The purpose of submitting a Request for Exceptions is to ensure that Section 21 Members receive adequate and appropriate services and supports in the most integrated setting appropriate to their needs.

Exceptions may only be granted regarding **services** in excess of Section 21 waiver **monetary and/or unit caps**.

* An example of a monetary cap is the $6,296.40/ year limit for Assistive Technology- Devices.
* An example of a unit cap is the weekly limit of 336 units (84 hours) for Home Support- Quarter Hour.

Please see the MaineCare Benefits Manual (MBM) Ch. II, Section 21 rule for additional information. The following portions of MBM Ch. II, Section 21 may be especially useful: Section 21.05 for Covered Services, Section 21.07 for Limits, Section 21.14 for Requests for Exceptions, and Section 21.14-4 for Criteria for Decisions. MBM Ch. II, Section 21 can be found at <https://www.maine.gov/sos/cec/rules/10/ch101.htm>

**Individual that needs Exceptions(s)** [ ]  Applying for Section 21 [ ]  Has funded offer/ Receiving Section 21

**Name:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Mailing Address:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**MaineCare ID or Date of Birth:** Click or tap here to enter text.

**Individual submitting Request**

[ ]  Case Manager [ ]  Representative [ ]  Individual that needs Exception (if checked, skip rest of this section)

**Name:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Mailing Address:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Optional items included**

[ ]  Documentation speaking to the need for Exception(s)

[ ]  Signed DHHS releases of information authorizing persons with relevant knowledge or records to give the Department information pertaining to the request

[ ]  Signed DHHS release of information authorizing the Department to communicate with my Representative about this Request

**Please sign and date this form** (not required if submitting via email)

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Signature

**Name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

1. **Identify the Section 21 covered service requested.**

(For example: Home Support- Quarter Hour.)

Click or tap here to enter text.

1. **List the** **specific provision in the MaineCare Benefits Manual, Chapters II or III, Section 21 relating to the requested Exception.**

(For example: MBM Ch. II, Section 21.07-17 limits Home Support- Quarter Hour to 84 hours/week.)

Click or tap here to enter text.

1. **Describe the specific Exception requested and the proposed level of service.**

(For example: I need more Home Support- Quarter Hour. I need 98 hours/week.)

Click or tap here to enter text.

1. **What is the anticipated duration of the proposed Exception?**

(For example: I need this Exception until the end of April.)

Click or tap here to enter text.

1. **If applicable, provide a history of the Department’s actions related to the requested Exception including prior communication with the Department.**

Click or tap here to enter text.

1. **Has the Department previously denied a similar Request for Exception or ADA Reasonable Modification Request? If yes, please identify the new information available now.**

Click or tap here to enter text.

1. **Describe any relevant facts related to the Exception request.**

(For example: Recent or anticipated changes in support needs or natural supports; if this service has been used previously and that experience; key information from any (optional) documentation attached to this Form, etc.)

Click or tap here to enter text.

1. **Individuals with Knowledge about the need for Exception:**

(If desired, include name(s), phone number(s), and address(es), and attach signed releases of information authorizing individuals to furnish the Department with information pertaining to this Request for Exceptions.)

Click or tap here to enter text.

1. **Without the requested Exception, is there serious risk of institutionalization or segregation?**

Click or tap here to enter text.

1. **Outline natural supports and whether they can meet the needs that the Exception would address.**

Click or tap here to enter text.

1. **Describe whether the need for Exception could be met through another service or combination of services available in the MaineCare Benefits Manual.**

Click or tap here to enter text.

1. **Please describe the need for Exception in relation to accessing community services that are adequate, appropriate, and occur in the most integrated setting appropriate.**

Click or tap here to enter text.

**Submission:** Please choose one of the following options, as applicable.

* Members applying for Section 21 services:
	+ Pleaseinclude this Form, additional documentation (optional), and releases (optional/if applicable) with the Section 21 application, which can be submitted to the Department by encrypted email (HCBS.Waiver@maine.gov) or mail (Section 21 Waiver Manager, Office of Aging and Disability Services, 11 State House Station, Augusta ME 04333).
	+ Individuals must satisfy all Section 21 eligibility requirements, including wait list priorities, if applicable, and obtain a funded offer of Section 21 services prior to the Department’s consideration of a Request for Exceptions.
* Members in receipt of a funded offer of Section 21 services or receiving Section 21 services:
	+ Pleasesubmit this Form, additional documentation (optional), and releases (optional/if applicable) to the Department by encrypted email (HCBSwaiverexceptions.DHHS@maine.gov) or mail (Clinical Review Team, Office of Aging and Disability Services, 11 State House Station, Augusta ME 04333).
	+ The Department will acknowledge receipt within five business days.

**Questions:**

Please email: HCBSwaiverexceptions.DHHS@maine.gov