

HCBS I/DD Waiver Access Request

***This questionnaire will be used when requesting new services for a person. In addition to this form, submit HCBS IDD Waiver Access Request Checklist, updated PCSP and BSP (if applicable). Submit this form to CDDO Director, Eligibility Coordinator and Functional Assessment Coordinator.*

Name **Date of Request**

Date of Birth **Date of BASIS**

TCM **TCM Phone**

MCO **Care Coordinator**

| | | |
|---------------|--|---|
| CRISIS | 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 |
|---------------|--|---|

OR

EXCEPTION (Check what applies)

Transition out of state custody. Anticipated date of release of custody required.

Child in foster care, additional supports needed in excess of what foster parent can provide.

Child is at imminent risk of coming into custody. Documentation from DCF or court required.

The person is transitioning from VR. Anticipated VR end date. Documentation from VR required.

The person is transitioning back to the IDD waiver from the WORK program.

1. Describe the current situation in detail. Include specific information on why you feel the person is at risk and what the immediate consequence will be if the service is not provided.

2. Explain why the needs of the person must be met differently and how the needs were met prior to the request.

Please email request and ALL supporting documentation to the CDDO Director, Eligibility Coordinator and Functional Assessment Coordinator. Attach each document as a separate attachment.

3. 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.

Aetna: aetnabetterhealthkshcbs_ltss@aetna.com

Sunflower: Region3CM@sunflowerhealthplan.com

United: uhcksltss@uhc.com

Not assigned an MCO

4. Describe support received from family, extended family, and friends.
5. Describe support received by mental health, if applicable.
6. Describe support received by other agencies such as the legal system, KDADS, DCF, Family Preservation etc.
7. Can any of the needs be met with Assistive Technology?
If yes, please explain.
8. Explain other community supports were explored such as church, neighbors, childcare programs, PSH Outreach, etc.
Be as detailed as possible.

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

Please email request and ALL supporting documentation to the CDDO Director, Eligibility Coordinator and Functional Assessment Coordinator. Attach each document as a separate attachment.

FAMILY WEEKLY SCHEDULE FOR IN HOME SUPPORTS

| SUNDAY | | | |
|---------------------------|------------------|------------|----------|
| Relationship To Applicant | Type of Activity | Start Time | End Time |
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| THURSDAY | | | |
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| Relationship To Applicant | Type of Activity | Start Time | End Time |
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| MONDAY | | | |
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| Relationship To Applicant | Type of Activity | Start Time | End Time |
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| FRIDAY | | | |
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| Relationship To Applicant | Type of Activity | Start Time | End Time |
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| TUESDAY | | | |
|---------------------------|------------------|------------|----------|
| Relationship To Applicant | Type of Activity | Start Time | End Time |
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| SATURDAY | | | |
|---------------------------|------------------|------------|----------|
| Relationship To Applicant | Type of Activity | Start Time | End Time |
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| WEDNESDAY | | | |
|---------------------------|------------------|------------|----------|
| Relationship To Applicant | Type of Activity | Start Time | End Time |
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Please provide an explanation if there are no regular activities below.

Please email request and ALL supporting documentation to the CDDO Director, Eligibility Coordinator and Functional Assessment Coordinator. Attach each document as a separate attachment.



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!!!

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