Reset Form

PRIOR APPROVAL REQUEST

State Form 51311 (R3 / 10-13)
Family and Social Services Administration

First Steps

County	Date (*month, day, year*)
Name of child	Date of birth (*month, day, year*)

Name of Service Coordinator	Telephone number of Service Coordinator	Fax number of Service Coordinator
	( )	( )

PRIOR APPROVAL IS REQUESTED FOR THE FOLLOWING SERVICE

☐ Assistive technology (*list the piece of equipment with the HCPC code and two written quotes from the vendor*)

Equipment	HCPC code
Quote #1	Quote #2

☐ Medical services (*for diagnostic purposes only*)
☐ Transportation (*only for aides, meals, etc.*)
☐ Other early intervention service (*please list the service requested and the cost*):

Name of Service	Cost
Name of Provider	Is the Provider currently enrolled? ☐ Yes ☐ No

☐ Two therapists of the same discipline:

Name of therapist #1	Name of therapist #2

☐ Other (*Please Specify*): _____

THE FOLLOWING INFORMATION MUST BE ATTACHED FOR ALL REQUESTS

☐ Eligibility documentation
☐ The related outcome
☐ Transition plan for equipment - If applicable (*Please attach the plan signed by the parent, provider and Service Coordinator*)
☐ Prescription from the child's primary care physician
☐ Submission of documentation of team discussion
☐ Documentation of cost / bids from the vendor
☐ Written recommendation from the acting therapist

Please verify that the following activities have been completed

Financial Case Management	☐ Yes	☐ No	
Child is eligible for Hoosier Healthwise	☐ Yes	☐ No	
Child is eligible for CSHCS	☐ Yes	☐ No	
Information has been submitted to CSHCS Care Coordinator	☐ Yes	☐ No	☐ N/A

FOR ASSISTIVE TECHNOLOGY

☐ List other equipment purchased/utilized below:

THIS BOX IS FOR STATE PERSONNEL USE ONLY

☐ Approval ☐ Denial ☐ Pending info needed: _____

☐ Check box if equipment will remain property of the State of Indiana, and notify Cluster SPOE once equipment has been returned.

Reason for denial	
Signature	Date (*month, day, year*)

First Steps Prior Approval Requests are to be faxed to: 317-234-6701