



**Waiting List Exception Request**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Tier: \_\_\_\_\_

TCM: \_\_\_\_\_ TCM Phone: \_\_\_\_\_

Medicaid:  Yes  No

Date of application: \_\_\_\_\_

If not eligible for Medicaid, please explain why:

\_\_\_\_\_

**1. Which crisis definition applies to this situation? (Please mark one)**

Requires protection from confirmed abuse, neglect, or exploitation or written documentation of pending action for same (Please provide supporting documentation)

DCF currently involved?  Yes  No

Police/Court currently involved?  Yes  No

Medical Specialist currently involved?  Yes  No

At significant, imminent risk of causing harm to self or others in their current situation  
Explain:

**2. Are there current significant Behavioral/Mental Health Needs?**

Yes  No

Explain:

Are Behavioral/Mental Health Services in place?  Yes  No

Provider : \_\_\_\_\_

Services: \_\_\_\_\_

Is there a current Behavioral Support Plan?  Yes  No

Are these needs being met? If not, why:  Yes  No

**3. Are there current significant Medical Needs?**

Yes  No

Diagnosis

Are these needs being met? If not, why:  Yes  No

Can these needs be met through EPSDT? If not, why:  Yes  No



**5. What other community resources have been explored prior to making this request (Check all that apply)?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Other HCBS Waivers                 | <input type="checkbox"/> Mental Health Services      | <input type="checkbox"/> Parsons Outreach Team |
| <input type="checkbox"/> MCO Value Added Benefits           | <input type="checkbox"/> Local Family Support Grants | <input type="checkbox"/> EPSDT                 |
| <input type="checkbox"/> Private Insurance                  | <input type="checkbox"/> Vocational Rehab            | <input type="checkbox"/> DCF Programs          |
| <input type="checkbox"/> Educational Programs               | <input type="checkbox"/> After School Care           | <input type="checkbox"/> CDDO State Aid        |
| <input type="checkbox"/> Independent Living Skills Services | <input type="checkbox"/> Other: _____                |  |

**6. Persons living in the home:**

Name	Relationship	Age	Employed
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**7. Gross Monthly Income:**

SSI/SSDI	\$	Employment	\$
Family Support/Subsidy	\$	Alimony/Child Support	\$
Cash Assistance	\$	Trust Fund Payments	\$
Adoption Subsidy	\$	Food Stamps	\$
Other	\$	Explain Other	
		<b>Monthly Income</b>	\$
		<b>Annual Income</b>	\$

**8. Gross Monthly Expenses:**

Mortgage/Rent	\$	Electric/Gas	\$
Phone	\$	Cable	\$
Water/Trash	\$	Alimony/Child Support	\$
Food	\$	Laundry	\$
Transportation (payment, gas, insurance)	\$	Childcare	\$
Insurance	\$	Savings	\$
Retirement/Investments	\$		
Other	\$	Explain Other:	
		<b>Total Monthly Expenses</b>	\$
		<b>Annual Expenses</b>	\$

**9. What is the immediate negative outcome if the service is not approved?**

**10. Please summarize the request for exception with any additional detail the funding committee should be aware of related to this request? This includes any barriers to placement (family, financial, behavioral)**

I \_\_\_\_\_ authorize my case manager to submit this request for funding  
(person/guardian)

to the CDDO & Kansas Department for Aging and Disability Services. The CDDO of Butler County will review the request and supporting documentation within 3 business days and determine if all other community supports have been exhausted prior to making a possible recommendation to KDADS.

If/When the request is forwarded to KDADS, they have 10 business days to follow up with additional questions and make a determination on the exception to services. If KDADS has determined an approval to bypass the waiting list and access I/DD Waiver Services, they will inform the parent/guardian via mail.

The Managed Care Organization (MCO) managing the Medicaid Card will contact the parent/guardian to complete a Needs Assessment to determine the HCBS services which will be approved. Once services have been approved, the parent/guardian will need to contact the CDDO of Butler County to complete Options Counseling/Provider Choice choosing the providers in our area for the services.