

Self-Direction

Requesting an Exception Review for Health or Safety Needs

If you need additional budget dollars to purchase supports or services to address a health or safety concern, you may request more money through a process called Exception Review. Your request must be cost effective when compared to other reasonable alternatives.

Step 1:

You may request Exception Review for a health or safety need when you give your service plan to Medicaid for approval, or during the plan year. To request an Exception Review for a health or safety need, complete and send a [Health Risk form](#) or [Safety Risk form](#) below with your plan or plan change. You may also ask your Support Broker for a copy of the form. Your Support Broker (or anyone you wish to ask) can help you fill out the form if you need it. The Health Risk or Safety Risk forms will ask you for documents to support your health or safety need.

Step 2:

Give the completed form to your Support Broker. Your Support Broker will send the form with your plan or plan change to Medicaid for review.

Step 3:

Medicaid may reach out to you, your guardian (if you have one), or your Support Broker for more information. A Care Manager

will review the form you filled out. The Care Manager will make sure the supports and services you want meets the Health or Safety Criteria. The [Health or Safety Criteria](#) is included below. You may also ask your Support Broker for a copy of the [Health or Safety Criteria](#).

Step 4:

The Department will send you a letter letting you know if the additional services or supports your requested have been approved or denied. If the additional supports or services you requested are denied, the letter will explain the reasons why. If your request for additional supports or services is approved, your provider(s) will be informed (with a prior authorization) that the approved supports and services can start.

If you feel that Medicaid's decision was wrong, you can ask for a hearing through an appeal. For more information on how to request an appeal you can visit www.mychoicematters.idaho.gov or talk to your Support Broker, or a person of your choosing to help you request an appeal.

Health Risk Form

Participant Name:

Date of Request:

1. If you (the participant) need additional services or supports to address a health concern, please list those services or supports below. Please include the type and frequency of the service(s) or support(s) that you are requesting, and the cost of the service or support.

SERVICE/SUPPORT DESCRIPTION	TYPE	FREQUENCY	SERVICE/SUPPORT COST

2. Check all that apply. The above service(s) or support(s) will:

- Prevent my physical health from deteriorating
- Prevent my mental health condition from deteriorating
- Prevent my cognitive functioning from deteriorating
- Prevent an increase in my maladaptive behavior

3. Please describe the health risk:

4. Please submit additional documentation to support this request for supports or services to address a health risk:

Health risks must be established through written documentation and current treatment recommendations from a licensed practitioner of the healing arts as defined by [IDAPA 16.03.10.521.14](#) or other professional licensed by the State of Idaho whose recommendation for the specific support or services that are being requested is within the scope of his or her license.

Such documentation must establish: (1) the current physical or mental condition or cognitive functioning that will likely deteriorate, or the current maladaptive behavior(s) that will likely increase; and (2) the specific supports or services being requested that will address the identified need and how those supports or services will prevent the health risk.

5. Please list what documentation you are submitting with this form to support this request:

Request Submitted by:

Name

Participant or Legal Guardian Signature

Date

Safety Risk Form

Participant Name:

Date of Request:

1. If you (the participant) need additional services or supports to address a safety concern, please list those services or supports below. Please include the type and frequency of the service or support that you are requesting, and the cost of the service or support.

SERVICE/SUPPORT DESCRIPTION	TYPE	FREQUENCY	SERVICE/SUPPORT COST

2. Check all that apply. The above service(s) or support(s) will:

- Prevent criminal behavior
- Prevent the destruction of property
- Prevent harm to me or others

3. Please specifically describe what the safety risk is:

4. Please submit additional documentation to support the request for supports or services to address a safety risk:

Safety risks must be documented by the following: (1) current incident reports; (2) police reports; (3) assessments from a licensed practitioner of the healing arts as defined by [IDAPA 16.03.10.521.14](#) or a professional licensed by the State of Idaho and whose assessment is within the scope of his or her license; or (4) status reports and implementation plans that reflect the type and frequency of intervention(s) in place to prevent the risk and the participant's progress under such intervention(s).

Such documentation must establish: (1) an imminent or likely safety risk; and (2) the specific supports or services that are being requested (including the type and frequency, if applicable) that are likely to prevent that risk, and how those supports or services will likely prevent this risk.

5. Please indicate what documentation you are submitting with this form to support this request:

Request Submitted by:

Name *Participant or Legal Guardian Signature* *Date*

Health and Safety Criteria

Definitions for Health and Safety.

1. The Department shall adopt the following definitions of “health” and “safety”:

a. Health is the prevention of deterioration of one’s physical or mental health condition or cognitive functioning, or an increase in maladaptive behavior, and is related to the effects of one’s disability.

b. Safety is the prevention of criminal activity, destruction of property, or injury or harm to self or others.

2. The Department shall apply the following to adult DD participants and applicants in order to satisfy the “health” and “safety” standard:

a. Safety risks must be documented by the following: (1) current incident reports; (2) police reports; (3) assessments from a licensed practitioner of the healing arts as defined by [IDAPA 16.03.10.521.14](#) or a professional licensed by the State of Idaho and whose assessment is within the scope of his or her license; or (4) status reports and implementation plans that reflect the type and frequency of intervention(s) in place to prevent the risk and the participant’s progress under such intervention(s). Such documentation must establish: (1) an imminent or likely safety risk; and (2) the specific supports or services that are being requested (including the type and frequency, if applicable) that are likely to prevent that risk.

b. Health risks must be established through written documentation and current treatment recommendations from a licensed practitioner of the healing arts as defined by [IDAPA 16.03.10.521.14](#) or other professional licensed by the State of Idaho whose recommendation is within the scope of his or her license. Such documentation must establish: (1) the current physical or mental condition or cognitive functioning that will likely deteriorate, or the current

maladaptive behavior(s) that will likely increase; and (2) the specific supports or services being requested (including type and frequency, if applicable) that will address the identified need. In order to comply with the documentation requirement, the Department may require the participant to obtain additional consultation or assessment, available to the participant and covered by Medicaid, from a professional licensed by the State of Idaho acting within the scope of his or her license. If the Department requires additional consultation or assessment, the Department will specify the nature of the consultation or assessment and the necessary documentation.

c. Services and supports that are identified to address health and safety risks: i. Must be consistent with Department rule, including the Department's prior authorization criteria defined in [IDAPA 16.03.10.507, 16.03.10.508.14, and 16.03.10.508.16-19](#); and

ii. Cannot duplicate other services available or provided to the participant; and

iii. Cannot be primarily for the economic benefit or convenience of the participant's provider(s) or caretaker(s);

iv. Cannot be experimental or cosmetic; and

v. Must be the most cost effective treatment, remedy, support, or Medicaid coverage available to the individual to reasonably address the health or safety risk (e.g., accessible non-paid supports or other Medicaid coverages). If the Department requires specific documentation from the participant in order to determine whether the requested services or supports are the most cost effective treatment, remedy, support or Medicaid coverage available to reasonably address the health or safety risk, the Department will request and consider such documentation from the participant.

d. In addition to the documentation requirements above, the supports or services to address a health or safety risk must be identified through the participant's person centered planning team and requested and agreed to by the participant or the participant's decision making authority (as defined in the pending rule [IDAPA 16.03.10.311.01-04](#)).

e. All supports and services identified to address health and safety risks must be medically necessary, as defined in [IDAPA 16.03.10.012.14](#).