Ohio Department of Developmental Disabilities
Request for State-Funded Behavior Rate Add-On for Routine HPC and Community Respite

Individual Information
Medicaid Number
DODD Number
DOB

Guardian Information
Name
Address
Phone Number
City
State
Zip

County Board Contact Information
Name
Phone Number
Email Address
County

Individual's Full Waiver Span:
Proposed Start Date of Add-On:
End Date Add-on:
Total Number of HPC Units FY1:
Total Number of Community Respite Units Authorized:

*Does not include OSOC*
*Must enter only number of HPC units to which the add-on would apply (pro-rate number of units if not the entire span)

Note:
· Do not send the entire ISP – you may provide snippets or a brief summary or copy/paste.
· Please respond to the question as indicated, responses such as "see ISP" will not be accepted.

1. Has the individual been assessed within the last 12 months to present a danger to self or others and/or have the potential to present a danger to self or others?

If "No" Stop here

If "Yes" Identify:
Type of assessment:
Date of assessment:
Title/name of assessor:

2. Is a behavioral support strategy that is a component of the ISP developed in accordance with the requirements in rules established by DODD?

If "No" STOP HERE – the individual does not meet the criteria for the add-on.

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If “Yes” identify the behavior support strategies or provide a snippet or brief summary from the ISP:

3. Does the individual meet one of the following criteria?

Check Yes or No to each:

- Four or more yes responses on item #32 of the ODDP.
- Requires a structured environment identified in the ISP that, if removed, will result in the individual’s engagement in behavior destructive to self or others.

If “No” to both STOP HERE – the individual does not meet the criteria for the add-on.

If “Yes”, to either briefly describe the support services or provide snippet from ISP:

4. Does the county support the BAO request?  
If no, please list why below.