

# DODD Notification of Individual Change in Status (NICS)

## Part 1

Individual First Name:	Individual Last Name:	County:
DODD #:	SSN:	Current Waiver Type: <input type="checkbox"/> Lv1 <input type="checkbox"/> I/O <input type="checkbox"/> SELF <input type="checkbox"/> TDD

### SECTION 1 – COUNTY TO COUNTY TRANSFER

Sending County:	Receiving County:	Transfer Effective Date:
Date New County Notified:	Date ODJFS Notified:	

### SECTION 2: TEMPORARY SUSPENSION OF WAIVER SERVICES

Note: Recipient should be disenrolled after 90 days.

Always complete Section 2a on every submission regarding suspension of waiver services.

<b>SECTION 2a: TEMPORARY SUSPENSION</b> Complete this section as soon as it is determined that a client needs to be suspended due to admission to a non-waiver facility or "Other" stated reason.	<b>Last date of waiver services:</b>						
<b>Reason for Suspension:</b> <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Facility <input type="checkbox"/> ICF/IID <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Non Waiver Funded Institutional Respite <input type="checkbox"/> Other (explain) _____	<b>Complete if Applicable:</b>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Admission Date:</td> <td style="width: 70%;"></td> </tr> <tr> <td style="padding: 2px;">Facility Name:</td> <td></td> </tr> <tr> <td style="padding: 2px;">Facility Address:</td> <td></td> </tr> </table>	Admission Date:		Facility Name:		Facility Address:	
Admission Date:							
Facility Name:							
Facility Address:							

Note: If restarting waiver services, complete Section 2b with the last facility prior to restart if a transfer or multiple transfers have occurred.

<b>SECTION 2b: FACILITY TRANSFER:</b> Complete this section if the client has been transferred from one facility to another. (For example: from a Hospital to a NF or from a NF to a Rehab Center etc.)	<b>Discharge date from previous facility:</b>																
	<b>Admission date to new facility:</b>																
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Complete Section 2a when restarting services.

<b>SECTION 2c: RESTART OF SERVICES :</b> Complete this section if client has been <u>permanently</u> discharged from a non-waiver facility and/or waiver services have restarted. The Waiver Restart Date may vary based on information entered into CRISE. ODJFS has verified that waiver providers can be paid for services on date of discharge from a facility.	<b>Last date of waiver services:</b>
	<b>Waiver Restart Date:</b>

Completed by:	Email:	Date:
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