

## **Waiting List Exception Request**

	DOB:	DOB:		
icaid: t eligibl	☐ Yes ☐ No Date of a le for Medicaid, please explain why:	pplication:		
Whi	ch crisis definition applies to this situation? (Please n			
	Requires protection from confirmed abuse, neglection pending action for same (Please provide supporting decision)		or written docui	mentation of
	DCF currently involved?	☐ Yes	□ No	
	Police/Court currently involved?	☐ Yes	□ No	
	Medical Specialist currently involved?	☐ Yes	□ No	
2. Are	At significant, imminent risk of causing harm to se Explain:			
2. Are	Explain:	leeds?	☐ Yes	
2. Are	there current significant Behavioral/Mental Health N Explain:  Are Behavioral/Mental Health Services in place? Provider:	leeds?	☐ Yes	□ No
2. Are	there current significant Behavioral/Mental Health N Explain:  Are Behavioral/Mental Health Services in place? Provider: Services:	leeds?	☐ Yes	□ No
2. Are	there current significant Behavioral/Mental Health N Explain:  Are Behavioral/Mental Health Services in place? Provider:	leeds?	☐ Yes	□ No
	there current significant Behavioral/Mental Health N Explain:  Are Behavioral/Mental Health Services in place? Provider: Services: Is there a current Behavioral Support Plan? Are these needs being met? If not, why:	leeds?	☐ Yes ☐ Yes ☐ Yes	□ No
	there current significant Behavioral/Mental Health N Explain:  Are Behavioral/Mental Health Services in place? Provider: Services: Is there a current Behavioral Support Plan? Are these needs being met? If not, why:	leeds?	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No
	there current significant Behavioral/Mental Health N Explain:  Are Behavioral/Mental Health Services in place? Provider: Services: Is there a current Behavioral Support Plan? Are these needs being met? If not, why:	leeds?	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No

## 4. What Services are being requested: IN-HOME SUPPORT What are the current support systems: ☐ Parents at home ☐ Parents out of the home ☐ Legal Guardian ☐ DPOA ☐ Payee ☐ Friends ☐ Church ☐ Family ☐ Mental Health Supports ☐ Medical Supports (in home care/hospice) ☐ Private Pay I/DD Supports ☐ CDDO Funded Supports $\square$ No Are In-Home Support currently being provided: ☐ Yes Who is the provider: \_\_\_\_\_ Relationship: What has changed: \_\_\_\_\_\_ ■ DAY SERVICES What are the current day activities: ☐ Volunteer Opportunities ☐ School/Education ☐ Employment ☐ Mental Health Services ☐ Medical Services ☐ Private Pay I/DD Services ☐ Other:\_\_\_\_\_ ☐ Recreational Activities ☐ Yes □ No Are Day Services currently being provided: Who is the provider: \_\_\_\_\_ What has changed: \_\_\_\_\_ Have employment options been explored? If not, why: ☐ Yes □ No Is there an open Vocational Rehabilitation case? ☐ Yes $\square$ No RESIDENTIAL SERVICES What are the current living arrangements: ☐ Lives in own home alone ☐ Lives in own home with others ☐ Lives with parents/family/friend ☐ Homeless $\square$ Lives in foster home placement $\square$ Lives in hospital setting/nursing home ☐ Other: \_\_\_\_\_ ☐ Yes □ No Does the individual **currently** have ability to pay room and board? If not, why:\_\_\_\_\_\_ When:\_\_\_\_\_ Why are current living arrangements no longer able to meet the need: ☐ Terminally ill/significant health issues ☐ Confirmed for abuse, neglect or exploitation ☐ Placed in nursing facility/assisted living ☐ Incarceration ☐ No longer willing/able to provide supports ☐ Inability to continue private pay supports/services ☐ CDDO no longer able to fund supports/services

☐ Other:\_\_\_\_\_

☐ Other HCBS Waivers ☐ MCO Value Added Ben ☐ Private Insurance ☐ Educational Programs ☐ Independent Living Ski	efits Ils Services	e been explored prior to making  Mental Health Services  Local Family Support Grants  Vocational Rehab  After School Care  Other:	☐ Parsons O☐ ☐ EPSDT ☐ DCF Progra ☐ CDDO State	utreach Team ams e Aid	
6. Persons living in the hom	e:	Polistic cells	A	E. J. J.	
Name 7. Gross Monthly Income:		Relationship	Age	Employed	
SSI/SSDI \$		Employment		\$	
Family Support/Subsidy \$		Alimony/Child Support		\$	
Cash Assistance \$		Trust Fund Payments		\$	
Adoption Subsidy \$		Food Stamps		\$	
Other	\$	Explain Other <b>Monthly</b>	Income	\$	
		Annual I		\$	
8. Gross Monthly Expenses:					
Mortgage/Rent	\$	Electric/Gas		\$	
Phone	\$	Cable		\$	
Water/Trash	\$	Alimony/Child Su	pport	\$	
Food Transportation (nayment, gas	\$	Laundry		\$	
Transportation (payment, gas, insurance) \$ Insurance \$		Childcare Savings		\$	
				\$	
Retirement/Investments	\$	-			
Other	\$	Explain Other: <b>Total Month</b> l	ly Expenses	\$	
		Annual Ex		\$	

9. What is the immediate negative outcome if the service is not approved?
10. Please summarize the request for exception with any additional detail the funding committee should be aware of related to this request? This includes any barriers to placement (family, financial, behavioral)
I authorize my case manager to submit this request for fundin
(person/guardian) to the CDDO & Kansas Department for Aging and Disability Services. The CDDO of Butler County will review the request and supporting documentation within 3 business days and determine if all other community supports have been exhausted prior to making a possible recommendation to KDADS.
If/When the request is forwarded to KDADS, they have 10 business days to follow up with additional questions and make a determination on the exception to services. If KDADS has determined an approval to bypass the waiting list and access I/DD Waiver Services, they will inform the parent/guardian via mail.
The Managed Care Organization (MC0) managing the Medicaid Card will contact the parent/guardian to complete a

Needs Assessment to determine the HCBS services which will be approved. Once services have been approved, the parent/guardian will need to contact the CDDO of Butler County to complete Options Counseling/Provider Choice

choosing the providers in our area for the services.