## **INITIAL REQUEST FOR EXCEPTION TO AGE 18 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, CAFAS?

|  |  |  |
| --- | --- | --- |
|  | Yes | Child/youth is eligible for the HCBS SED Waiver. Proceed to Question 2 |
|  | No | Child/youth is not eligible for the HCBS SED Waiver. **STOP** |

1. Has the child/youth been identified as SED and has the child/youth received community-based services any time during the six months prior to turning age 18, or would have the child/youth accessed community-based services during that time period if not for their institutional or residential status?

|  |  |  |
| --- | --- | --- |
|  | No | Child/youth is not eligible for an exception to age 18 criteria. **STOP** |
|  | Yes | Child is eligible and has received community-based services in the past 6 months prior to turning 18 |
|  | Yes | Child is eligible but has not been able to access community-based services to institutional/residential status.  Dates of institutional/residential status: Click or tap here to enter text. |

Community-based services (CBS) are defined as anyone or combination of the following services:

* Targeted Case Management
* Community Psychiatric Supportive Treatment (CPST)
* Psychosocial Rehabilitation -Group
* Psychosocial Rehabilitation Individual,
* Attendant Care

1. Community-based services provided during the 6 months prior to turning 18 were:

|  |  |  |
| --- | --- | --- |
| Service | Start Date | Date of most recent use |
| Targeted Case Management (TCM) | Click or tap to enter a date. | Click or tap to enter a date. |
| Community Psychiatric Supportive Treatment (CPST) | Click or tap to enter a date. | Click or tap to enter a date. |
| Psychosocial Rehabilitation-Individual (PRI) | Click or tap to enter a date. | Click or tap to enter a date. |
| Psychosocial Rehabilitation-Group (PRG) | Click or tap to enter a date. | Click or tap to enter a date. |
| Attendant Care (AC) | Click or tap to enter a date. | Click or tap to enter a date. |

Comments:

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

The age exception must be approved annually. See SED Waiver Manual for further information.