



Day Activity and Health Services (DAHS)
Notification of Critical Omissions

Individual Name (Last, First, Middle)	Individual No.

The documentation submitted by your agency for prior approval of this individual has the following omissions/errors:

Form 3050, DAHS Health Assessment/Individual Service Plan

- Form 3050 is missing.
- Licensed nurse did not: **Sign form.** **Date form.** **Designate RN/LVN credential following signature.**
- Documentation on Form 3050 does not support the medical eligibility criteria, functional need, or if the individual will benefit therapeutically from DAHS.

Form 3055, Physician's Orders (DAHS)

- Form 3055 is missing.
- MD or DO credential of the physician who signed the form is missing.
- License number of the physician or osteopath (DO) who signed the form is missing.
- Physician who signed the order is excluded from participation in Medicare or Medicaid.
- Physician's signature is missing.
- Physician's signature date is missing or illegible and the provider agency's stamp-in date is missing.
- Facility stamp-in date used in lieu of the physician's signature date does not include the name, abbreviated name, or initials of the provider agency.
- Documentation on Form 3055 does not support the medical eligibility or a functional limitation.

Form 3055, Physician's Orders (DAHS)

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- MD or DO credential of the physician who signed the form is missing.
- License number of the physician or osteopath (DO) who signed the form is missing.
- Physician who signed the order is excluded from participation in Medicare or Medicaid.
- Physician's signature is missing.
- Physician's signature date is missing or illegible and the provider agency's stamp-in date is missing.
- Facility stamp-in date used in lieu of the physician's signature date does not include the name, abbreviated name, or initials of the provider agency.
- Documentation on Form 3055 does not support the medical eligibility or a functional limitation.

Please make the necessary corrections and resubmit documentation. The corrected documentation must be postmarked or date-stamped by the Department of Aging and Disability Services (DADS) by

Due Date

Additional Explanation:

Signature – Regional Nurse

Date

Telephone No. with Area Code