## **Supports Waiver**

## **EXCEPTION FOR CONTINUED CSC REIMBURSEMENT**

	Date of Request:
CSC Agency:	CSC:
Participant:	SS#:
Date PFOC received:	
	ds require Community Support Coordinators (CSC) obtain written ver Program Manager or their designee prior to billing for continued
A Supports Waiver parti	cipant is in the pre-eligibility phase over the ninety (90) day timeframe; or cipant does not have a Service and Support Plan (ISP) in effect eir eligibility is approved; or
determined necessary to a CSC	elopmental Disabilities Supports Division may grant an exception as Agency under the circumstances outlined above. If prior approval is not inued services, funds may be subject to recoupment.
Prior Approval is requested due	e to:
Participant Pre-El	igibility Phase has exceeded ninety (90) days
Participant ISP is r	not in effect within ninety (90) days of Medicaid Eligibility
Reason for Request (attach add	litional sheet if necessary):

## **EXCEPTION FOR CONTINUED CSC REIMBURSEMENT**

Exceptions can only be requested if Community Support Coordinators have adhered to the requirements of the Support Waiver Standards during Pre-Eligibility Services. Failure to comply with the Standards may result in corrective action.

## DDSD USE ONLY:

ApprovedDenied	
for the following reason(s):	
DOH/DDSD Program Manager (or designee):	
Date:	