

## CIIBS Service Request

CHILD'S NAME
NAME OF PERSON REQUESTING THE SERVICE
TELEPHONE NUMBER

Which CIIBS service is requested?

- |   |   |
|---|---|
| <input type="checkbox"/> Assistive technology                       | <input type="checkbox"/> Specialized nutrition and clothing   |
| <input type="checkbox"/> Behavioral health stabilization services   | <input type="checkbox"/> Specialized psychiatric services   |
| <input type="checkbox"/> Behavioral support services                | <input type="checkbox"/> Speech therapy   |
| <input type="checkbox"/> Environmental accessibility adaptation     | <input type="checkbox"/> Staff / Family training and consultation (which may include individual and family counseling or consultation with a music therapist) |
| <input type="checkbox"/> Nurse delegation                           | <input type="checkbox"/> Therapeutic equipment and supplies   |
| <input type="checkbox"/> Occupational therapy                       | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Physical therapy                           | <input type="checkbox"/> Vehicle modifications  |
| <input type="checkbox"/> Sexual deviancy evaluation                 |   |
| <input type="checkbox"/> Specialized medical equipment and supplies |   |
| <input type="checkbox"/> Other (describe below):                    |   |

Please describe your request.

What are you hoping that this service will do for your child and family? What underlying need will it meet?

*Requests require your treating professional's recommendation regarding the need for the service. Treating professionals should have expertise in the area that relates to the underlying need for the service (e.g., a Speech and Language Pathologist for a service to meet a communication need).*

- I am attaching a recommendation from a treating professional.
- I will need to arrange an evaluation from a treating professional (your case manager is available to assist you in obtaining an evaluation).
- Private insurance and State Plan Medicaid benefits must be used before waiver funds. We will assist you to apply for non-waiver benefits. We may ask for proof of denial or policy exclusions.*
- Have you requested this service through Private Insurance?
    - Yes
    - No
  - Have you requested this service through Medicaid?
    - Yes
    - No
  - Is this service covered through your private insurance benefits?
    - Yes, but not enough.
    - No, it has been denied.
    - No, it is excluded from coverage.
    - Unsure; I need help with this.
  - Is this service covered through your Medicaid benefits?
    - Yes, but not enough.
    - No, it has been denied.
    - No, it is excluded from coverage.
    - Unsure; I need help with this.