Primary Home Care

Notification of Critical Omissions

Individual Name (Last, First, Middle)	Individual No.
Provider Agency Name	Vendor No.

The documentation submitted by your agency for prior approval of this individual has the following omissions/errors:

FORM 3050

- ☐ Form 3050 is missing
- ☐ Form 3050 is incomplete
  - ☐ The supervisor's ☐ signature or ☐ date is missing.
  - ☐ Documentation that the person needs at least one specific task is missing
  - ☐ Documentation of the total weekly hours the person is authorized is missing
  - ☐ Documentation of the service schedule is missing (the service schedule may be the weekly authorized hours)

FORM 3052

- ☐ Form 3052 is missing
- ☐ Form 3052 is incomplete
  - ☐ The practitioner did not fully complete the form
  - ☐ The form does not contain the practitioner's
    - ☐ mark indicating medical need
    - ☐ signature
    - ☐ credential
    - ☐ license number
    - ☐ legible signature date, and the provider agency failed to date stamp the form (The date stamp must include the provider agency's name, abbreviated name, or initials)
  - ☐ The practitioner is excluded from participation in ☐ Medicare or ☐ Medicaid

Please make the necessary corrections and resubmit documentation. The corrected documentation must be faxed, postmarked, or date-stamped by the Department of Aging and Disability Services (DADS) by

Due Date

Additional Explanation:

Telephone No.

Signature – Regional Nurse

Date