

Residential-Habilitation Agency Affiliation Advance PA Authorization Sheet

Date	Region	Participant
PA Start Date	PA End Date	MID #
Residential-Habilitation Affiliate Agency Name: <i>(please print)</i>		

A participant must have selected a Certified Family Home in order for an Affiliate Agency to request advance prior authorization. The Residential-Habilitation Affiliate Agency requesting advance prior authorization must also provide the following information:

1. What is the name of the Certified Family Home provider? _____
2. Has the Certified Family Home affiliated with your agency? Yes No
3. Is the Plan Developer aware of the participant's decision to use the identified Certified Family Home and your affiliate agency? Yes No

Residential-Habilitation Agency Affiliation Services Have Been Authorized: *(for regional office use only)*

Service	Frequency	Provider Number	Prior Authorization #
0919B			