**REQUEST FOR EXCEPTION TO CBCL CRITERIA – SED Waiver**

Child/Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the child/youth meet the SED Initial Eligibility and CAFAS criteria.
	* [ ] Yes, Proceed to question 2
	* [ ] No, The Child/youth is not eligible for HCBS SED Waiver
2. A minimum score of 70 on the CBCL was not attained**.** Was a score of 63-69 attained for the child/youth on the Internalizing, Externalizing, or the Total Problems sub-scale?
* [ ] Yes, Document reasons for CBCL exception below.
* [ ] No, The child/youth does not meet SED Waiver criteria.
1. Explain why the CBCL minimum score criteria should be excepted. For example, describe circumstances that interfere with attaining the minimum CBCL score, or clinical observations that support exception of the minimum score.

 Click or tap here to enter text.

1. Has there been a CBCL in the 6 months previous to this current clinical assessment that did attain a score of 70 or higher?

 [ ]  No

 [ ]  Yes Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 QMHP Signature, Credentials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form must be submitted via KAMIS Exception Request along with all required documentation outlined in Initial Clinical Eligibility Packet.