

I/DD Waiver Geographical and Cultural/Linguistic Conflict of Interest Exception Application for Home and Community Based Waiver Services

Member Name: Click or tap here to enter text.

Member Physical Address (not PO Box): Click or tap here to enter text.

Record ID#: Click or tap here to enter text.

Current Provider Agency: Click or tap here to enter text.

Date of Exception Application Request: Click or tap here to enter text.

The above named program member is requesting a Conflict of Interest (COI) Exception on the basis that there are no other “willing and qualified entities” in the area to provide case management services independent of residential services as required by 42 CFR 431.301 (c) (1) (vi), 441.730 (b) and 441.555 (c) Conflict of Interest Federal Requirements (*enrollment in the HCBS authorities, 1915 (c), (i), and (k) triggers COI requirements and note that the COI requirements apply no matter what type of funding stream is used for case management activities*).

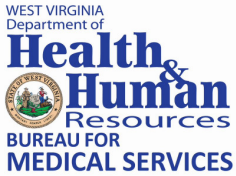
Conflict of Interest: A “real or seeming incompatibility between one’s private interests and one’s public or fiduciary duties.” This means providers of Medicaid home and community-based services (HCBS) for the individual, or those who have an interest in, or are employed by a provider of HCBS for the individual, must not be the same entity to provide case management or develop the person-centered service plan.

Geographic Exception: There are no qualified or willing entities to provide case management services independent of residential services within a 25-mile radius of the member’s physical address.

Cultural/Linguistic Exception: There are no qualified or willing entities, able to meet the member’s cultural and/or linguistic needs, to provide case management services independent of services within a 25-mile radius of the member’s physical address.

This application must be submitted to the UMC, and BMS’ approval obtained, before receiving conflicted services. **Send the form to WVIDDWaiver@kepro.com.**

Complete the section below corresponding to the needed exception type.

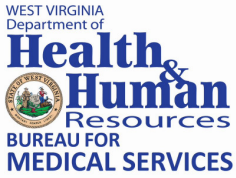


I/DD Waiver Geographical and Cultural/Linguistic Conflict of Interest Exception Application for Home and Community Based Waiver Services

Geographic Exception Request		YES	NO
1	Is there a comprehensive provider or case management only agency within a 25-mile radius of the member's physical address? If no, skip remaining questions.	<input type="checkbox"/>	<input type="checkbox"/>
2	List the provider(s) within 25-miles: <i>Click or tap here to enter text.</i>		
3	If yes to #1, does the comprehensive provider or case management only agency have the ability to accept a service referral for residential or case management?	<input type="checkbox"/>	<input type="checkbox"/>
4	If yes to #3, have referrals been made and rejected to the agency/agencies?	<input type="checkbox"/>	<input type="checkbox"/>
5	For provider(s) listed in #2, has the member previously received services from one or more of those agencies?	<input type="checkbox"/>	<input type="checkbox"/>
6	If yes to #5, list the providers where services were received and why services were transferred from that agency: <i>Click or tap here to enter text.</i>		

Cultural/Linguistic Exception Request		YES	NO
1	Describe the cultural/linguistic need necessitating the member maintain services at their current agency: <i>Click or tap here to enter text.</i>		
2	Are there comprehensive or case management only providers within a 25-mile radius of the member's home? If no, skip remaining questions.	<input type="checkbox"/>	<input type="checkbox"/>
3	List the provider(s) within 25-miles: <i>Click or tap here to enter text.</i>		
4	If yes to #2, do any of those agencies have the capability of meeting the cultural/linguistic need(s)?	<input type="checkbox"/>	<input type="checkbox"/>
5	If no to #4, explain how the agency/agencies are unable to meet the cultural/linguistic need: <i>Click or tap here to enter text.</i>		
6	For provider(s) listed in #3, has the member previously received services from one or more of those agencies?	<input type="checkbox"/>	<input type="checkbox"/>
7	If yes to #6, describe why services were transferred from that: <i>Click or tap here to enter text.</i>		

Authorization for this Exception, if granted, is only valid for one year during the annual Service Plan/Individualized Program Plan development and the exception will be reviewed by the UMC.



I/DD Waiver Geographical and Cultural/Linguistic Conflict of Interest Exception Application for Home and Community Based Waiver Services

I certify that I have read and understood all the questions in this Conflict-of-Interest Exception Application and that all of the foregoing information and statements submitted are true and correct to the best of my knowledge, and all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to identify and explain the operations, capabilities, and pertinent history of the named firm as well as the ownership, control, and affiliations thereof fully and accurately.

I acknowledge and agree that any misrepresentations in the submitted application will be grounds for removal from provider selection forms, of all types; members being transferred to other approved providers; and for initiating action under federal and/or state law concerning false statement, fraud, or other applicable offenses.

Under penalty of perjury, I certify that the information I have provided is true, accurate, and complete to the best of my knowledge.

Printed Name-Title	Date

UMC USE ONLY BELOW LINE

<input type="checkbox"/> Approved	Date Expires:	Click or tap to enter a date.
<input type="checkbox"/> Not Approved		

Notes:

BMS Approval Date: [Click or tap here to enter text.](#)

Date of agency notification: [Click or tap here to enter text.](#)

A copy of this form must be kept in the member's file.