THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Medicaid Services System (MSS) - Create New PA Request (Page 2)

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DODD #: Medicaid #:

Waiver: **Type:** I/O **Status:** ENRL

Individual Request Form

Prior Authorization of Individual Options Waiver Services

PA #

***= Required Field**

Does the County Board believe that:

Yes No *

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

Does the county board support this PA Request? *

- Yes
- No

Individual Rationale: *

Criteria for PA:

- 1) Episodes of Self Injury
- 2) Consistent Behaviors
- 3) Progressive Medical Condition/Mental Illness
- 4) Medical Condition
- 5) Inability of Unpaid Caregiver
- 6) Alterations in staffing
- 7) Emergency Situation

County Board Rationale: *