**HCBS I/DD Waiver Funding Request Checklist**

[ ]  TCM collaborates with MCO on situation prior to seeking a funding request.

[ ]  BASIS current within 365 days (schedule assessment after submitting request packet).

[ ]  HCBS I/DD Waiver Funding Request form completed and signed by consumer / guardian.

 **Exception Request:**

[ ]  Person Centered Support Plan – signed by consumer/guardian for all requests.

[ ]  Supported Employment: VR case closure letter with documented need for on-going support.

[ ]  Risk of DCF Custody: Documentation from DCF or court.

[ ]  In DCF Custody: Documentation of non-supervision needs not duplicated by foster parent.

[ ]  DCF Custody Release: Documentation of planned release from DCF custody.

[ ]  Military Inclusion: Documentation of KS residency, TriCare Echo, and DD 214 Form.

[ ]  PRTF Discharge back to HCBS: Documentation of pending discharge / PRTF discharge plan.

[ ]  WORK/STEPS: Notification of pending transfer comes from KDADS to the CDDO.

 **Crisis Request:**

[ ]  Statement from MCO of exhausted resources / recommendation (contacts below)

 Aetna: AetnaBetterHealthKSHCBS\_LTSS@AETNA.com

Sunflower: ltss@sunflowerhealthplan.com and KSLifeshare@sunflowerhealthplan.com

United Healthcare: uhcksltss@uhc.com

[ ]  Documentation that community resources have been exhausted prior to applying for HCBS

[ ]  Person Centered Support Plan – signed by consumer/guardian

[ ]  Individualized Education Plan (for school age children)

[ ]  Behavior Support Plan - signed by consumer/guardian (if the person has a BSP)

[ ]  Documentation of Law Enforcement involvement (if described in the request)

[ ]  Documentation of medical treatment (if described in the request)

[ ]  Documentation of abuse/neglect/exploitation incidents & outcome (if described in the request)

**HCBS I/DD Waiver Funding Request Checklist**

**Examples of Community Resources to Exhaust:**

[ ]  MCO

[ ]  Private Pay

[ ]  School / After School Programs

[ ]  Early & Periodic Screening, Diagnostic, & Treatment (EPST) – Medicaid recipients 0-21

[ ]  Parsons / KNI Behavioral Outreach

[ ]  ABA supports – Medicaid recipients

[ ]  DCF childcare

[ ]  Mental Health services, crisis housing

[ ]  Centers for Independent Living – core services, advocacy, independent living skills training, peer support

[ ]  Local Charitable Organizations – food banks, rent/utility assistance, financial assistance, transportation

[ ]  Homeless Shelter

[ ]  Representative Payee services

[ ]  Vocational Rehabilitation Services

[ ]  WORK program