



Texas Home Living Program
Request for Review of Individual Plan of Care (IPC)
Cost Over Maximum Cost Ceiling
Cover Sheet

Form 8627
February 2012

Please include the following in the packet submitted to Program Enrollment/Utilization Review (PE/UR):

- signed IPC form (copy of both pages);
- screen print of the L02 CARE screen; and
- written justification supporting the services.

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|-----------------|--|---|
| To/From: | Texas Health and Human Services Commission (HHSC) Access and Intake, Utilization Management and Review, IDD Waivers Program Enrollment/Utilization Review (PE/UR) | |
| | Mailing Address: P. O. Box 149030, Mail Code W-355 Austin, TX 78714-9030 Fax: 512-438-4249 (Do not fax more than 10 pages without prior approval.) | Physical Address: 701 W. 51st Street, Mail Code W-355 Austin, TX 78751 |

Provider and LA Contact Information

| | | |
|-----------------|------------------------------------|--------------------------------|
| From/To: | Provider Name | Provider Contact |
| | Fax Area Code and Telephone No. | Area Code and Telephone No. |
| | Component Code | Contract No. |
| | LA Name | LA Contact |
| | LA Fax Area Code and Telephone No. | LA Area Code and Telephone No. |

Individual Information

| | |
|------------------------|-----------------------|
| Individual's Last Name | Individual First Name |
| CARE ID No. | Medicaid No. |
| Date of Birth | Age |
| IPC Begin Date | IPC Effective Date |

Legally authorized representative (LAR) contact information, if applicable. If no LAR, list individual's information.

| | |
|---------------------------------------|-----------------------------|
| Name | Area Code and Telephone No. |
| Street Address, City, State, ZIP Code | |

Does any correspondence sent to the LAR or individual need to be translated into another language? No Yes Specify language: _____

State Office Use Only:

Authorized by PE/UR staff _____ Date: _____

Not Authorized by PE/UR staff _____ Date: _____

Instructions to provider: The attached IPC form will indicate any modifications made to dollar/unit amount(s). File the enclosed documents with the original IPC in the individual's record.

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| Comments: |
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Alert

PE/UR authorization of adaptive aids/minor home modifications/dental dollars does not constitute prior approval for authorization for payment. All amounts must meet billing and payment guidelines.