

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
Exception Authorization Review Form

NAME OF INDIVIDUAL: LAST 4 DIGITS SS# _____ DOB: ____/____/____ TERM of ISP: ____/____/____ to ____/____/____	☐ Exception to Standards or DDSD directive that impacts a <u>single</u> person in service. DATE RECEIVED BY REGIONAL OFFICE DIRECTOR: ____/____/____	☐ Exception to Standards or DDSD directive related to service and/or agency requirements that impacts <u>multiple</u> individuals in service. DATE RECEIVED BY REGIONAL OFFICE DIRECTOR: ____/____/____	
Region: ☐ METRO ☐ NW ☐ NE ☐ SW ☐ SE Program ☐ Developmental Disabilities Waiver ☐ Mi Via Waiver ☐ Medically Fragile Waiver ☐ State General Funds Submitter's name, title, and agency: Phone number of submitter: Email address of submitter:		Guardian name: Guardian address: Phone number: Email (if applicable):	
Standard Exception or DDSD Directive Requested (List Chapter, Section, and Page # of the Applicable Rule, Regulation or Directive)	Name of Service and Service Code (If Applicable)	ISP/SSP Effective Dates or Requested Timeframe Start Date: End Date:	
Exception Authorization Review Form Required Documentation			
<u>Person Served Request</u> Letter of Justification that includes efforts the team or circle of support has made to comply with Standards or other requirements. The letter must also address the reasons why the team or circle of support is not able to comply with the requirements, what alternatives to an exception to the Standards or regulation were tried and not		<u>Service and/or Agency Request</u> Letter of Justification that includes efforts the agency or supports have made to comply with Standards or other requirements and the reason(s) why the agency or supports are not able to comply with the requirements. The letter must also include the agency or supports' timeframe to comply with Standards or other requirements, as	

successful, and why an exception is necessary for the person's health and safety. • Meeting minutes that reflect the reasons for the exception request. . The meeting minutes must detail how this directly impacts the person receiving services. • Current Individual Service Plan or Service and Support Plan that reflects the justification for the exception request. • Plan to describe how the agency and/or supports plan to come into compliance with the Standard(s) or other requirements.	well as a plan that assures health and safety of individuals receiving services.
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LIST OTHER DOCUMENTS SUBMITTED:

DDSD ACTION:

☐ Exception to Standards or Directive that directly impacts a single person in service: **Approved** ☐ **Denied** ☐

☐ Exception to Standards or Directive related to service and/or agency requirements: **Approved** ☐ **Denied** ☐

<i>Type of Exception Approved</i>	<i>Name of Service and Service Code (If Applicable)</i>	<i>ISP/SSP Effective Dates or Timeframe for the Approval</i>	
		<i>Start Date:</i>	<i>End Date:</i>

Request for Information (List information or documents needed):

RO Director, Bureau Chief, Mi Via Program Manager, DDSD staff member, or DDSD Deputy and/or Director:

Signature: _____

Date: _____