



DEVELOPMENTAL DISABILITIES WAIVER (DDW) THIRD PARTY ASSESSOR (TPA) COVERSHEET

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| TO: Qualis Health <u>ALL JACKSON CLASS MEMBER (JCM)</u> <u>BUDGETS, LOC, REVISIONS:</u> Upload to Qualis Health Provider Portal (Jiva) OR Send to JCM Fax Line: 1-877-850-7269 <u>CHILD BUDGETS, LOC, REVISIONS:</u> Upload to Qualis Health Provider Portal (Jiva) | DATE: |
| | FROM: <i>(To be completed by Submitter)</i> Check one: <input type="checkbox"/> Case Management Agency <input type="checkbox"/> Provider Agency <input type="checkbox"/> DDSD Regional Office Coordinator Contact Name: _____ Agency/DDSD Office: _____ Phone: _____ Fax: _____ Email: _____ |

ACTION BEING REQUESTED

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| <u>Check one:</u> <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Revision: Revision #: _____ <input type="checkbox"/> Response to RFI Date of letter/Episode #: _____ | <u>Check one:</u> <input type="checkbox"/> Jackson Budget <input type="checkbox"/> Jackson Supported Living Awake <input type="checkbox"/> Jackson Outlier <input type="checkbox"/> Jackson LOC |
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CLIENT INFORMATION:

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| Complete Name: _____ |
| Medicaid ID#: _____ Date of Birth: _____ |

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| ADDITIONAL INFORMATION/NOTES: |
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