



ALL FIELDS ARE REQUIRED

Date of Request: _____ DSCC #: _____

Participant First Name: _____ Last Name: _____

Agency/Facility Name: _____

Name of Agency or Facility Representative submitting the request: _____

Email: _____

Date(s) of respite usage being requested: _____

Total number of respite hours being requested: _____

Reason respite is being requested: _____

Has the family consented to the requested respite usage? ☐ Yes ☐ No

- If no, please contact the family to discuss and verify consent and resubmit the request.

Does your agency or facility have any **OUTSTANDING** respite claims that have not been submitted to the DSCC Claims Unit for payment? ☐ Yes ☐ No

- If yes, what is the total number of hours that have NOT been submitted? _____

****REMINDER FOR REQUESTS****

- Legally responsible adults (LRAs) who are paid to provide care for their own child **CANNOT** use respite hours.
- Non-waiver participants are not eligible for respite services.
- Per Section 101.3 of the Medicaid Provider Handbook, **providers are required to verify a patient's eligibility** prior to rendering each service. **Please note** that failure to obtain prior approval for respite hours will result in claim denials.

FOR DSCC OFFICE USE ONLY

Respite year range: _____

☐ Request approved; number of hours approved for usage: _____

This request has been APPROVED based on the information that DSCC has available at the time of the request. **Please note** – unbilled claims from other agencies and/or facilities could potentially impact the number of hours available.

☐ Request returned

DSCC has internally reviewed this request to ensure there are enough respite hours available for this request. This request has been RETURNED for the following reason:

- ☐ The request indicates the family has NOT consented to usage of respite.
- ☐ The participant does not have any available respite hours for usage.
- ☐ Your total hours of respite usage requested exceeded the available amount.

Date of decision sent to requester: _____

Signed by: _____

(DSCC representative name)

Please email completed form to 0365-dscc-respiteA@UIC365.onmicrosoft.com for review and decision.