|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | Date |  | |
| Case Manager | | |  | Tier |  | |
| Medicaid # | |  | | KAMIS # | |  |

**Support Network**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Guardian |  | | | \_ |  |
| Care Coordinator | | |  | \_ |  |
| Service Provider | |  | | \_ |  |
|  | |  | | \_ |  |

**CRISIS** (Check what applies)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Require protection from confirmed abuse, neglect, or exploitation or written documentation of pending action for same.** (requires documentation) |  | **Are at significant, imminent risk of serious harm to self or others in their current situation** |

**EXCEPTION** (Check what applies)

|  |  |  |
| --- | --- | --- |
|  | Transitioning out of state custody (foster care). Anticipated date is:  **Documentation from DCF or court required**. | |
|  | Child in foster care, additional supports needed in excess of what the foster parent can provide due to: | |
|  | The person is transitioning from a PRTF (psychiatric residential treatment facility) or YRC (youth residential center). Anticipated date is:  **Documentation required**. | |
|  | The person transitioning from Vocational Rehabilitation Services (VRS) and requires ongoing support to maintain employment and self-sufficiency. **Documentation from VRS required**. Anticipated date is: | |
|  | The person meets the criteria set forth in the Military Inclusion policy. Anticipated date is: | |
|  | Child is at imminent risk of coming into custody due to:  **Documentation from DCF or court required**. | |
|  | The person is transitioning back to the IDD waiver from the WORK program. Anticipated date is: | |
| 1. Describe the need 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. | | |
|  | | |
| 1. What has changed in the person’s life to cause the crisis? Explain what requires the need to be met differently and how the need was met prior to the request. | | |
|  | | |
| 1. Describe what contact you have had with the MCO, if applicable, and what support has been offered and accepted by the individual and/or family. | | |
|  | | |
| 1. Describe supports received from family, extended family and friends. | | |
|  | | |
| 1. Describe supports provided by mental health, if applicable; include case management, youth services, and etc. | | |
|  | | |
| 1. Describe supports provided by other agencies ( Legal System, KDADS, DCF, etc.). | | |
|  | | |
| 5. Can any of the needs be met with durable medical equipment (DME)? | | |
|  | | |
| 1. Please indicate what natural and community supports were explored before submitting this request. Include community college, senior center, assistive technology, child care programs, family preservation, vocational rehabilitation, Hope Unlimited, Parsons State Hospital Outreach, etc. Be as detailed as possible. | | |
|  | | |

**REQUESTED SERVICES**

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| --- |
| What services are being requested? |
|  |
| Describe in detail how the requested services would resolve the crisis. |
|  |

**DISPUTE RESOLUTION**

Individuals and affiliates of the CDDO have the right to appeal any negative findings. If the person or the affiliate disagrees with a CDDO finding, the CDDO’s dispute resolution policy will be followed. For a KDADS or MCO action, their dispute resolution policy will be followed. For CDDO disputes, the first step in the process is to provide notification to the CDDO Director of the dispute and an explanation of how the person/affiliate feels the CDDO has erred within 30 days of receipt of the notification.

I certify that I have reviewed and agreed to the accuracy and completeness of this request.

Person/Guardian Signature Date \_\_\_

Case Manager Signature Date \_\_\_

**Unsigned request will not be accepted.**

Please email request and supporting documentation when possible. All emails containing personal information should be encrypted.



**Tips for success:**

* Remember the request and PCSP must be signed by the person and/or guardian.
* Update the PCSP and Behavior support plans with current information before submitting.
* Check for typos.
* Include information and documentation from other professionals who work with the person or family.
* For adults insure 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 and CPS include any findings and include documentation of recommendation when possible.
* Make sure none of the information submitted contradicts with each other.

**CRISIS/EXCEPTIONS REQUEST PROCEDURES**

1. The Case Manager will complete the Crisis Request Form and submit it to the CDDO, along with a current Person Centered Support Plan and any other pertinent documentation.
   1. PCSP must be sign by the person and/or guardian.
   2. The crisis request must be signed by the person and/or guardian.
2. If the person is in school the IEP must be included.
3. If the person is receiving psychiatric or other mental health services a recommendation from them should be included.
4. If the crisis is due to behavioral issues a referral to Parsons State Hospital’s Outreach program should be completed.
5. Any documentation that confirms the need for crisis funding should be included in the request.
6. The CDDO will review the information and determine if the information presented meets the crisis definition per the CDDO/KDADS Contract. The CDDO may request additional information.
7. If the crisis definition is met, the CDDO forward the information to KDADS. KDADS will notify the CDDO if crisis funding is approved by sending a 3160. The CDDO will notify the case manager.
8. If the crisis definition is not met the CDDO will notify the person and/or guardian and the case manager along with appeal rights.
   1. The person may request a review by another CDDO,
   2. Provide additional information or
   3. Follow the dispute resolution process.
9. After approval from KDADS, the MCO will complete an assessment and determine what services they will authorize and notify the CDDO of the service to be offered.
10. The CDDO will provide the individual the provider options for that service and complete the choice form. A choice form is not completed until the CDDO receives notification from the MCO regarding the service options.
11. The CDDO will send a referral and choice form to the case manager, MCO Coordinator and chosen providers.