

Appendix 2



Fact Sheet



Prior Authorization Fact Sheet for County Boards

The purpose of rule 5101:3-41-12 – Prior Authorization Requirements – is to establish the procedure that individuals use when they believe their service needs exceed their Ohio Development Disability Profile (ODDP) funding range.

Key Points

- The rule applies to Individual Options Waiver recipients (not Level 1).
- Prior Authorization applies only to the Individual Service Plan (ISP) planning process when the new statewide rates are being used to calculate the funding level for new enrollees or current enrollees as they are transitioning.
- Prior Authorization must be offered during the ISP process if the individual's service needs exceed his/her ODDP funding range.
- The individual or guardian (if applicable) must submit a request for Prior Authorization in writing to ODMRDD.
- The individual must meet certain criteria to obtain prior authorization.
- The County Board must send the required information to ODMRDD within 5 business days.
- ODMRDD has 5 business days to approve the request. (ODMRDD cannot deny a request for Prior Authorization)
- If ODMRDD cannot approve it, the request is sent to the Ohio Department of Job and Family Services (ODJFS) and they must approve or deny within 10 business days.
- Prior Authorization time periods may vary depending on individual circumstances, however, Prior Authorization cannot exceed the effective Level of Care (LOC) ending date. If services needs are expected to continue to exceed the ODDP funding range beyond the LOC ending date, the individual must submit a new request for Prior Authorization.

Appendix 2

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. 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.