

Ohio Department of Aging  
Bureau of Long Term Care Facilities

**ICF-MR/DD EXTENDED BED HOLD DAY(S) PRIOR AUTHORIZATION**

**Prior Authorization Request for Bed Hold Day(s) Beyond First 30 Days in a Calendar Year**

<i>(Last Name)</i>	<i>(First)</i>	<i>(Middle Initial)</i>												
Social Security Number														
Medicaid Billing Number <i>(12 digits)</i>														
Intermediate Care Facility For The Mentally Retarded/Developmentally Disabled (ICF-MR/DD) Information														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Medicaid Provider Number <i>(7 digits)</i></td> </tr> <tr> <td colspan="3">Facility Name</td> </tr> <tr> <td colspan="3">Address</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> </table>			Medicaid Provider Number <i>(7 digits)</i>			Facility Name			Address			City	State	Zip Code
Medicaid Provider Number <i>(7 digits)</i>														
Facility Name														
Address														
City	State	Zip Code												
Projected Leave Date(s) from the ICF-MR/DD	Date(s)													
Projected Leave Date(s) returning to the ICF-MR/DD	Date(s)													
Total # of Bed Hold Days Requested Now	Reason for Requested Leave													
Reason, Continued														
(If the leave is for a trial visit, attach a description of the visit plan and evaluation plan.)														
Signature	Title													
Date	Area Code/Phone Number													

**Certification of Previous Bed-Hold Days Used This Calendar Year**  
(Please complete next page of this form for all bed-hold days used—including first thirty bed-hold days.)

Provider Certification: <b>I certify that</b>	(Facility Name)
reserved a certified ICF-MR/DD bed for:	(Resident Name)
<b>according to the provisions of Ohio Administrative Code Rule 5101:3-3-92.</b>	
Signature of Nursing Home Administrator/QMRP	Date

**County Department of Job and Family Services Use Only**

Approved	→	Dates
Disapproved	→	Dates
Deferred	→	Additional Information needed
Signature		Date
Title:		

**Distribution:**

**Approval:** Attach form ODM 04074 and forward 2 copies of each to facility, resident & authorized representative.

**Disapproval:** Attach form ODM 04022 and forward 1 copy of each to facility, resident & authorized representative.

**Please complete on a calendar year basis.**

**ODM 09402 (7/2014)**

**Formerly JFS 09402 (Rev. 7/2005)**

**Resident:**   
**Previous Bed-Hold Days Used in Current Calendar Year**

Resident Left Facility	Date	Time	AM	PM
Resident Returned to Facility	Date	Time	AM	PM
Number of Days Used: <input type="text"/>	Reason for Requested Leave			

Resident Left Facility	Date	Time	AM	PM
Resident Returned to Facility	Date	Time	AM	PM
Number of Days Used: <input type="text"/>	Reason for Requested Leave			

Resident Left Facility	Date	Time	AM	PM
Resident Returned to Facility	Date	Time	AM	PM
Number of Days Used: <input type="text"/>	Reason for Requested Leave			

Resident Left Facility	Date	Time	AM	PM
Resident Returned to Facility	Date	Time	AM	PM
Number of Days Used: <input type="text"/>	Reason for Requested Leave			

Resident Left Facility	Date	Time	AM	PM
Resident Returned to Facility	Date	Time	AM	PM
Number of Days Used: <input type="text"/>	Reason for Requested Leave			

Resident Left Facility	Date	Time	AM	PM
Resident Returned to Facility	Date	Time	AM	PM
Number of Days Used: <input type="text"/>	Reason for Requested Leave			

Resident Left Facility	Date	Time	AM	PM
Resident Returned to Facility	Date	Time	AM	PM
Number of Days Used: <input type="text"/>	Reason for Requested Leave			

Resident Left Facility	Date	Time	AM	PM
Resident Returned to Facility	Date	Time	AM	PM
Number of Days Used: <input type="text"/>	Reason for Requested Leave			

Resident Left Facility	Date	Time	AM	PM
Resident Returned to Facility	Date	Time	AM	PM
Number of Days Used: <input type="text"/>	Reason for Requested Leave			

NOTE: If more space is needed to record all leave periods, please use another copy of this page 2.

Subtotal of bed-hold days used on this page

Total number of bed-hold days used this calendar year prior to this request. (Add total days to front of form.)