

Ohio Department of Job And Family Services  
**PRIVATE DUTY NURSING (PDN) SERVICES REQUEST**

**INITIAL REQUEST**  
(Complete for all requests)

**Consumer Information**

Name \_\_\_\_\_ Medicaid # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

ODA Waiver     ODMRDD Waiver     Non-waiver    Age \_\_\_\_\_

Authorized Representative or other contact (if applicable)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Provider Information**

Name \_\_\_\_\_ Medicaid Provider # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Fax # \_\_\_\_\_

**Case Manager Information (if applicable)**

Case Manager Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Fax # \_\_\_\_\_

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**REQUEST FOR CHANGE IN SERVICES**

(Complete for subsequent requests only)

Current services

Amount (List number of base and subsequent units per day, and days per week) \_\_\_\_\_

\_\_\_\_\_

Scope \_\_\_\_\_

Duration \_\_\_\_\_

Requested services

Amount (List number of base and subsequent units per day, and days per week) \_\_\_\_\_

\_\_\_\_\_

Scope \_\_\_\_\_

Duration \_\_\_\_\_

Reason for Request

\_\_\_\_\_

\_\_\_\_\_

**FAX BOTH PAGES OF FORM TO: 614-387-7661**  
**Bureau of Home and Community Services**  
**Phone: 614-466-6742**

**NOTIFICATION OF DECREASE IN SERVICES**

(Complete for subsequent requests only)

(Providers must notify ODJFS if less than the authorized amount of services are needed)

Current services

Amount (List number of base and subsequent units per day, and days per week) \_\_\_\_\_

Scope \_\_\_\_\_

Duration \_\_\_\_\_

New service need

Amount (List number of base and subsequent units per day, and days per week) \_\_\_\_\_

Scope \_\_\_\_\_

Duration \_\_\_\_\_

Reason for decrease \_\_\_\_\_

**NOTIFICATION OF PROVISION OF EMERGENCY SERVICES**

(Complete for subsequent requests only)

Pursuant to OAC 5101:3-12-2.03(E)(1) PDN services may be delivered in an emergency and a new PDN authorization obtained after the delivery of services. The PDN services must be medically necessary in accordance with OAC 5101:3-1-01 and the services must be necessary to protect the health and welfare of the consumer. (Emergency services are provided outside normal State of Ohio office hours when prior approval cannot be obtained.) Notification must be submitted no later than the first business day following service provision.

List emergency services provided

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for emergency \_\_\_\_\_

Units provided (List number of base units and subsequent units per date of service)

\_\_\_\_\_  
\_\_\_\_\_

**ODJFS APPROVAL**

(For State use only)

PDN Services Approved

Amount (List number of base and subsequent units per day, and days per week) \_\_\_\_\_

Scope \_\_\_\_\_

Duration \_\_\_\_\_

Authorization Number \_\_\_\_\_ Amount \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

ODJFS Approval by \_\_\_\_\_ Date \_\_\_\_\_