## DD PROVIDER TRAINING WAIVER REQUEST

The Division of Medicaid may grant **temporary approval** to an individual caregiver who meets all qualifications, *EXCEPT* for the required developmental disability training course, to become a PCS provider to a developmentally disabled participant *IF ALL* of the following conditions are met:

- 1. Medicaid has verified that there are no qualified providers reasonably available to provide services to the client requesting the services;
- 2. The caregiver must be enrolled in the next available training course with a graduation date no later than six (6) months from the date of the request for temporary status; and
- 3. The supervising QIDP makes **MONTHLY** visits until the caregiver successfully completes the training program.

PCS Provider	Address		Phone
☐ Caregiver Name:			
Enrolled in course: Yes $\Box$	Start Date:	Instructor:	
Anticipated Completion Date: _		Completion Date:	
Participant	Address		Phone
QIDP	Address		Phone
QIDP Signature		QIDP Provider #	Date
PCS Provider Agency Signatur	e		Date
NOTE: Please complete and return to M	Medicaid for app	roval.	
APPROVED: Yes No		Specialist Signature	