CDDO of Southeast Kansas
New 1/25
Revised 11/26

HCBS I/DD WAIVER **EXCEPTION** REQUEST

***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 Request**	
Date of Birth		**Date of last BASIS/MFEI**	
TCM		**TCM Phone**	
MCO		**Care Coordinator**	
Type of Request			

☐ 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