical systems to accommodate personal care needs, modification of a kitchen, installation of ramps, grab bars, etc.

The purpose of **Community Transition Services** is to assist eligible individuals transitioning from an institution or another provider-operated living arrangement to a living arrangement in a private residence where the individual is directly responsible for his/her own living expenses and needs non-recurring set-up expenses. When Community Transition Services are furnished to individuals returning to the community from a Medicaid institutional setting through entrance to the waiver, the costs of such services are considered to be incurred and billable when the individual leaves the institutional setting and enters the waiver. If, for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition), Community Transition Services may be billed to Medicaid as an administrative cost. Community Transitions Services may include: assisting with finding housing to include searching, coordinating deposits, and/or utility set-up, helping participants set up their households by identifying needs, helping with shopping, and/or selection of household goods, arranging the actual move by getting things out of storage and/or finding movers, identifying the community in which the participant wants to live, identifying and coordinating transportation options for the move, and assisting with community orientation to locate and learn how to access community resources.

Community Transition Services Setup Expenses are one-time set up expenses limited to \$3000 per recipient. When Community Transition Services Setup Expenses are furnished to individuals returning to the community from a Medicaid institutional setting through entrance to the waiver, the costs of such services are considered to be incurred and billable when the person leaves the institutional setting and enters the waiver. If, for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition), Community Transition Services may be billed to Medicaid as an administrative cost. Community Transition Services Setup Expenses may include: set-up fees or deposits for utility or service access, including telephone, electricity, heating and water, services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy, moving expenses, necessary home accessibility adaptations, essential household including furniture, window coverings, food preparation items, and bed/bath linens, etc.

Community Transition Services Setup Expenses do **NOT** include expenses that constitute room and board, monthly rental or mortgage expenses, escrow, specials. Insurance, food, regular utility charge, and/or household appliances or items that are intended for purely diversional/recreational purposes.