HCBS Crisis/Exception Request

Date of Request: Click or tap to enter a date.

Name: Click or tap here to enter text. **Age:** Click or tap here to enter text.
D.O.B.: Click or tap to enter a date. **SSN:**
MCO: Choose an item. **Medicaid #:** Click or tap here to enter text.
Guardian Name: Click or tap here to enter text.
TCM Agency: Click or tap here to enter text. **TCM:** Click or tap here to enter text.
Date of Last Functional Assessment: Click or tap to enter a date. **Tier:** Choose an item.
I/DD Diagnosis: Click or tap here to enter text.

Services Requested:

☐ Day Services ☐ Residential Services ☐ PCS

Type of Request:

Crisis: ☐ Person is at significant, imminent risk of serious harm to self or others
☐ Person requires protections from confirmed abuse, neglect or exploitation

Exception:

☐ Child in DCF Custody ☐ Exiting DCF Custody ☐ At risk of DCF Custody ☐ Military Inclusion ☐ WORK/Working Healthy

Transition from: ☐ State Hospital ☐ Nursing Home ☐ PRTF ☐ Jail/Prison
Expected Date of Discharge/Release of Custody: Click or tap to enter a date.

Describe in detail the reason for the request and what has changed to warrant a request.
Click or tap here to enter text.

How will I/DD services resolve the reason for the request?
Click or tap here to enter text.

What will happen pending the results of the request and if services are not approved?
Click or tap here to enter text.

COMMUNITY SUPPORTS:

Identify current supports and supports that have been exhausted. *Include documentation in the request (as applicable).*

Mental Health (Check all that apply):

☐ SED Waiver Services: Click or tap here to enter text.
☐ Counseling/Therapy: Click or tap here to enter text.
☐ Medication Management: Click or tap here to enter text.
☐ Behavioral Consultation: Click or tap here to enter text.
☐ Inpatient Services: Click or tap here to enter text.
☐ Other: Click or tap here to enter text.

Education (Check all that apply):

☐ In School: Click or tap here to enter text.
Anticipated Date of Graduation: Click or tap to enter a date.
☐ 18-21 Program: Click or tap here to enter text.
☐ Not in School: Click or tap here to enter text.
☐ Other: Click or tap here to enter text.

Employment/Vocational Services/Working Healthy (Check all that apply):
☐ Community Employment: Click or tap here to enter text.
☐ Vocational Rehabilitation: Click or tap here to enter text.
☐ WORK/Working Healthy: Click or tap here to enter text.
☐ Other: Click or tap here to enter text.

Transportation (Check all that apply & please explain):
☐ Access to public transportation: Click or tap here to enter text.
☐ Has own transportation/able to drive: Click or tap here to enter text.
☐ Other: Click or tap here to enter text.

Other Community Supports:
Click or tap here to enter text.

NATURAL SUPPORTS:

What natural supports are available? If no natural supports are available, why not?
Click or tap here to enter text.

SUPPORT NEEDS:

Describe the individual's abilities as well support needs. Provide the level of support needed for ADL's & IADL's.
Click or tap here to enter text.

MCO RECOMMENDATION/RESOURCES:

List MCO and recommendations/response received including other services offered by MCO. Documentation of correspondence must be submitted. If not currently Medicaid eligible, provide date of application.
Click or tap here to enter text.

MALADAPTIVE BEHAVIORS:

Describe in detail any maladaptive behaviors or patterns of such, frequency, and interventions used, etc. Provide a copy of signed Behavior Support Plan where applicable.
Click or tap here to enter text.

Have the behaviors identified resulted in intervention by any of the following? (Check all that apply, explain & attach supporting documentation):
☐ Law Enforcement: Click or tap here to enter text.
☐ Adult Protective Services/Child Protective Services: Click or tap here to enter text.

☐ Hospitalizations/ER: Click or tap here to enter text.
☐ Other: Click or tap here to enter text.

MEDICAL/HEALTH CONDITIONS:

Describe current medical concerns and health risks if applicable.
Click or tap here to enter text.

Check the supporting documentation you have submitted with this request:

☐ Documentation to establish imminent risk
☐ Police Reports ☐ ER Visits ☐ Corrections/Probation Reports

☐ Documentation to establish abuse, neglect and/or exploitation
☐ ANE Reports ☐ APS/CPS Reports

☐ Documentation of current community resources and those that have been exhausted

☐ Documentation of MCO recommendation & resources suggested or provided by MCO

☐ Current signed/dated PCSP

☐ Current signed/dated BSP (if applicable)

☐ IEP (if applicable)

☐ Permanency Plan (for individuals exiting DCF Custody)

☐ Documentation verifying Expected Discharge/Release of Custody Date

Signature of TCM: _____ Date: _____

Signature of Individual/Guardian: _____ Date: _____