

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 Services/Funding Coordinator.*

Name: _____ **Date of Request:** _____

Date of Birth: _____ **Date of Basis:** _____ **TCM:** _____ **TCM Phone:** _____

MCO: _____ **Care Coordinator:** _____

☐ **CRISIS** (Check what applies)

☐ **Require 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**

☐ **EXCEPTION** (Check what applies)

<input type="checkbox"/>	Transition out of state custody (foster care). Anticipated date of release of custody required.	
<input type="checkbox"/>	Child in foster care, additional supports needed in excess of what the foster parent can provide due to: Provide details.	
<input type="checkbox"/>	Child is at imminent risk of coming into custody. Documentation from DCF or court required.	
<input type="checkbox"/>	The person is transitioning from Vocational Rehabilitation Services (VR). Documentation from VR is required. Include anticipated date.	
<input type="checkbox"/>	The person is transitioning back to the IDD waiver from the WORK program. Include anticipated date.	

- Describe the current situation in detail. Include specific information on why you feel the person is at risk and what are the immediate consequence will be if the service is not provided.
- What has changed in the person's life to cause the crisis? Explain why the needs of the person have to be met differently and how the needs were met prior to the request. (Crisis request only)
- Describe supports provided by the MCO. Provide supporting documentation if applicable. Must contact the MCO through one of the following emails:

- Aetna: aetnabetterhealthkshcbs_ltss@aetna.com
- UHC: uhcksltss@uhc.com
- Sunflower: Region3CM@sunflowerhealthplan.com
- ☐ No MCO involvement

4. Describe supports received from family, extended family and friends.
5. Describe supports provided by mental health, if applicable.
6. Describe supports provided by other agencies such as legal system, KDADS, DCF, Family Preservation etc.
7. Can any of the needs be met with Assistive Technology?
8. Explain what natural and community supports were explored before submitting this request such as: church, neighbors, assistive technology, childcare programs, PST Outreach etc. Be as detailed as possible.

REQUESTED SERVICES

Describe how the requested services would resolve the crisis.

DISPUTE RESOLUTION

Individuals and affiliates of the CDDO have the right to appeal any negative findings by following the CDDO's 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 Person: _____

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.



Tips for success:

- MCO **must** be contacted as early in the process as possible.
- Remember the request and PCSP must be signed by the person and guardian.
- Update the PCSP and BSP if applicable with current information before submitting.
- Include information and documentation from other professionals who work with the person or family.
- For adults, ensure an application to VRS is completed or explain why it is not appropriate.
- For children, explain why daycare will not meet the child's needs. Provide documentation if available.
- For APS or CSP, include any findings and include documentation of recommendation when possible.
- Make sure none of the documentation contradicts each other.
- Check for typos!!

FAMILY WEEKLY SCHEDULE FOR IN HOME SUPPORTS

SUNDAY			
Relationship To Applicant	Type of Activity	Start Time	End Time

THURSDAY			
Relationship To Applicant	Type of Activity	Start Time	End Time

MONDAY			
Relationship To Applicant	Type of Activity	Start Time	End Time

FRIDAY			
Relationship To Applicant	Type of Activity	Start Time	End Time

TUESDAY			
Relationship To Applicant	Type of Activity	Start Time	End Time

SATURDAY			
Relationship To Applicant	Type of Activity	Start Time	End Time

WEDNESDAY			
Relationship To Applicant	Type of Activity	Start Time	End Time

Please provide explanation if there are no regular activities below.