



## Money Follows the Person Request for Authorization Form

Name:

Period:

Medicaid ID:

Service Plan Period:

TYPE OF REQUEST

COST

MFP Grant-Funded Slot

Regional Transition Coordinator Fee

Supplemental Service

Supplemental Service

Supplemental Service

Demonstration Service

Demonstration Service

Demonstration Service

Demonstration Service

Narrative Request and Justification:

### Prior Authorization Request:

The service(s) is/are medically necessary and relate(s) specifically to the member's medical diagnosis or is/are necessary for the member to access the member's home and/or community. This is documented in the narrative above.

The service(s) is/are essential; without which the member would require institutionalization or experience decreased access to their home and community.

The service(s) will be received after the client's enrollment into Big Sky Waiver (BSW) and prior to termination from BSW.

The service(s) provide(s) a direct medical or curative benefit to the member.

The service(s) is an/are approved service(s) listed in the BSW Application.

Cost effectiveness evaluation requires a comparison of similar services and equipment/supplies and choosing the option that meets the member’s specific need at the lowest cost. The following services/equipment/supplies/providers have been evaluated to potentially meet the members’ needs:

Before authorizing services, all third-party funding sources have been evaluated and exhausted. Documentation confirming the required items are not covered by another payer source is included in the member’s case record, as outlined below. (Note: BSW services should not be requested when the State Plan, CFCS, or Early and Periodic Screening and Diagnostic Treatment (EPSDT) services have been authorized but are unavailable due to insufficient staffing.)

Other supporting documentation is available in the case file (e.g. MP profile, DME Fee Schedule, Noridian, Mock Cost Sheet, PT, OT, ST)

If the individual is under the age of 21, EPSDT has been pursued and a decision received for all services/supplies (with the exception of home modifications, vehicle modifications, and/or service animals), and the documentation has been uploaded into case file.

If the request for services includes personal care services, specialized child care for medically fragile children, and/or private duty nursing:

- a. The MP profile has been uploaded into the case file; and
- b. A bi-weekly schedule of the hours currently utilized through the State Plan for therapies, CFC, EPSDT, an d/or life-span respite and the remaining hours of coverage requested through BSW have been uploaded into the case file.

MFP Program Manager	CONCURS	DOES NOT CONCUR
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Comments:

MFP Staff Signature	Date
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