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| --- | --- |
| Participant Legal Name | Date of Request |
| Current Level of Service (LOS) score | Date of last ICAP Assessment |
| **Current Individual Budget Amount (IBA)** | **Plan Start Date** |
| **Are you requesting 24-hour services?  Yes  No** | |

**Request Information:**

The case manager, in conjunction with the plan of care team members, shall provide justification for the extraordinary care request. The questions below shall be completed to give background information on the person’s case and provide supporting information for the request. **Please note that if the request doesn’t meet criteria outlined in Chapter 46, Section 14 or 15, and a specific rule citation isn’t included, the request will be automatically denied.** The Division may request more information, additional documentation, or information from other team members to support a request before it is reviewed by the Division. Completed requests are submitted in EMWS under supplemental requests, ECC request.

1. Describe how the extraordinary care request meets the criteria specified in Chapter 46, Sections 14 and 15 of the Department of Health’s Medicaid Rules. Please cite the specific criteria being met and the reason the request is being submitted.

1. If the request is for 24-hour support, describe the change in the participant’s living situation.  N/A

1. If the request is due to the onset of the medical or behavioral condition, or injury that indicates a significant change in service need, please describe.   N/A

1. Describe why the request is functionally, behaviorally, or medically necessary based upon the current assessed needs of the participant.  N/A

1. Describe the other non-waiver service options, such as natural and paid supports, that were explored and implemented to meet the participant’s needs.

**As established in Chapter 46, Section 15 of the Department of Health’s Medicaid Rules, the plan of care team has come to a consensus that this ECC request is necessary, and other support and resource options have been explored.**

Case Manager Signature Date

***NOTE: If the request meets the criteria for Extraordinary Care Committee review, the Division shall refer the case to ECC and notify the case manager if additional information is needed.***