

Individual Request Form Prior Authorization of Individual Options Waiver Services

Individual's Name _____

Recipient Medicaid Number _____

County _____

Address _____

Phone _____

Guardian name, address, phone (if applicable) _____

Authorized Representative name, address, phone (if applicable) _____

I am requesting that the Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) initiate a prior authorization review because after my ISP meeting, I still believe my service needs cannot be met within my funding range, as determined by the Ohio Developmental Disabilities Profile.

1). Please list all IO waiver services you are requesting:

<u>Service</u>	<u>Hours/Units of Service</u>	<u>How Often?</u>
Homemaker/ Personal Care	_____	_____
Transportation	_____	_____
Specialized Medical Equipment and Supplies	_____	_____
Environmental Accessibility	_____	_____
Home Modifications/Adaptations	_____	_____
Respite Care	_____	_____
Social Work	_____	_____
Home Delivered Meals	_____	_____
Interpreter	_____	_____
Nutrition	_____	_____

(Your request will be reviewed based on the services listed above)

2). For what period of time do you believe your service needs will exceed the funding range determined by the ODDP? _____

3). Why do you believe your needs cannot be met by services within the ODDP funding range? _____

Your (Waiver Recipient) Signature _____

Guardian /Authorized Rep Signature (if applicable) _____

Date _____

Send this request to: **Ohio Department MRDD- ATTENTION- Medicaid Development & Administration**
Fax: (614) 752-5303
Email: Linda.lewis-day@dmr.state.oh.us
Mail: 1810 Sullivant Avenue, Columbus, OH 43223-1239

Form Attachment: Prior Authorization Criteria

Eligibility for Prior Authorization

The individual's request must meet all of the following criteria:

1. Services are appropriate to the individual's health and welfare needs, living arrangement, circumstances and expected outcomes, and
2. Services are of an appropriate type, amount, duration, scope and intensity, and
3. Services are the most efficient and effective services that when combined with other non-waiver services ensure the health and welfare of the individual receiving the services, and
4. The services are necessary to protect the individual from substantial harm expected to occur if the requested services are not authorized.

The following are some examples of how the above criteria may be met:

1. Episodes of injury to self or others that have occurred within the last three months when there is a continuing risk of injury to self or others
2. Presence of consistent behaviors in which the individual displays all of the following:
 - a) Lacks impulse control, and
 - b) Exhibits purposeful, dysfunctional goal-directed behavior to obtain or avoid something, and
 - c) Requires constant monitoring and continual redirection and/or behavioral intervention
3. Presence of a progressive medical condition or a mental illness that is generally associated with
 - a) Behaviors posing a risk to self or others, and
 - b) Requiring a controlled environment to maintain health and welfare
4. Presence of a medical condition which, without staff intervention, would threaten the individual's medical stability
5. Inability of an unpaid caregiver to provide previous levels of support or to provide the level of support currently required.
6. Alterations in staffing ratios resulting from circumstances beyond the control of the individual. Examples could be loss of roommate or a change in vocational schedule.
7. An emergency situation that creates for an individual a risk of substantial self-harm or substantial harm to others if action is not taken within 30 days. An emergency may involve:
 - a) Abuse, neglect or exploitation of the individual
 - b) Health and welfare conditions that pose a serious risk to the individual or others, including immediate harm or death
 - c) Changes in the emotional or physical condition of the individual that necessitate substantial accommodations that cannot be reasonably provided by the individual's caretaker.