

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	Allen

Individual's Full Waiver Span: Type of Budget:
 Proposed Start Date of Add-On: End Date Add-on:

Total Number of HPC Units FY1: 100000 \$ 63,000.00 FY2: 100000 \$ 63,000.00

Community Respite Full Day Units Authorized: FY1:	<u>365</u> #####	FY2:	<u>365</u>	\$ 14,716.80
Community Respite Partial Day Units Authorized: FY1:	<u>800</u> #####	FY2:	<u>800</u>	\$ 12,600.00
Community Respite 15-Min. Units Authorized: FY1:	<u>5760</u> \$ 3,628.80	FY2:	<u>11111</u>	\$ 6,999.93
Total Number of Community Respite Units Authorized:	FY1: \$ 30,945.60	FY2: \$ 34,316.73		

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.

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WHEN COMPLETE EMAIL THIS TO THE BAO@DODD.OHIO.GOV

DODD WILL EMAIL YOU WHEN AUTHORIZED **QUESTIONS TO THE BAOQUESTIONS@DODD.OHIO.GOV**