

**DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
Exception Authorization Review Form**

<p>NAME OF INDIVIDUAL:</p> <p>LAST 4 DIGITS SS# _____</p> <p>DOB: _____</p> <p>TERM of ISP: _____ to _____</p>	<p><input type="checkbox"/> Exception to Standards that directly impacts a <u>single</u> person in service.</p> <p>DATE RECEIVED BY REGIONAL OFFICE DIRECTOR: _____</p>	<p><input type="checkbox"/> Exception to Standards related to service and/or agency requirements that impacts <u>multiple</u> individuals in service.</p> <p>DATE RECEIVED BY REGIONAL OFFICE DIRECTOR: _____</p>
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<p>Region: <input type="checkbox"/> METRO <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE</p> <p>Submitter's name, title, and agency:</p> <p>Phone number of submitter:</p> <p>Email address of submitter:</p>	<p>Guardian name:</p> <p>Guardian address:</p> <p>Phone number:</p> <p>Email (if applicable):</p>
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<i>Standard Exception Requested (List Chapter, Section, and Page # of DD Waiver Service Standards)</i>	<i>Name of Service and Service Code (If Applicable)</i>		<i>ISP Effective Dates or Requested Timeframe</i>	
			<i>Start Date:</i>	<i>End Date:</i>

**Exception Authorization Review Form
Required Documentation**

<p align="center"><u>Person Served Request</u></p> <ul style="list-style-type: none"> Letter of Justification that includes efforts the team has made to comply with DD Waiver Service Standards requirements. The letter must also address the reason(s) why the team is not able to comply with the requirements, what alternatives to an exception to the Standards were tried and not successful, and why an exception to the Standards is necessary for the person's health and safety. IDT meeting minutes that reflect the reasons for the exception request and team consensus. The 	<p align="center"><u>Service and/or Agency Request</u></p> <ul style="list-style-type: none"> Letter of Justification that includes efforts the agency has made to comply with DD Waiver Service Standards requirements and the reason(s) why the agency is not able to comply with the requirements. The letter must also include the agency's timeframe to comply with DD Waiver Service Standards, as well as a plan that assures health and safety of individuals receiving services.
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<p>meeting minutes must detail how this directly impacts the person receiving services.</p> <ul style="list-style-type: none"> • Current Individual Service Plan that reflects the justification for the exception request. • Plan describing how the agency and/or IDT plan to come into compliance with the Standard(s). 	
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LIST OTHER DOCUMENTS SUBMITTED:

DDSD ACTION:

Exception to Standards that directly impacts a single person in service: **Approved** **Denied**

Exception to Standards related to service and/or agency requirements: **Approved** **Denied**

<i>Type of Exception Approved</i>	<i>Name of Service and Service Code (If Applicable)</i>	<i>ISP Effective Dates or Timeframe for the Approval</i>	
		<i>Start Date:</i>	<i>End Date:</i>

Request for Information (List information or documents needed):

DDSD Regional Office Director or Regional Office Bureau Chief:

Signature: _____

Date: _____