



Division of Developmental Disabilities

Instructions: Request for Exception to the IBA

****Additional funding can be requested when the individual's needs cannot be met with funding based on the Objective Assessment process (OAP). Based on input from the provider and guardian, if applicable, the team may submit a clinical rationale and supporting documentation to request an exception to the OAP. The amount of exception funding is determined administratively based on justification by the team. The funding is then added to the base funding and used to mitigate any risks identified in clinical assessments.**

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	When does the current exception expire?
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Select if this is a new request or a renewal Enter the date when a current exception expired

Agency:	Enter the name of the provider making the request		
Submitted by:	Enter the name of the individual making request	Date:	Enter the date the form was completed
Individual Name:	Enter the name of the individual served	NFOCUS #:	Enter the individual's NFOCUS # (available on the Therap IDF)
Current Funding:	Day: Enter the designated day daily rate according to the OAP by using the rate matrix	Res: Enter the designated Residential daily rate according to the OAP by using the rate matrix	Annual IPP Date: Enter the month of the last Annual IPP

Section 1.

Reason for exception request: Provide rationale for why the team feels there is an enhanced need that cannot be addressed by the individual's OAP budget amount. Consider the person's current needs and determine if it is medical or behavioral in nature, or perhaps both. Select any of the corresponding boxes below that are relevant

- | | |
|--|---|
| <input type="checkbox"/> Enhanced Medical risk | <input type="checkbox"/> Awake overnight |
| <input type="checkbox"/> Enhanced Behavioral risk | <input type="checkbox"/> Temporary request (less than plan (IPP) year) |

How long? Expected duration. Requests will not be considered for longer than the individual's IPP year.

For new requests, what support level are you requesting (please consult the rate matrix)?

Section 2.**Current living situation:**

Where does the person live? Please include details about the environment including number of housemates and any information about what makes the home work or not work for the individual.

Description of behavioral and/or physical health or other concerns:

Include current diagnoses (both medical and mental health), identified risk behaviors, medical needs, and other concerns. Attach appropriate documents that are applicable to the concerns and needs.

Strategies currently in place that are effective?

While considering the diagnosis, document corresponding supports such as those that are found in a Functional Behavioral Assessment, Behavior Support Plan, Safety Plan, Nursing Care Plans, or other rehabilitative programs or activities that identify the need and the strategies. What informal supports and natural supports are in place? What informal or natural supports do you plan to increase so to alleviate the need for exception funding?

What has the team tried that has failed?

What has the team implemented that has not been successful? This section should also include the restrictions that are currently in place and justification, as restrictions should only be in place when other methods have been attempted and failed. Please include documentation for informal and natural supports that have been attempted but haven't worked as planned. Also describe how the individual has accessed other benefits for which they may qualify to the maximum extent possible (as applicable) but perhaps haven't met their needs.

Staffing/supervision levels and explanation of staffing pattern:

Include a description of staff supports in the residence and during day services. If requesting overnight awake, please submit the justification for the request, the data that has been collected to justify the requested staff levels (overnight logs, incident reports during the night, etc.) and a plan on how the person is to be supported during overnight hours.

What are your proposed changes to day and/or residential services?

This includes information regarding what changes will be made *for* the individual. What programs or activities will you add to the current plan? With additional funding, what will you be able to provide that you were not able to provide previously? How will supports be provided? If increased funding will be used to enhance staff supports to reduce or eliminate a restriction, this would be the place to include information on what that plan might be to meet that goal.

How do you expect the proposed changes to meet their needs?

What do you hope will be the outcome of planned implementation of changes? Given the plan that the provider will implement, which behavioral or medical concerns do you anticipate will decrease?

If approved, what change will be made to the service plan (person-entered strategies)?

What specific outcome statements, habilitation goals, activities and supports will address the need identified by the team? Please include both formal and informal supports.

Section 3.

Was a SNA submitted to request new ICAP? Questions to ask about whether an SNA might be more appropriate than exception funding. 1) Does the team believe that the individual's current budget amount determined through the Objective Assessment Process meets their needs? 2) After the team has reviewed the current ICAP, does the assessment appear to be an adequate reflection of the individual's abilities and needs? 3) Will a short term funding increase assist the team to meet the needs long term? If the team answers yes to all three of these, then a SNA might be an appropriate first step before an exception request. The Service Coordinator completes the SNA with the input from the team and approval of the guardian.

Yes No **If yes, date SNA submitted:** Outcome: Approved Denied

Has a Team Behavioral Consultation been completed?

Yes No **If yes, please summarize plan and supports and attach results and recommendations:**

How long ago was TBC involved? What was the outcome? What TBC recommendations were implemented? Which were not implemented and why? If recommendations were implemented and are not successful and it has been a year since TBC was involved with the team, then a new request for a consult should be considered by the team.

Has there been a Risk Assessment completed?

Yes No **If yes, please attach summary.**

Please attach the risk assessment document.

If no, does the team feel one needs to be completed?

Yes No Does the team believe the individual needs a current risk assessment? Justification to request the assessment should be included.

Number of GERs is the past 90 days:

High:

Medium:

of law violations:

of police contacts:

Summary of GERs:

For individuals with behavioral related GERs, please include a summary of target/risk behaviors that have resulted in a GER; there's no need to summarize of every GER (nor do copies need to be attached), but the intensity, type and frequency of GERs should be discussed here. If there was significant law enforcement contact, court appearances as a result, psychiatric hospitalizations, etc., those should be discussed here. If there is property damage, please describe the severity. For individuals with medically related GERs, please include hospital visits with or without admission including summary of injury or if for mental health, choking, fracture, concussion, laceration, or other incident requiring immediate medical intervention. Include the number of Emergency Safety Interventions. If known, include number of Adult Protective Service (APS) reports.

Summary of target behaviors (if applicable):

Include a description of target behaviors with antecedents and how those behaviors are addressed through a positive behavioral support plan.

Summary of medical risk (if applicable):

Include health risk screen scores and information if completed (it is strongly encouraged to complete a new HRS with a request). If your exception request is primarily due to a recent hospitalization, indicate your plan to follow physician orders.

What programs, supports or safety plans are in place?

(Please attach appropriate plan with data for the last 90 days (i.e., nursing plan, health plan, safety plan, functional behavioral assessment, overnight plan, etc.), and other clinical documentation that supports the need.

Please attach all relevant assessments and plans with the request.

Section 4.

Plan to decrease support:

Because exception funding is likely restrictive in some way to the individual, how will the team plan to decrease support and staff supervision over the plan year? What criteria will you put into place so that you as the provider know you are ready to decrease support and or supervision? These efforts should be documented in the ISP and support plans as applicable including the individual’s safety plan. The request will be returned for edits if there is not clear plan in place to decrease to OAP

Rationale to continue exception funding in spite of decreased behaviors:

This question is designed for clinical staff to provide their opinion on why exception funding should be continued even when the individual has decreased risk behaviors or decreased need for support. This includes information such as the risk versus benefits of maintaining the exception funding and therefore maintaining the same levels of supervision and support to the individual.

Section 5.

Additional Information:

Include any additional information that may not have captured under other questions.

DDD Administrative Notes:

This area will include any notes made by the decision-maker. It may include notations about limits to the funding such as “less than” what is requested by the provider, but will include the amount approved and the duration. If the request is denied, a rationale will be included. It may include: the team should consider an SNA, there is not enough information provided to support the request, request is not appropriate (other funding supports can be accessed to meet the need), the amount requested is in excess to need level described, funding is to not be used for room and board or clothing, etc.

Decision:

Approved

Denied

Signature of Administrative Designee

Date of Decision