

ODMR/DD

LOC DATE CHANGE COVER SHEET

First Name:	Last Name:	County:	Client #:
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SECTION 1 - LOC DATE CHANGE OF INFORMATION

The new LOC start date requested must be prior to the end date of the current LOC.

<b>EXAMPLE</b>	
<b>LOC Dates:</b>	<b>Required PAWS:</b>
Current LOC      7/1/05 to 6/30/06	7/1/05 to 9/14/05 – Revision
New LOC            9/15/05 to 9/14/06	9/15/05 to 9/14/06 - Redet

Current LOC Date		New LOC Date	
Start Date:	End Date:	Start Date:	End Date:

SECTION 2: SUPPORTING DOCUMENTATION

Submit to Waiver Unit (completed and signed with this Cover Sheet )

- Redetermination Application - No Significant Change in Condition
- Freedom of Choice Form

Submit to Medicaid Payment & Support (Fiscal/PAWS)

- A revision PAWS that end dates the current LOC waiver year
- A redet PAWS that reflects the NEW LOC dates

Prior Authorization

- Changes to the LOC span dates may affect a Prior Authorization request previously submitted to the department. A new Prior Authorization request may be necessary.

Completed by:	Phone #:	Ext.	Date:
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