## **REQUEST FOR EXCEPTION TO MINIMUM AGE CRITERIA – SED Waiver**

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

Child/Youth DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Clinical Eligibility Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the child meet SED criteria, Initial Clinical Eligibility, CBCL and PECFAS criteria?
	* [ ] Yes, proceed to question 2.
	* [ ] No, Child/youth is not eligible for HCBS SED Waiver.
2. Describe the child/youth’s **functioning** that indicates the need for an inpatient psychiatric hospital (e.g. harmful behavior to self or others, psychotic symptoms, aggression, etc.)

Click or tap here to enter text.

1. Describe the child/youth’s **behavior at home and in the community** that indicates the child/youth is at risk for inpatient psychiatric hospitalization (extensive supervision by others is needed due to potentially dangerous behaviors; constant clinging behavior; extreme temper tantrums, stealing, etc.)

 Click or tap here to enter text.

1. Describe the child/youth’s **behavior toward others** that indicates risk of inpatient psychiatric hospitalization (bizarre and disruptive behavior, deliberate cruelty to animals, lack of age-appropriate peer interactions, threats, stealing.)

Click or tap here to enter text.

1. Describe the child/youth’s **moods/emotions** that indicate risk of psychiatric hospitalization (anxiety, depression, panic, fear, etc.) as demonstrated by odd behavior, marked distress, excessive crying, sadness accompanied by suicidal wish, etc.

Click or tap here to enter text.

QMHP Signature/Credentials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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