



## HCBS I/DD WAIVER EXCEPTION REQUEST

CDDO of Southeast Kansas

New 1/25

Revised 4/25

*\*\*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, Eligibility Coordinator and Functional Assessment 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

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### 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