

Individual Supports Prior Approval Request Form

Prior Approval must be secured before the cost of prior approval items, goods, services, rates, or fees may be entered into an Individual Budget or ISA.

The following criteria must be met for a prior approval request to be considered:

1. Relates directly to the individual's disability
2. Relates directly to a specific need identified in the individual's plan or plan summary
3. Funds necessary to support the requested items, goods, services, rates or fees must already be in the individual's existing budget or have been allocated by the Planning Resource Allocation Team.

The following criteria shall be used to further evaluate requests for prior approval:

- Represents a one-time investment, which will lead to less dependence on the department in the future
- Prevents or minimizes a health or safety risk to the individual
- Directly supports the individual's ability to maintain his or her home or work/day arrangement
- Represents a significantly cost effective support arrangement

Region:	Contact Person:	Phone:
	Person for whom request is made:	
Date:	DDS #:	
Support Requested Describe the requested items, goods, services, rates, or fees. Breakout one-time costs and ongoing costs.		Cost
Rationale/Justification Please describe how the requested expense meets the prior approval criteria:		

B. Prior Approval Committee: All three committee members must approve for prior approval to be granted.

Regional representative comments:

Notes and Follow up:

Self Determination Director Comments

Approved
Denied
Date:

Regional Decision:

Approved Approved with Qualifications Disapproval One-Time Ongoing

Qualifications:

C. Programmatic Administrative Review

Approved Approved with Qualifications Disapproval One-Time Ongoing

Comments: