

## DDS Group IHS Identification Form Instructions

1. Column A – Enter the name of your agency
2. Column B – Enter the name of the individual
3. Column C – Enter the Region where the person is being supported
4. Column D – Enter the individual's DDS number
5. Column E – Enter the name of the individual's DDS Case Manager
6. Column F – Enter total current authorized IHS hours
7. Column G – There is a formula that calculates the annualized funding.
8. Column H – Requested start date – **Must be 3/16/2020 or after.**
9. Column I - New IHS hours. Enter the total hours, if any, of traditional IHS hours the individual your agency is requesting. This is applicable when an agency requests that the individual receive a combination of traditional IHS supports *and* Group IHS.
10. Column J – Enter the total Group IHS hours being requested
11. Column K – Choose the group size from the dropdown. Note Group IHS is limited to a maximum of 3 individuals per group.
12. Columns L-O – These columns show the requested annualized funding for Group IHS and IHS and a combination of both.
13. Column P – Providers are required to stay within the individual's annualized IHS allocation. DDS will not approve any requests that show a positive value within this column. Any needs outside of the individual's annualized allocation should be discussed with your Regional Resource Manager.