DAP Funding Request Narrative Form

**Patient Name**: Click or tap here to enter text.

Hospital: **Choose an item.** Age Group **Choose an item.** Civil  or NGRI

Admission Date: **Click or tap to enter a date.** D/C Readiness Level:**Choose an item.**

Discharge Readiness Date: **Click or tap to enter a date.** Scheduled Discharge Date **Click or tap to enter a date.**

Patient Resources:

Are benefits active? Choose an item. If no, Benefit Application Date Click or tap to enter a date.

Person responsible for acquisition of benefits: **Click or tap here to enter text.**

Auxiliary Grant Eligible: **Choose an item.** ID/DD **Choose an item.** Waiver Status: **Choose an item.**

VA Benefits **Choose an item.** Medicaid . Medicare

Income **Click or tap here to enter text.** Other  **or tap here to enter text.**

Requestor Name: **Click or tap here to enter text.** CSB: **Choose an item.**

Date of request:**Click or tap to enter a date.** Plan Start Date: **Click or tap to enter a date.**

Type of Funds: **Choose an item.**

Requested Amount: **Click or tap here to enter text.**

Brief Description of discharge barriers:  **or tap here to enter text.**

What other public pay options (including DBHDS funded options) have been tried? (List all placements referred and reason for denial)

**Click or tap here to enter text.**

|  |  |
| --- | --- |
| **Facility/Option** | **Reason for Denial** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

Other outstanding clinical needs to consider:  **or tap here to enter text.**

Description of expenses to be paid by DAP (If requesting over and above the AG amount, a detailed breakout of costs and services provided is required, along with clinical information supporting the enhanced level of care.) : **Click or tap here to enter text.**

What is the plan to step the person down off DAP? **Click or tap here to enter text.**

Residential Provider: **Click or tap here to enter text.** Level of Care: Choose an item.

Memory Care Placement: **Choose an item.** Approval by DBHDS Community Transition Specialist: **Choose an item.**

Date of approval by DBHDS: **Click or tap to enter a date.**

Is this an out of catchment plan? **Choose an item.** Out of Catchment referral been completed? **Choose an item.**

Has the receiving CSB DAP coordinator been consulted? **Choose an item.**

If Yes, Who was consulted? **Click or tap here to enter text.** Date of Consultation **Click or tap to enter a date.**

If no, why? **Click or tap here to enter text.**

For Use by Regional Office: Date Received:Click or tap to enter a date. Approved  Denied  Date: Click or tap to enter a date.

Amount needed this FY: Click or tap here to enter text.

**Plan Update 1**

Date of updated request: Click or tap to enter a date.

Is this a plan modification? **Choose an item.** If Yes: Amount of Original Plan: **Click or tap here to enter text.**

**Updated Amount Requested:**Click or tap here to enter text.

**Reason for updated request:**Click or tap here to enter text.

**Plan Update 2**

Date of updated request: Click or tap to enter a date.

Is this a plan modification? **Choose an item.** If Yes: Amount of Original Plan: **Click or tap here to enter text.**

**Updated Amount Requested:**Click or tap here to enter text.

**Reason for updated request:**Click or tap here to enter text.

**Plan Update 3**

Date of updated request: Click or tap to enter a date.

Is this a plan modification? **Choose an item.** If Yes: Amount of Original Plan: **Click or tap here to enter text.**

**Updated Amount Requested:**Click or tap here to enter text.

**Reason for updated request:**Click or tap here to enter text.

**Plan Update 4**

Date of updated request: Click or tap to enter a date.

Is this a plan modification? **Choose an item.** If Yes: Amount of Original Plan: **Click or tap here to enter text.**

**Updated Amount Requested:**Click or tap here to enter text.

**Reason for updated request:**Click or tap here to enter text.

**Plan Update 5**

Date of updated request: Click or tap to enter a date.

Is this a plan modification? **Choose an item.** If Yes: Amount of Original Plan: **Click or tap here to enter text.**

**Updated Amount Requested:**Click or tap here to enter text.

**Reason for updated request:**Click or tap here to enter text.