



# Shared Living Exception Request

**Date of Request:**  Click or tap to enter a date.

**Participant / Contractor Needing Exception:** \_\_\_\_\_

**Person Requesting Review:** \_\_\_\_\_

## Section 1: Type of Exception *(Completed by Provider)*

<b>General</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Conflict of Interest</b> (Dual Relationships, Employment Conflicts, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>License Concerns</b> (Multiple Licenses, Foster Care placements, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Occupancy</b> (Capacity, Additional Residents not receiving services, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Is Participant currently in a SL Arrangement?**

**Requested Implementation Date:**  Click or tap to enter a date.

**If currently implemented, please provide details:**

<p><b>Details about this Request. Please be as specific as possible. Include steps taken to address the situation and anticipated length of exception.</b></p>	
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**\*\*Please attach relevant supporting documents (i.e. DCF Exception Approvals, Internal Policies including Agency Conflict of Interest, Support Plans including HRC Review, lease agreements) and/or narratives related to requested exception.**

## Section 2: Participant Information *(Completed by Provider)*

**Participant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Guardianship Status:**  No, self  Yes, private guardian  Yes, public guardianship

**Managed Care Organization:**  Aetna  Sunflower  United Health

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**Section 3: Provider Information** *(Completed by Provider)*

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**Shared Living Contractor (SLC)**

Name (Primary SLC): \_\_\_\_\_

Name (Secondary SLC): \_\_\_\_\_

Address: \_\_\_\_\_

*Please list all other members of household, including minors*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

**Licensed Residential Provider:** \_\_\_\_\_**Day Services Licensed Provider:** \_\_\_\_\_**Targeted Case Manager Name/Agency:** \_\_\_\_\_**CDDO Affiliation:** \_\_\_\_\_

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**Section 4: KDADS Review and Determination** *(Completed by Representative from both LTSS & SCC)*

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**Does documentation support the need for the requested exception?**Yes No **Exception Request Determination:**Approved Denied **If Approved, Next Review Date:**

Click or tap to enter a date.

**Determination Date:** Click or tap to enter a date.**Effective Date:** Click or tap to enter a date.

<b>Notes</b> (Special Requirements of Exception Approval or Explanation of Denial):	
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**IDD Program Manager Signature****Date**

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**IDD Licensing Manager Signature****Date**

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**Shared Living Exception Request Process**

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- Provider will upload the Shared Living Exception Request form and supporting documents to the general utility upload portal.
- Provider is responsible for completing section 1, 2, and 3; and attaching supporting documents.
- Upon approval, IDD Licensing Manager will send notice to the Provider. If requested exception is denied, a written explanation will be provided.
- Provider is responsible for continued oversight of the Shared Living Contractor and Participant, as well as initiating subsequent reviews on or before next review date indicated in Section 4.