

**ALABAMA DEPARTMENT OF MENTAL HEALTH**  
**DIVISION OF DEVELOPMENTAL DISABILITIES**

**REQUEST FOR REGIONAL ACTION (RFRA) INSTRUCTIONS**

This form should be completed after appropriate members of the team have met.

- 1.) Type in the date the RFRA is completed
- 2.) Type in the name of the Regional Community Services Director or Designee
- 3.) Type in your name
- 4.) Type in the name of the waiver participant
- 5.) Type in the address of the waiver participant
- 6.) Type in the waiver participant's ADIDIS case number
- 7.) Type in the waiver participant's date of birth
- 8.) Type in the waiver participant's telephone number

**SERVICES REQUESTED: MARK THE APPROPRIATE SERVICE** Please note: A team meeting is required prior to submission of the RFRA

- 9.) Mark this line for Specialized Medical Equipment that is not covered by Medicaid State Plan Services (SPS) and does not exceed the capped amount of \$5,000.00 per year per waiver participant. A complete listing of items covered by Medicaid SPS, visit: [http://www.medicaid.alabama.gov/content/Gated/7.3G\\_Fee\\_Schedules.aspx](http://www.medicaid.alabama.gov/content/Gated/7.3G_Fee_Schedules.aspx) and or [http://www.medicaid.alabama.gov/content/7.0\\_Providers/7.6\\_Manuals.aspx](http://www.medicaid.alabama.gov/content/7.0_Providers/7.6_Manuals.aspx) Chapter 14 and Appendix P. It is the Case Manager's responsibility to ensure a waiver participant does not exceed the capped amount in the waiver year. **Please note:** A prescriptions from the participant's doctor and a quote from the provider chosen by the participant is required to request SME.
- 10.) Mark this line if the participant needs Home Modifications or Environmental Accessibility Adaptations. **Please note:** A prescription for this service is not required; but a quote must accompany a request for EAA. There is a \$5,000.00 capped amount per waiver participant per waiver year for EAA service. It is the Case Manager responsibility to ensure the waiver participant does not exceed that amount each year.
- 11.) Mark this line if requesting Specialized Staffing for an individual. **Please note:** Medical documentation from the participant's physician justifying the need of special staffing is required with the submission of the RFRA. A prescription for the service is **not sufficient**.
- 12.) Mark this line if the RFRA is submitted to add Positive Behavior Supports to the Plan of Care. There are capped amounts to this service. Units for Professional Level service and Technical Level cannot exceed 1200 units per participant per year. Professional level services over 800

units must be billed at the Technical level unit rate. It is the case manager's responsibility to ensure the capped amounts are not exceeded.

- 13.) This line is marked to request any service not included in the participant's person-centered plan that is completed yearly.
- 14.) This line is marked when there is a change in the participant's residential service provider or provider sites.
- 15.) Justification for the addition of the service is required. Documentation should be succinct and fully note the participant's need for the service. **Please note:** *Waiver Services are not an entitlement, but are necessary to support the participant in the community based on assessed need. Waiver services are not designed to benefit anyone other than the participant. Please see additional pages for examples of acceptable documentation.*
- 16.) This box is for the CSD or designee use only when there is insufficient documentation to make a decision on the RFRA.
- 17.) The CSD or designee must write or type the date the RFRA form is returned to the Case Manager requesting additional documentation.
- 18.) The CSD or designee marks in the Approved space for approvals. A letter to the waiver participant is required denoting the approval of the service with the start date indicated in the letter. (See Sample Letter)
- 19.) The CSD or designee marks Denied if RFRA is denied. According to Federal Regulations, any adverse action requires the participant to be notified in writing with explanation of the adverse action included. The participant's appeal rights must accompany the letter. (See Sample Letter and Appeal Rights)
- 20.) This space can be used for any special comments or instructions regarding the RFRA not otherwise mentioned.
- 21.) Signature of the CSD or Designee making the determination
- 22.) Date the decision was made. This date will be entered as the "start date" on the plan of care for all services except when participants discharged from a hospital or nursing home with special staffing needs. The start date for those cases should be the date of discharge from the facility. Medicaid documentation is required for these cases. The end date should always be one year later. Example: The approval date of 05/18/2018 should be the start date on the plan of care for all requests (except Specialized Staffing). The end date will be 05/18/2019.