



HCBS I/DD WAIVER EXCEPTION REQUEST

CDDO of Southeast Kansas
New 1/25
Revised 4/26

***This request will be used when requesting new services for a person that meets the exception criteria. In addition to this form, release from custody date and date of transition are required. Updated PCSP and BSP (if applicable) must be submitted. Submit these documents to CDDO Director and Eligibility Coordinator .*

Individual Name
Date of Birth
TCM
MCO
Type of Request

Date of Request
Date of last BASIS
TCM Phone
Care Coordinator

Priority service situation

In DCF custody-requires support for non-supervisory IDD needs

Risk of entering DCF custody

DCF custody release (ROC) Anticipated release date

Transition from different programs Transition date

WORK/STEPS Transition

Waiver Transition for TA, Autism, or BI program

Institutional Transition, includes ICF, Nursing Facilities, PRTFs, and BIRFs

Military Inclusion

As the payer of last resort, have all other resources been exhausted?

Yes

No

How will waiver services support the exception?

TCM Signature

Date

CDDO USE ONLY

Does documentation support the exception request? Yes No, explain.

Is there a current LOC? Yes No, scheduled date

Returned, Reason

Denied, Reason

Approved

Date sent to KDADS

CDDO Personnel