


Home and Community Based Service Exception Request

Incomplete, illegible, or inaccurate forms will be returned to sender. All applicable information must be included for timely processing of the request. Allow up to 14 business days for processing of this request. This form may be used to request to exceed case mix cap or to request a non-covered service or item. **Form must be completed by UCare care coordinator.**

 Submit form and relevant documentation and/or questions via: CareCoordinationReviews@ucare.org

Member information		
Name:	Date of birth:	
Member ID:	PMI:	
MnCHOICES assessment date:	MnCHOICES/EW date span:	to
Primary diagnosis:		
Member's housing (e.g. apartment, house, assisted living):		
Case mix:	Case mix cap amount:	Total request amount:

Care coordinator information	
Care coordinator name:	Delegate:
Phone:	Fax:
Email:	

Reason for request – select all that apply	
State Plan/MA Services Requests	Elderly Waiver Service Requests
Not allowable item for HCBS funding	Member not on Elderly Waiver
Item or service not covered by medical benefits	Gap in Elderly Waiver coverage
Items/services exceeds MA limits	Request to Exceed EW Case Mix Cap

Required questions:
Does the item/service meet an assessed need documented in the member's Support Plan? If yes, describe: Yes No
Is the item or service the most cost effective way to meet the member's needs? If yes, explain costs/rationale: Yes No
Is the item or service a substitute that would be used as a replacement for a covered service? If yes, what is the covered service that is being replaced? Yes No
Is the requested service expected to improve the health status and quality of life for the member? If yes, explain Yes No
Does the item/service help the member function with greater independence in the community? If yes, explain. Yes No

