



UNANTICIPATED EMERGENCY FUNDING REQUEST AND APPROVAL FORM

The _____ County Program or Administrative Entity has determined that the situation regarding _____ meets one of the circumstances listed below for an Unanticipated Emergency:

1. An individual is at immediate risk to their health and welfare due to illness or death of a caretaker.
2. An individual living independently experiences a sudden loss of their home (for example, due to fire or natural disaster).
3. An individual loses the care of a relative or caregiver without advance warning or planning.

In addition, the _____ County Program or Administrative Entity has determined that the individual is eligible or likely to be eligible for Mental Retardation Services under Bulletin 00-08-04, *Individual Eligibility for Medicaid Waiver Services*.

INDIVIDUAL'S NAME:	MCI #
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PROCEDURE CODE	SERVICE LOCATION CODE	UNITS	PROVIDER NAME (MPI)

DATE OF REQUEST:	COUNTY PROGRAM OR ADMINISTRATIVE ENTITY REPRESENTATIVE:
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ODP REGIONAL OFFICE DECISION **APPROVED** **DISAPPROVED**

AUTHORIZATION PERIOD:

The services below have been approved for Unanticipated Emergency Funds for up to 15 days. Immediately upon receipt, the Supports Coordination Organization must complete or revise the Individual Support Plan to include these services. The Administrative Entity needs to instruct provider to utilize the **ET Modifier** for each procedure code identified below to ensure that the authorization is processed.

PROCEDURE CODE	SERVICE LOCATION CODE	UNITS	PROVIDER NAME (MPI)

NAME:	TITLE:
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