



REQUEST FOR EXCEPTION TO ESTABLISHED SERVICE LIMITS OR MAXIMUM NUMBER OF SERVICE UNITS

The Office of Developmental Programs (ODP) recognizes that unique situations may arise that will result in requests for services that exceed established limits or service conditions and has provided for a process to request an exception to the following items:

- Respite Services (15 Minute and 24 Hour)
- Waiver eligible service location for 24 Hour Respite in a licensed setting
- Therapeutic leave days

INSTRUCTIONS

All requests for an exception must be submitted in writing using Form DP XXXX by the Supports Coordination Organization (SCO) to the appropriate Administrative Entity (AE) who will review the request and forward it to the appropriate Regional Program Manager.

- The exception request (DP XXXX) must contain the following information:
 - The proposed number of additional units.
 - A detailed description of the circumstances on which the request for more than the established maximum number of units is based.
 - A justification for increased units based on a review of services previously utilized or the existing approved claims.
 - The proposed site location if a request is submitted for permission to render respite in a licensed residential setting that exceeds the size limitations outlined in the latest Service Definitions Bulletin.
- The SCO will submit the completed DP XXXX to the AE for review and approval or disapproval within 10 business days of the request from the individual surrogate.
- The AE will review and indicate approval or disapproval of all requests for an exception within 10 business days of receipt of Form DP XXXX.
- Once a decision of approval or disapproval is made, the AE will immediately forward a copy of the exception request and their decision to the RPM with comments explaining the reasons for any disapproval.
- The ODP Regional Program Manager will review and approve or disapprove all requests for exception within 10 business days of receipt of request. Written notification will be sent to the AE with a copy to the SCO.



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NAME OF PERSON FOR WHOM EXCEPTION IS BEING REQUESTED:	MCI NUMBER OF PERSON:
NAME OF SCO:	NAME AND EMAIL OF PERSON COMPLETING REQUEST:

AVAILABLE WAIVER OR FUNDING TYPE:

- Consolidated P/FDS Base

TYPE OF EXCEPTION REQUESTED (choose one):

- 24-Hour Respite (24-Hour Respite requested beyond 30 days in a fiscal year for a waiver participant)
- 15-Minute Respite (15-Minute Respite requested beyond 480 units for a waiver participant)
- Base-Funded Respite (combined total, including 24 hours and 15 minutes, beyond 28 days in a fiscal year)
- Location of 24-Hour Respite services (request for waiver of the size limitation for Licensed Out-of-Home Respite for a waiver participant)
- Therapeutic Leave Days (request for more than 48 days of therapeutic leave in a fiscal year for a waiver participant)

NUMBER OF UNITS INITIALLY AUTHORIZED: _____

NUMBER OF ADDITIONAL UNITS BEING PROPOSED: _____

DESCRIBE CIRCUMSTANCES REQUIRING AN EXCEPTION TO THE ESTABLISHED LIMIT
(Include information about current utilization based on the review of claims, efforts taken to address the situation, time period for desired exception and plans to avoid a recurrence):

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DATE REQUEST SUBMITTED TO ADMINISTRATIVE ENTITY: _____

ADMINISTRATIVE ENTITY DECISION: APPROVED DISAPPROVED

NAME OF AE REPRESENTATIVE	TITLE

COMMENTS FROM AE (if disapproval recommended):

DATE REQUEST & RECOMMENDATION SUBMITTED BY AE TO ODP REGIONAL OFFICE: _____

ODP REGIONAL OFFICE DECISION¹: APPROVED DISAPPROVED

REASONS FOR DISAPPROVAL:

DATE ODP REGIONAL OFFICE DECISION SUBMITTED TO AE, SCO AND ODP CLAIMS RESOLUTION UNIT: _____

ADDITIONAL COMMENTS: SCO AE REGIONAL OFFICE

¹ THE REGIONAL OFFICE OF ODP SHALL FORWARD THE COMPLETED FORM TO THE ODP CLAIMS RESOLUTION UNIT.

