
PRIOR APPROVAL REQUEST: GENERAL INFORMATION

Child Name

Date of Birth

Certified condition(s) for which funding is being requested:

Parent(s)/Guardian(s) Name

Email

Telephone Number

Address

City

State

Zip Code

Is the child covered by private insurance?

 Yes No

Is the child covered by Medicaid?

 Yes No

Is the child receiving assistance from Children's Special Health Care Services?

 Yes No

Parent/Guardian SignatureDate

PROVIDER INFORMATION-

Provider Name

Provider Address

Ripple Effects Community Inclusion Center

2255 W. Centre Ave. Portage, MI 49024

Provider FED ID# **OR** SSN and DOB

License/Cert# (if applicable)

93-2709963

Provider SIGMA Vendor Code

Telephone Number

Email

VS0294360

269-257-9060

info@rippleeffectsinclusion.org

Signature

Date

To complete the prior approval request, please complete the specific section below for the service you are requesting prior approval for. Attach ALL listed documentation and/or fill out all information for that section only.

PHYSICAL CARE SERVICES

Required documentation:

- Proof application was made to private insurance, CSHCS, Medicaid, and Home Help through MDHHS.
- Documentation from a physician including the total amount needed and duration of treatment.

DURABLE MEDICAL EQUIPMENT

Required documentation:

- Letter from physician documenting medical necessity, including:
 - Type of equipment, quantity, and frequency of usage
 - Physician's prescription or professional evaluation dated within 12 months, for the equipment
 - Proof other resources have been exhausted (Medicaid, private insurance, CHSHCS).

ADAPTIVE EQUIPMENT

Required documentation:

- Physician's prescription or professional evaluation dated within 12 months, for the equipment.
- Proof other resources have been exhausted (Medicaid, private insurance, CHSHCS).

VAN LIFTS

Required documentation:

- Proof other resources have been exhausted (Medicaid, private insurance, CHSHCS).

COMMUNICATION AIDS

Required documentation:

- Physician's prescription or professional evaluation dated within 12 months, for the equipment.
- Proof other resources have been exhausted (Medicaid, private insurance, CHSHCS).

INCONTINENCE SUPPLIES

Required documentation:

- Professional documentation of a medical need.
- Proof other resources have been exhausted (Medicaid, private insurance, CSHCS).

MENTAL HEALTH/DEVELOPMENTAL ASSESSMENT/EVALUATION

- Mental Health Assessment/Evaluation
- Developmental Assessment/Evaluation

Required documentation:

- Proof other resources have been exhausted (Medicaid, private insurance).

TRAUMA ASSESSMENT

Required documentation:

- Prescreening assessment from Post Adoption Resource Center (PARC)
 - Referral sent to AGAO by PARC

MEDICATION REVIEW

Required Documentation

- Proof other resources have been exhausted (Medicaid, private insurance, CSHCS).

OUTPATIENT COUNSELING

- Individual Family Group

Required documentation:

- Proof other resources have been exhausted (private insurance and Medicaid).
 Requesting more than 3 sessions per week:
 Proof services through CMH have been utilized for medicaid eligible children.

Note: Progress reports from outpatient counseling providers are needed every 90 days during the authorized coverage period.

BEHAVIORAL SERVICES

Required documentation:

- Treatment plan developed by a qualified treatment specialist (such as a licensed physician, psychologist, limited or fully licensed master social worker, or limited or fully licensed professional counselor) that includes:
- Assessment of the child's behavior.
 - Statement of intervention techniques to be used.
 - Expected parental involvement.
 - Expected outcomes at the end of the treatment period.
 - Signatures of the following individuals:
 - Treatment specialist
 - Service provider
 - Adoptive parent(s)/guardian(s)
- Treatment specialist's signed recommendation of the service provider and the training and supervision.
 Copies of treatment specialist's and service provider's credentials.
 Proof other resources have been exhausted (private insurance and Medicaid).

Note: Progress reports from behavioral service providers are needed every 90 days during the approval coverage period.

RESPITE CARE

Required documentation:

- Written request from the adoptive parent/guardian.
 Provider type:
 - Requesting licensed respite foster home provider.
 - Non-licensed respite provider.

PHYSICAL, OCCUPATIONAL, SPEECH THERAPY

- Physical Therapy Occupational Therapy Speech Therapy

Required documentation:

- Child age 0-2:
 - Proof parent/guardian has applied to Early On Michigan and received denial
 - Proof that services are needed above and beyond what is provided by the local school district.
- Child age 3 or older:
 - Copy of current IEP/504 plan
 - Proof that services are needed above and beyond what is provided by the local school district.
- Proof other resources have been exhausted (Medicaid, private insurance, CSHCS).

SENSORY INTEGRATION

Required documentation:

- Physician's prescription documenting a neurological condition.
- Proof other resources have been exhausted (private insurance and Medicaid).

TUTORING

Required documentation:

- Verification that tutoring will occur outside regular school hours.
- Documentation that free tutoring is not offered by the school.
- Credentials of tutor.

Choose one:

- Child is 7 or older, tutoring is for the purpose of raising a failing grade (C or below)
 - Include most recent report card or progress report.
 - Include copy of current IEP/504 Plan.
- Support for child who has below average standardized test scores.
 - Include most recent standardized test scores.
 - Include copy of current IEP/504 Plan.

ACADEMIC CREDIT/SUMMER SCHOOL

Required documentation:

- Documentation from child's school that includes:
 - Verification the course is required for graduation.
 - Cost of course.

Note: Parent must provide proof of regular attendance and completion of course when claim is submitted.

TRAVEL EXPENSES

Required documentation:

- Travel is more than 30 miles round trip.
- Proof other resources have been exhausted (Medicaid, private insurance, CSHCS).