



**Division of Disability and Rehabilitative Services**  
 Bureau of Developmental Disabilities Services

**Service Authorization/Notice of Action**

See the last page of this form for important information about your responsibilities and appeal rights.

Mailing date of authorization/notice of action 06/19/2023

**Funding Program: Community Integration and Habilitation**

Name [REDACTED]

Medicaid Number [REDACTED]

Date of Birth [REDACTED]

Medicaid Eligibility Date: 09/01/2012

Address [REDACTED]

Waiver Start Date: 08/15/2012

**PCISP Identification**

PCISP Serial Number [REDACTED]

PCISP Type: Update

PCISP Start Date: 07/01/2023

PCISP End Date: 06/30/2024

PCISP Status: Authorized

Decision Date: 06/19/2023

Level of Care: Intermediate Care Facility/Intellectual Disability

**Reason for Decision**

*Authorization of a Modification to the PCISP*

*Reason for the Authorization: Meets eligibility criteria to receive Medicaid services authorized by 42 CFR 441.300 Subpart G and the authorized Persons with Development Disabilities Waiver request. Services Auto-Authorized*

**Description of Change Section**

*This authorization for waiver services only ensures payment when, prior to the delivery of any service, the provider verifies that this individual has the correct type of open Medicaid (MA) and has not been placed into a Risk-based Managed Care or Hoosier Care Connect. This does not include the Care Select Program. Risk-based Managed Care and Hoosier Care Connect members are not eligible for Home and Community based Waiver Services, but those who receive care through the Care Select Program may be approved for waiver services.*

[REDACTED]

This document contains Protected Health Information which is governed by the Health Insurance Portability and Accountability Act (HIPAA) and may only be disseminated to authorized individuals.

**INDIANA PROFESSIONAL MANAGEMENT GROUP, INC., 1305 Cumberland Avenue, Suite 225; (CMGT) - Case Management**  
 CMGT-Case Management

Billing Code	Mod #1	#2	#3	#4	Start Date	End Date	Unit Size	Unit Rate	Current Units	Current Cost
T2022	U7	U5			07/01/2023	07/31/2023	1.00	143.75	1	143.75
T2022	U7	U5			08/01/2023	08/31/2023	1.00	143.75	1	143.75
T2022	U7	U5			09/01/2023	09/30/2023	1.00	143.75	1	143.75
T2022	U7	U5			10/01/2023	10/31/2023	1.00	143.75	1	143.75
T2022	U7	U5			11/01/2023	11/30/2023	1.00	143.75	1	143.75
T2022	U7	U5			12/01/2023	12/31/2023	1.00	143.75	1	143.75
T2022	U7	U5			01/01/2024	01/31/2024	1.00	143.75	1	143.75
T2022	U7	U5			02/01/2024	02/29/2024	1.00	143.75	1	143.75
T2022	U7	U5			03/01/2024	03/31/2024	1.00	143.75	1	143.75
T2022	U7	U5			04/01/2024	04/30/2024	1.00	143.75	1	143.75
T2022	U7	U5			05/01/2024	05/31/2024	1.00	143.75	1	143.75
T2022	U7	U5			06/01/2024	06/30/2024	1.00	143.75	1	143.75

**ASSISTED INDEPENDENCE LLC, 2225 Central Ave, Suite 4; (RETH) - Recreational Therapy**  
 RETH-Recreational Therapy

Billing Code	Mod #1	#2	#3	#4	Start Date	End Date	Unit Size	Unit Rate	Current Units	Current Cost
H2032	U7	U5	U2		07/01/2023	06/30/2024	0.25	10.78	384	4139.52

**NATIONAL MENTOR HEALTHCARE, LLC, 8777 Purdue Road, Suite 360; (DHGM) - Day Habilitation,Group-Medium**

**NOTE:** When billing for Pre-Vocational or Day Habilitation services that occur on or after 5/1/2023, be sure to select the correct modifier. If the service was provided in a Facility, select 'UF' as the modifier. If the service was provided in a community setting, select 'UG' as the modifier. Claims submitted on or after 5/1/2023 that do not include one of the new modifiers for these services will be denied.

Billing Code	Mod #1	#2	#3	#4	Start Date	End Date	Unit Size	Unit Rate	Current Units	Current Cost
T2020	U7	U5	UA		07/01/2023	07/31/2023	1.00	5.65	78	440.70
T2020	U7	U5	UA		08/01/2023	08/31/2023	1.00	5.65	91	514.15
T2020	U7	U5	UA		09/01/2023	09/30/2023	1.00	5.65	91	514.15
T2020	U7	U5	UA		10/01/2023	10/31/2023	1.00	5.65	91	514.15
T2020	U7	U5	UA		11/01/2023	11/30/2023	1.00	5.65	91	514.15
T2020	U7	U5	UA		12/01/2023	12/31/2023	1.00	5.65	91	514.15
T2020	U7	U5	UA		01/01/2024	01/31/2024	1.00	5.65	91	514.15
T2020	U7	U5	UA		02/01/2024	02/29/2024	1.00	5.65	91	514.15
T2020	U7	U5	UA		03/01/2024	03/31/2024	1.00	5.65	91	514.15
T2020	U7	U5	UA		04/01/2024	04/30/2024	1.00	5.65	91	514.15
T2020	U7	U5	UA		05/01/2024	05/31/2024	1.00	5.65	91	514.15
T2020	U7	U5	UA		06/01/2024	06/30/2024	1.00	5.65	91	514.15

**NATIONAL MENTOR HEALTHCARE, LLC, 8777 Purdue Road, Suite 360; (TRNO) - Transportation-(1 Way)**  
 TRNO-Transportation-Level 1 (1 Way)

Billing Code	Mod #1	#2	#3	#4	Start Date	End Date	Unit Size	Unit Rate	Current Units	Current Cost
T2002	U7	U5			07/01/2023	07/31/2023	1.00	5.99	30	179.70
T2002	U7	U5			08/01/2023	08/31/2023	1.00	5.99	30	179.70
T2002	U7	U5			09/01/2023	09/30/2023	1.00	5.99	30	179.70
T2002	U7	U5			10/01/2023	10/31/2023	1.00	5.99	30	179.70
T2002	U7	U5			11/01/2023	11/30/2023	1.00	5.99	30	179.70
T2002	U7	U5			12/01/2023	12/31/2023	1.00	5.99	30	179.70
T2002	U7	U5			01/01/2024	01/31/2024	1.00	5.99	30	179.70
T2002	U7	U5			02/01/2024	02/29/2024	1.00	5.99	30	179.70
T2002	U7	U5			03/01/2024	03/31/2024	1.00	5.99	30	179.70
T2002	U7	U5			04/01/2024	04/30/2024	1.00	5.99	30	179.70
T2002	U7	U5			05/01/2024	05/31/2024	1.00	5.99	30	179.70
T2002	U7	U5			06/01/2024	06/30/2024	1.00	5.99	30	179.70



**PERSONAL QUALITY CARE, INC., 6775 State Road 158; (RH2O) - Res Hab/supp-over 35 Hrs/week**


RH2O-Res Hab/Supp-Over 35 Hrs/Week

Billing Code	Mod #1	#2	#3	#4	Start Date	End Date	Unit Size	Unit Rate	Current Units	Current Cost
T2016	U7	U5			07/01/2023	07/31/2023	1.00	25.05	166	4158.30
T2016	U7	U5			08/01/2023	08/31/2023	1.00	25.05	166	4158.30
T2016	U7	U5			09/01/2023	09/30/2023	1.00	25.05	166	4158.30
T2016	U7	U5			10/01/2023	10/31/2023	1.00	25.05	166	4158.30
T2016	U7	U5			11/01/2023	11/30/2023	1.00	25.05	166	4158.30
T2016	U7	U5			12/01/2023	12/31/2023	1.00	25.05	166	4158.30
T2016	U7	U5			01/01/2024	01/31/2024	1.00	25.05	166	4158.30
T2016	U7	U5			02/01/2024	02/29/2024	1.00	25.05	166	4158.30
T2016	U7	U5			03/01/2024	03/31/2024	1.00	25.05	166	4158.30
T2016	U7	U5			04/01/2024	04/30/2024	1.00	25.05	166	4158.30
T2016	U7	U5			05/01/2024	05/31/2024	1.00	25.05	166	4158.30
T2016	U7	U5			06/01/2024	06/30/2024	1.00	25.05	166	4158.30

**PERSONAL QUALITY CARE, INC., 6775 State Road 158; (RSPO) - Respite Services**

RSPO-Respite Services

Billing Code	Mod #1	#2	#3	#4	Start Date	End Date	Unit Size	Unit Rate	Current Units	Current Cost
S5151	U7	U5			07/01/2023	06/30/2024	1.00	29.81	234	6975.54

Signature of FSSA Representative: 

Date: 06/19/2023

Case Management Organization 9-digit authorization: 201087060A

Case Manager: Sturbaum, Thomas

Phone: (812) 286-2281

Email: t.sturbaum@gotoipmg.com

The Case Manager should send this form to the individual and legal representative (if applicable). The system will automate sending this form to all active providers.

**Notice: See the last two pages of this form for important information about your responsibilities and right to appeal.**



**Your Appeal Right as an Applicant for HCBS Benefits**

If you question the indicated decision, you should discuss this matter with your Case Manager.

**Your right to Appeal and Have a Fair Hearing:**

The Service Authorization/Notice of Action provides an explanation of the decision made on your application for services or changes in your services. If you disagree with the decision, you have the right to appeal by submitting a request for a Fair Hearing. Your Home and Community Based Service (HCBS) benefits will continue if your appeal is received within the required time frame described below under "How to Request an Appeal". If you appeal and your benefits are continued and you lose the appeal, you may be required to repay assistance paid on your behalf pending the release of the appeal hearing decision.

**How to Request an Appeal:**

- 1) If you wish to appeal this decision, the appeal request must be received by close of business not later than:
  - (1) 33 calendar days following the effective date of the action being appealed; or
  - (2) 33 calendar days from the date of the notice of agency action, whichever is later

To file an appeal, please sign, date and return the FSSA Appeals copy of this form to:

Indiana Family and Social Services Administration  
Office of Hearings and Appeals  
MS 04  
402 W. Washington St., E034  
Indianapolis, IN 46204

Or Via facsimile to 317-232-4412

If you are unable to sign, date, and return this form to the above-mentioned address, you may have someone assist you in requesting the appeal.

2) Your appeal will be forwarded to the Indiana Office of Administrative Law Proceedings (OALP) to schedule a fair hearing with an Administrative Law Judge with OALP. You will be notified in writing by the office of the date, time, and location for your hearing. Prior to, or at the hearing, you have the right to examine the entire contents of your case record maintained by the Case Manager.

3) You may represent yourself at the hearing or you may authorize a person to represent you, such as attorney, relative, or another spokesperson. At the hearing you will have full opportunity to bring witnesses, establish all pertinent facts and circumstances, advance any arguments without interference, or refuse any testimony or evidence presented.

I wish to appeal the above decision, for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of the Applicant/Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FSSA APPEALS COPY**



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Signature of the Applicant/Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**APPLICANT COPY**

