Exception Information and Check-List

This check-list will assist with completing Exceptions requests fully and accurately. Any requests which are incomplete or have errors will result in denial. The check-list is separated by Annual and Mid-Year Requests and general information helpful to completing the form.

→ Annual team agreement to services

- ☐ A face-to-face annual IPP meeting must be held to agree to services requested on the Exception.
- ☐ Initial purchase request must be under budget.
- ☐ Services must be purchased in the correct order:
  - ☐ SC (max of 240, unless direct-care services can be maxed under-budget)
  - ☐ Direct Care (PCS services, day services, electronic monitoring, LPN direct-care, and respite services)
  - ☐ Professional Services (RN, BSP, Indirect-LPN, any specialty therapies (ST, PT, OT, DT), and transportation
  - ☐ Request must max direct-care total team has agreed will meet the member's needs under-budget before requesting other services.
    - ☐ In order to purchase the next professional service in the order – you must at least purchase some of the service that comes previously. Example – there is money left in the budget after purchasing SC and direct-care – and, the team wants to prioritize BSP. However, the member also needs RN for the full year. In order to purchase BSP under-budget, the team must also request *some* RN under-budget.
- ☐ Services requested in IPP must match services requested on Exception form.

→ Annual request timeline

- ☐ Exceptions request must be submitted to IDDWExceptions@kepro.com within **14 business days** of the date authorizations are obtained in CareConnection©.
  - ☐ Having the IPP earlier in the month is beneficial so any doc requests can be filled and authorizations obtained as close to the anchor date as possible.
  - ☐ IPP documentation, and DD9 and/or DD8s (when requesting those services – regardless of whether they can be purchased under-budget), must be uploaded to CareConnection©
- ☐ The panel has **20 business days** to review the request from date of submission.

→ Mid-year team agreement to services

- ☐ To request an Exception mid-year, you **must** have a face-to-face meeting.
  - ☐ Exceptions submitted via an addendum will not be reviewed and result in denial.
- ☐ Mid-year Exceptions must be based on a change in need, **not based on utilization**.
  - ☐ Examples include, but are not limited to: starting/discontinuing day services, emergent or worsening behavioral concern, change in medical condition, change in primary caregiver, etc.
- ☐ Services requested in IPP must match services requested on Exception form.

→ Mid-year request timeline

- ☐ Exceptions request must be submitted to IDDWExceptions@kepro.com within **14 business days** of the date of the IPP.
  - ☐ The team has 14 *calendar* days to complete and upload the IPP to CareConnection©. If the member requires purchases/modifications, within budget, at any mid-year juncture – make sure to submit those purchases/modifications before the Exception is sent to the inbox. If purchases/modifications are submitted ***after*** an Exception request is received – the request will be rejected/closed.
- ☐ The panel has **20 business days** to review the request from date of submission.
- ☐ **DO NOT REQUEST MODIFICATIONS/PURCHASES IN EXCESS OF THE BUDGET IN CARECONNECTION© THEY WILL BE CLOSED.**
  - ☐ Once a decision is made modifications will be made by KEPRO and/or instructions sent to SC to make purchases.

→ Completing the form for all requests

- ☐ **Demographics pg 1:**
  - ☐ Correct member name, record ID, and service year
  - ☐ No blank spaces
- ☐ **Service Request Table pg 1-2:**
  - ☐ Include service codes for all services requested for the year
  - ☐ Include service name for all services requested for the year
  - ☐ Include per unit cost for all services requested for the year
  - ☐ Outline total number of units able to be purchased under-budget for each service.
    - ☐ Put "0" or "N/A" for services which cannot be purchased under-budget
  - ☐ Outline **total** number of units for each service the team agrees will meet the member's needs for the service year.
  - ☐ Include the member's budget and total cost of all services requested beneath the table.
  - ☐ The under-budget column of the table must match what is authorized under-budget in CareConnection©/outlined as under-budget on the IPP. The over-budget column must match what the team has outlined as over-budget in the IPP.
- ☐ **1. General Questions pg 2-3:**
  - ☐ Every request must answer A, B, and C

- ☐ Pay particular attention to C – the examples given on the form are not the only possible substitutions. Be sure to indicate "why" the member cannot decrease or substitute for a less expensive service.
- ☐ Example could be, "Team cannot decrease 1:1 services requested due to roommate attending dayhab M-F for 6 hours, as well as visiting family every other weekend". This would indicate to the panel the member *must* have 1:1 M-F for 6 hours and every other weekend because the roommate is not in the home.
- ☐ Another example could be, "Member cannot access respite services through PPL because family lacks resources to hire and maintain staff, and no one is available to act as program representative." This lets the panel know *why* an alternative respite service is not possible.

☐ **2. Requesting additional PCS or Respite pg 3-5:**

- ☐ If "yes", every request must answer A. Indicate *why* you need more services.
- ☐ Only those living in NF or SFC Homes will answer B.
  - ☐ I and II are asking why adults in the home are unable to provide unpaid-Natural Supports to the member.
- ☐ Only those living in ISS or LGH settings will answer C.

☐ **3. Requesting additional day services or professional services pg 5:**

- ☐ Only answer this question if requesting additional day or professional services.
- ☐ Describe why it is necessary for the member to receive more of each service requested.
- ☐ Keep in mind the Exception is based upon assessed need, and not utilization.
- ☐ Provide clearly marked supporting documentation for behaviors, medical conditions, and/or therapy needs.

☐ **4. Requesting additional EAA or PDGS pg 6:**

- ☐ Only answer this question if requesting EAA or PDGS
- ☐ Answer both A and B
- ☐ Estimates and DD8 are required supporting documentation

☐ **5. Additional information pg 6:**

- ☐ Fill this out with any additional information (not included in any of the above questions) which the team feels supports the request.
- ☐ Put N/A if not applicable

☐ **6. Budget calculation error pg 6:**

- ☐ Fill out only if the team believes there was a calculation error.
- ☐ The budget not supporting initial request and/or an unapproved living setting are not calculation errors.

☐ **Signatures:**

- ☐ Service coordinator **and** member/legal representative **must** sign the form. Unsigned requests will be denied.