



To be completed by the Care Coordination Organization (CCO) Care Manager or Enrollment/Intake Staff.  
See instructions on Page 2.

INDIVIDUAL'S INFORMATION		
Name:	DOB:	TABS ID:
Child (Under Age 18) Requesting a Waiver of Parental Deeming:    Yes            No		

SERVICES REQUESTED			
Service Type			
Annual Service Units (if applicable)		Service Provider (if known)	
Explanation of Need for Service			

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Annual Service Units (if applicable)		Service Provider (if known)	
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Explanation of Need for Service			

CARE COORDINATION ORGANIZATION (CCO) INFORMATION	
CCO Staff Name:	CCO:
Email:	Phone:
Supervisor Name:	
Email:	Phone:

CCO SIGNATURE AND ATTESTATION	
By signing below I attest that a comprehensive person-centered conversation has occurred with the individual about their needs and that the requested service(s) is what the individual needs, wants, promotes community integration and will be provided in the least restrictive environment.	
Signature	Date:

FOR INTERNAL USE ONLY	
Developmental Disabilities Regional Field Office (DDRFO) Staff Initials:	Date:

**REQUEST FOR SERVICE AUTHORIZATION (RSA)  
Instructions for Care Managers**

This form is used to request services for individuals who are new to OPWDD and coming through the Front Door. For individuals enrolled in the Home and Community Based Services (HCBS) Waiver and seeking to add or change existing services, please use the Service Amendment Request Form (SARF).

**INDIVIDUAL INFORMATION**

Enter the individual's Name, Date of Birth (DOB), TABS ID Number and indicate if they are a child under the age of 18 and requesting a waiver of Parental Deeming to be eligible for Medicaid.

**SERVICES REQUESTED**

**Service Type:** Select the Service Type from the drop-down list.

**Annual Service Units (if applicable):** For the services listed below, enter the requested annual service units.

Community Habilitation	1 Service Unit = 1 hour
Group Day Habilitation	1 Service Unit = minimum of 4 hours or more per day ½ Service Unit – minimum of 2 and less than 4 hours per day 5 days/week = 215 units 4 days = 172 units 3 days = 129 units 2 days = 86 units 1 day = 43 units ½ day = 21 units
Supplemental Group Day Habilitation	1 Service Unit = minimum of 4 hours or more per day ½ unit = minimum of 2 and less than 4 hours per day - Full = 100 units - Half = 50 units
Prevocational Services – Community Based	1 Service Unit = 1 hour
Prevocational Services – Site Based	1 Service Unit = minimum of 4 hours or more per day ½ Service Unit = minimum of 2 and less than 4 hours per day
Respite	1 Service Unit = 1 hour

**Service Provider (if known):** Enter the provider name. The CCO works to secure commitment(s) from providers before submitting the RSA, if the CCO has difficulty securing commitment(s), submission of the form should not be delayed.

**Explanation of Need for Service:** Briefly explain why this service is needed. Full justification, including the goals/values/outcomes this service will help the person achieve, must be included in the Life Plan or separate justification if not included in the Life Plan. If selecting Self-Direction with Budget Authority, identify at least one HCBS Waiver service the individual is seeking to self-direct in the Explanation of Need for service.

**CARE COORDINATION ORGANIZATION (CCO) INFORMATION**

Enter the CCO Name and the Name and Contact Information for both the Care Manager/Enrollment/Intake Staff and the Supervisor.

**CCO SIGNATURE AND ATTESTATION**

Read the attestation and sign and date the form.

**SUBMITTAL**

Submit the RSA, the Life Plan or In-Process Life Plan, other supporting documents as requested by the DDRFO, and the HCBS Waiver application (for those seeking Waiver services) in CHOICES using the Documentation Submission Form.

- Select "Service Authorization" as the reason for submission on the Documentation Submission Form
- When uploading Supporting Documents use the CHOICES naming convention: Last name\_first name\_TABS ID\_YYYY\_MM\_DD\_DocumentName

Send an email to the CCO Alert Mailbox with "Waiver Application RSA" in the subject line informing OPWDD that the RSA and other required Waiver Application documents have been uploaded to CHOICES and are ready for review.

**OPWDD RESPONSE AND SERVICE ENROLLMENT**

Once the completed RSA, the Life Plan or In-Process Life Plan, and HCBS Waiver application are received by OPWDD, the materials are reviewed, a service authorization decision is made, and a Notice of Decision (NOD) is sent to the individual and CM.

The CM forwards the Service Authorization Notice of Decision to any identified providers and must ensure that any identified providers submit the Developmental Disabilities Profile 1 (and DDP1 Supplement, when required) to OPWDD to enroll the person in their program(s) so services may begin.