

## Age Waiver Instructions

Providers requesting adult behavioral health treatment and/or rehabilitation services for youth ages 17-18 must complete and submit an Age Waiver Request Form per DBH policy.

1. The form will prompt you to enable JavaScript, you must do this to continue.
2. Enter the following information:
  - a. Today's date (MM/DD/YYYY)
  - b. Region – to access the email address to send copies of the age waiver
  - c. Contact name (first and last) for age waiver requests
  - d. Contact's email - authorizations will come to this email
  - e. Provider name
  - f. Provider address - include P.O. Box if necessary
  - g. Provider phone number
  - h. Youth's name (first, middle initial, last)
  - i. Youth's birth date (MM/ DD/YYYY)
  - j. Youth's age today - this calculates automatically and cannot be changed.
3. Check the box confirming that the youth is **not** a State Ward, or that the service(s) is **not** covered by either Medicaid, CFS, or both
  - a. **Only then is an age waiver appropriate**
4. Authorized Service: select acceptable service from drop down list.
  - a. Location of Service – location where the service will be provided (i.e., satellite offices)
  - b. CDS Encounter Number(s) – authorized services must be “authorized in CDS” **before** submitting an age waiver request
    - i. Go to the [CDS website](#) and log into your account
    - ii. For training on creating a CDS encounter, click on your name in the upper right-hand corner of the window, select the System Documentation and Training link, then select the DBHCDS\_03\_CreatinEncounter video
5. Registered Service: select acceptable service from drop down list.
  - a. Location of Service – location where the service will be provided (i.e., satellite offices)
  - b. Do not enter in CDS until after age waiver is approved by DBH
6. Narrative: describe each area as instructed
  - a. Level of care: describe how it meets the specific treatment/rehabilitative needs
  - b. Describe current services and why adult services are more appropriate
  - c. Describe program modifications/enhancements
7. Electronically sign and date form, save a copy when prompted
8. Save a copy and send via secured email to Region contact listed in the dropdown using the subject line: Age Waiver Request.
9. Select Submit: request will be sent to DBH Program Specialist assigned to the Region.
  - a. For Program Specialist contact information, please contact your Regional Network Director or designee.