

Notification of Service Coordinator (SC) Disagreement

To: **DADS IDD Waivers PE/UR** _____

512-438-4249

Fax No.

From: _____
SC Name

Local Authority (LA) Name

SC Telephone No.

SC Fax No.

Individual's Name	CARE ID	Provider Component Code
-------------------	---------	-------------------------

IPC Disagreement

ID/RC Disagreement

Service is not based on PDP

ICAP data not correct

Service replaces existing supports

No behavior support plan

Individual not eligible for this service

LON 9 not appropriate

Other Reason (explain below)

Comments:

(SC may submit additional information.)

(SC must fax completed form to DADS IDD Waivers PE/UR at 512-438-4249 and inform provider of this action.)

cc: _____
Program Provider Name

Provider Fax No.

State Office Reply

Comments:

PE/UR Reviewer

Date Completed