

Ohio Department of Developmental Disabilities

LOC DATE CHANGE REQUEST FORM

First Name:	Last Name:	County:	DODD #:
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Current Waiver:	<input type="checkbox"/> Lv1	<input type="checkbox"/> IO	<input type="checkbox"/> SELF	<input type="checkbox"/> TDD
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Current LOC Date		New LOC Date	
The new LOC start date must be prior to current end date			
Start Date:	End Date:	Start Date:	End Date:

EXAMPLE			
<u>LOC Dates:</u>		<u>Required PAWS:</u>	
Current LOC	7/1/12 to 6/30/13	7/1/12 to 9/14/12 – Revision	
New LOC	9/15/12 to 9/14/13	9/15/12 to 9/14/13 - Redet	

Reason for LOC Date Change Request

- Moving into a new setting and aligning span dates with roommates
- SELF waiver classification change:
Child to adult
- Other: Reason indicated: _____

LOC Date Change Checklist

Submit this form to MDA.doc@dodd.ohio.gov

Freedom of Choice Form to be completed and kept on file at the county board.

Submit to Medicaid Payment & Support (Fiscal/PAWS)

- A revision PAWS that end dates the current LOC waiver year
- A redet PAWS that reflects the NEW LOC dates if applicable

Prior Authorization

Changes to the LOC span dates may affect a Prior Authorization request previously submitted to the Department. A new Prior Authorization

Completed by:	Email:	Date:
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