



**Mississippi Department of Mental Health**  
**Provider Bulletin**  
**Number PR008**

**Subject:** ID/DD Waiver Requests for Service Changes

**Issue Date:** May 9, 2012

**Effective Date:** May 9, 2012

**Scope**

All DMH/H Certified Providers

**Purpose**

Establish criteria under which the Bureau of Intellectual and Developmental Disabilities will consider requests for changes in ID/DD Waiver Services.

**Background**

Requests for service changes for individuals who participate in the ID/DD Waiver are generated by the individual's Support Coordinator in collaboration with the individual, family, and legal representative (if applicable).

**Subject**

Requests for changes in ID/DD Waiver Services will be considered for approval by BIDD if any of the following criteria are met:

1. The death of the individual's primary caregiver.
2. The transition of an individual from high school and in need of day services (i.e. Prevocational Services or Day Services – Adult).
3. A documented health crisis of the individual. Documentation by a physician or nurse practitioner of the health crisis is required.
4. A documented deterioration of the individual's condition. Documentation by a physician or nurse practitioner is required.
5. A debilitating situation which affects the health of the primary caregiver. Documentation by a physician or nurse practitioner is required.
6. Behavior Support/Intervention Services that are designed to be used on a short term basis to prevent an increased need for other services (with documentation from the provider) are being requested.
7. Specialized medical supplies (diapers, catheters, blue pads) for someone turning twenty-one (21) are needed or for someone whose condition has deteriorated and the need for such supplies exists.
8. Eligibility for services through the MS Department of Rehabilitation Services (MDRS) has been exhausted and Supported Employment Services are being sought for the individual. Documentation from MDRS is required.

9. An increase in the amount of Supported Employment Services is being requested as a result of an increase in the individual's work hours. The increase of work hours is required and must be documented.
10. The primary caregiver is on active duty in the military.

**An individual has the option of decreasing the amount of one or more services he/she is currently receiving in order to add or increase the amount of another service.**

Requests for ID/DD Waiver ICF/MR Respite Services will be considered for approval by BIDD if the following criterion is met:

1. There is a crisis/unexpected situation in which the primary caregiver to the individual becomes temporarily incapacitated and is otherwise unable to care for the individual and no other support is available.

***End of Provider Bulletin***