Hamilton County Developmental Disabilities Services

NMT Revision Request Form

Revisions should be requested prior to implementation except in emergencies.

PLEASE NOTE: REVISION REQUESTS MUST BE SUBMITTED WITHIN 30 DAYS OF THE EFFECTIVE DATE

Individual's Name: Provider: Today's Date:

Span Date: TO: Effective Start Date for this revision:

Name of person completing form:

FOR HCDDS USE ONLY:	
HCDDS approval date & staff initials:	

Instructions

To do this	Complete		To do this	Complete
Move units.	Section A		Request rate change (only if incorrect on PAS).	Section C
Request local funds supplement for individual who uses a wheelchair and requires lift equipped vehicle.	Section B		Request additional units if available.	Section D

Section A: Moving Units

Units can be moved between splits in the detail lines of PAS (such as fiscal year split between 6/30 and 7/1).

From PAS line(s) (TO/FROM dates)	Total Units Currently Authorized	# units to move	TO PAS line(s) (TO/FROM dates)	# Units moved to this PAS line

Section B: Requesting Local Funds Supplement

This must be submitted and approved BEFORE the person's NMT budget is exceeded (applies to both waiver funding and local funding).

Part I: to be completed at least 30 days prior to authorized units being exhausted and billed.

Units used as of date of this request: Projected date units will run out: # trips authorized per week:

Part II: to be completed after authorized units are exhausted and verification received.

Date provider ran out of authorized units: If one trip on this date was not billable, check this box: ☐

Section C: Rate Change

Rates can only be changed within a span if there was a rate error on the PAWS.

Date rate change effective: Current PAWS rate: # units used at current rate: Correct rate:

Section D: Requesting Additional Units

Additional units can only be added if the service has been approved by the SF and the individual has unused units/dollars available.

Date allocated units exhausted: # units being requested:

Please explain request:

TO BE COMPLETED BY HCDDS ONLY

Explain any denials or provisional approvals (section and reason):

Staff Initials: