

HCBS I/DD Waiver Crisis Request

This questionnaire will be used when requesting new services for a person in crisis. In addition to this form, submit updated PCSP and BSP (if applicable). Submit this form to CDDO Data System Coordinator.

Name

Date of Request

Date of Birth

Date of last BASIS/MFEI

TCM

TCM Phone

MCO

Care Coordinator

**Requires protection from confirmed ANE
or written documentation of pending
action**

**Are at significant, imminent risk of serious harm
to self or others in their current situation**

- 1) Provide a brief description of the crisis at hand and how the needs were previously met.

2) Describe support provided by the MCO. Must contact the MCO through one of the following emails if the person is not assigned a Care Coordinator.

Healthy Blue: ksltsscoordination@elevance.com

Sunflower: Region3CM@sunflowerhealthplan.com

United: uhcksltss@uhc.com

Not assigned an MCO

3) Describe support received from family, extended family, and friends.

4) Describe support received by mental health, if applicable.

5) Describe support received by other agencies such as the legal system, KDADS, DCF, Family Preservation, etc.

**Please email request and ALL supporting documentation to the CDDO Data System Coordinator.
Attach each document as a separate attachment.**

6)	Can any of the needs be met with Assistive Technology? If yes, please explain.	Yes	No
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7) Explain other community supports were explored such as church, neighbors, childcare programs, PSH Outreach, etc. Be as detailed as possible.

8)	If individual is under 21, have they accessed Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)?	Yes	No
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REQUESTED SERVICES

DISPUTE RESOLUTION

Individuals and affiliates of the CDDO have the right to appeal any negative findings by following the CDDOs Dispute Resolution Policy. For KDADS or MCO appeals, their dispute resolution policy will be followed. Please contact the CDDO for a copy of the CDDO policy

My signature below authorizes the CDDO of SEK to release required documents to KDADS for their review of this request. I certify that I have reviewed and agree to the accuracy and completeness of this request.

Signature of Individual

Date

Signature of Guardian

Date

Printed Name of Guardian

TCM Signature

Date

FAMILY WEEKLY SCHEDULE FOR SUPPORTS IN FAMILY HOME

SUNDAY			
Relationship to Applicant	Type of Activity	Start Time	End Time

THURSDAY			
Relationship to Applicant	Type of Activity	Start Time	End Time

MONDAY			
Relationship to Applicant	Type of Activity	Start Time	End Time

FRIDAY			
Relationship to Applicant	Type of Activity	Start Time	End Time

TUESDAY			
Relationship to Applicant	Type of Activity	Start Time	End Time

SATURDAY			
Relationship to Applicant	Type of Activity	Start Time	End Time

WEDNESDAY			
Relationship to Applicant	Type of Activity	Start Time	End Time

Please provide an explanation if there are no regular activities below.

**Tips for success:**

- Contact MCO as early as possible in the process.
- Update the PCSP and BSP if applicable with crisis information.
- Ensure the request, PCSP, BSP if applicable is signed by the individual and guardian.
- Exhaust community resources.
- For adults, ensure an application to VRS is completed or explain why it is not appropriate.
- For children, explain why daycare cannot meet the child's needs. Provide documentation if available.
- Include any findings with documentation of recommendation for all APS or CPS reports.
- Include any law enforcement documentation.
- Include any recommendations from mental health.
- Make sure none of the documentation contradicts each other.
- Check for typos!!!