REQUEST FOR EXCEPTION  
TO ESTABLISHED MAXIMUM NUMBER OF UNITS  
FOR  
SUPPORTS COORDINATION SERVICES

NAME OF SUPPORTS COORDINATION ORGANIZATION (SCO):

__________________________________________________________

NAME AND EMAIL ADDRESS OF PERSON COMPLETING REQUEST:

__________________________________________________________

NAME OF WAIVER PARTICIPANT:  
__________________________________________________________

APPLICABLE WAIVER:  ☐ CONSOLIDATED  ☐ P/FDS

NUMBER OF UNITS BEING PROPOSED:  
__________________________________________________________

DETAILED DESCRIPTION OF CIRCUMSTANCES REQUIRING AN EXCEPTION TO THE ESTABLISHED MAXIMUM # OF SC UNITS (please include an explanation of circumstances that resulted in intense SC supports and the efforts taken to address the situation):

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

DESCRIPTION OF UTILIZATION PATTERN, BASED ON REVIEW OF CLAIMS:

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

REQUEST SUBMITTED TO ADMINISTRATIVE ENTITY:  
__________________________________________________________ (Date)

ADMINISTRATIVE ENTITY DECISION:  ☐ APPROVED  ☐ DISAPPROVED  
__________________________________________________________  ____________________________________________

(Name)  (Title)
REQUEST FOR EXCEPTION
TO ESTABLISHED MAXIMUM NUMBER OF UNITS
FOR
SUPPORTS COORDINATION SERVICES

COMMENTS FROM AE [IF DISAPPROVAL RECOMMENDED]:

____________________________________________________________________________________
____________________________________________________________________________________

REQUEST & RECOMMENDATION SUBMITTED BY AE TO REGIONAL PROGRAM OFFICE: __________

(Date)

REGIONAL PROGRAM OFFICE DECISION: ☐ APPROVED ☐ DISAPPROVED

(Name) (Title)

REASONS FOR DISAPPROVAL:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

ODP REGIONAL OFFICE DECISION SUBMITTED TO SCO:

(Date)

ADDITIONAL COMMENTS: ☐ SCO ☐ AE ☐ REGIONAL OFFICE

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

REQUEST FOR EXCEPTION TO MAXIMUM SC UNITS
ODP/SP/WAIVER SC/7.7/08