Adult Day Center (ADC) Moratorium – Exception Request Form

FYI *Incomplete, illegible or inaccurate forms will be returned to sender.*

Submit request via E-mail:
msc_msho_clinicalliaison@ucare.org

Date: ____________________

Reason For Request: ____________________

Member Information

Name: ____________________ **PMI:** ____________________ **DOB:** __________

Address: ____________________

City, State: ____________________

Zip:
County: __________ **Elderly Waiver (EW) Status:** __________

Primary Phone: ____________________ **Secondary Phone:** ____________________

Requested Provider Information

Provider Name: ____________________

Provider Address: ____________________

Contact Name: ____________________

Contact Email: ____________________ **Contact Phone:** ____________________

Provider NPI/UMPI: ____________________

Care Coordinator Information

Care Coordinator Name: ____________________

Email: ____________________ **Phone:** ____________________

Exception Request Details

1. Services the provider offers and which specific service is needed:

2. Does the provider hold any other licenses from DHS, Minnesota Dept of Child Youth & Family (DCYF), or Minnesota Dept of Health (if known)?

3. Rationale for exception request, including other providers tried and outcomes:

4. What experience does the requested provider have in providing services to people 65 or older?

5. Are there other person (s) needing licensed Adult Day Care services within the county, reservation, or region that would benefit from this provider becoming licensed (if known)?

6. Is this request intended to address a gap in short-term or episodic services to meet broader local/regional needs that may not be person-specific?

7. What steps have been taken to try obtaining this service from providers who already hold an HCBS license?