Request for State Plan Personal Care (SPPC) Exception

Updated: Aug. 13, 2026

Branch: _____ Prime: _____

Individual's name: _____

Case manager name: _____

Case manager phone:_____

Case manager email:_____

Services

Effective date: _____ Most recent assessment date: _____

Type of request:

◯ New ◯ Renewal

Reviewed for SPL eligibility?

◯ Yes ◯ No

Reviewer name: _____

Reviewer email: _____

Reasons for exceptions

Which activities does the individual require paid assistance from another person?		
☐ Personal hygiene	☐ Cognition	☐ Transportation
☐ Eating	☐ Housework	☐ Grocery shopping
☐ Mobility	☐ Laundry	☐ Using telephone
☐ Toileting	☐ Meal preparation	☐ Med management

Is exceptional housecleaning needed to ensure the health and safety of the individual?

○ Yes ○ No

Other considerations

Have you discussed other resource or service options?

○ Yes ◉ No

Have natural supports been discussed?

◉ Yes ○ No

Have assistive devices been explored?

○ Yes ○ No

Summary of service needs

Please use the space below to summarize client service needs or to add additional information. You may include a separate sheet if necessary. Include the following:

- How you arrived at the exceptional hours being requested?
- What is the reason for any increase or decrease in the service hours?
- Additional information about service needs that may not be documented in the assessment or service plan (e.g., reasons for

needing more than 10 hours per pay period or 270 hours yearly, other resources/strategies considered).

Complete summary of service needs below:

Complete calculator for the activities which paid assistance is required:

Activity (ADL/IADL)	Minutes per task	Need per day	Days per week	Number of providers	Assessed hours
Hygiene					0.00
Eating					0.00
Mobility					0.00
Toileting					0.00
Cognition					0.00
Housework					0.00
Laundry					0.00
Meal preparation					0.00
Transport					0.00
Shopping					0.00
Telephone					0.00
Medication management					0.00

Allowed hours: -10

Exception hours requested per pay period: 0

Consumer or representative signature **Date**

Consumer or representative printed name