

Case Management Entity Exception Approval

Individual's name:

Prime:

Date of Birth:

SC/PA name:

SC/PA email:

CME manager:

This form is only for local approval of 2:1 care (hourly attendant care or relief care), more than 14 days of relief care per plan year, or a service level of 240 hours for a child leaving a Children's Residential home. All other exception requests must be made using form 0514DD.

Request is for:

- Up to 14 additional days of relief care. How many days?:
- 2:1 attendant care hours. Hours per month?:
- 2:1 staffing for relief care. Hours per day?:
- Service level of 240 hours.

Describe the request, its intended outcome, on what basis the decision was made, alternatives considered, and steps being taken to reduce the need for the exception:

All exceptions:

Upload this form to the individual's Plan of Care in eXPRS.

For 2:1 and relief care exceptions only:

After the upload, email the individual's name and prime to ODDS.FundingAllocationCoordinator@dhsosha.state.or.us using the subject line "CME exception" to have the plan line moved to 'accepted' status.

Uploading this form indicates the confirmation by the CME management that the request and approval are consistent with Department policy.