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

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| ***Current BASIS & Access Request:***  | ***Date:*** |
|  | BASIS current within 365 days (schedule assessment after submitting request packet) |  |
|  | HCBS I/DD Waiver Access Request form completed and signed by consumer / guardian |  |

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| ***Crisis & Priority Situation Requests:*** | ***Date:*** |
|  | Statement from MCO of exhausted resources / recommendation (contacts below) |  |
|  |  Aetna: AetnaBetterHealthKSCM@AETNA.com |  |
|  |  Sunflower: Region3CM@sunflowerhealthplan.com  |  |
|  |  United Healthcare: uhcksltss@uhc.com  |  |
|  | Documentation that community resources have been exhausted prior to applying for HCBS |  |
|  | Person Centered Support Plan with signature page |  |
|  | Individualized Education Plan (any requests for school age children) |  |
|  | Behavior Support Plan with signature page (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 (if described in the request) |  |
|  | VR case closure letter with documented need for on-going support & job coach provider contact notes (SE exceptions) |  |
|  | Documentation (including Journal Entry) of planned release from DCF custody (DCF release exception) |  |
|  | Documentation of non-supervision needs not duplicated by foster parent (DCF exception) |  |
|  | Documentation of KS residency, TriCare Echo, and DD 214 Form (Military Inclusion exception) |  |

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| ***Transition Requests:***  | ***Date:*** |
|  | Documentation of impending transfer (PRTF discharge plan required for PRTF transitions back to HCBS) |  |