

INSTRUCTIONS FOR COMPLETING THE SPECIAL REQUEST (CBSP-33) FORM

1. Enter the **full name of the JACC participant (first and last name)**.
2. Enter the **full date (month/day/year) that the special request is submitted** for approval.
3. Enter the participant's **JACC identification number (12 digits)**.
4. Enter the **full name of the Care Manager (first and last name)**.
5. Enter the **Care Manager's telephone number**.
6. Enter the **name of the care management agency**.
7. Enter the **county** in which the participant currently resides.
8. Enter the **item or service** for which the special request is being submitted.
9. Enter the **name of the provider** proposed to fulfill the special request item or service.
10. Prepare a **narrative** to support the reasons for the special request. The information must be sufficiently thorough and compelling to justify the request. Include any data or additional documentation that supports the request such as prescriptions, product brochures, information sheets, contracts, permits, landlord approval, building estimates, etc.
11. Indicate whether the participant has been **previously approved** for any other special request during the **current fiscal year**. If so, enter the request that was approved.
12. Enter the **cost** of the special request.
13. Indicate whether the cost of the special request will be maintained/amortized within the participant's annual service cap, if approved.
14. Enter the monthly dollar amount of the **current authorized services** for the participant.
15. Enter the monthly dollar amount of authorized services that **will result if the request is granted**.

Name of Care Manager, signature, date:

The Care Manager shall sign the special request as indication that 1) he or she has assessed the need for this special request and 2) all other possible venues/alternate means to render or fund this service have been exhausted prior to the submission of the special request.

Name of Care Coordinator, signature, date:

The Care Coordinator shall sign the special request as indication that he or she 1) has reviewed it in its entirety, 2) is aware of the increased cost of services and confirms that the county allocation can absorb the cost of the special request, and 3) agrees that the special request has been identified as an assessed need and that the justification for the request warrants the submission of the request for approval.

Attach supporting documents as necessary. Requests for **Environmental Accessibility Adaptations (home modifications) must include 3 estimates** to be considered.

Fax the special request with any supporting documentation to Tracy Perriello's attention via the secure fax number (609) 588-7153.

DoAS approval and date:

If approved, the appropriate DoAS staff person will sign and date the special request and return to the care management agency.

A copy of the request and corresponding response are to be kept in the participant's file.