

Submitted by:

## REQUEST FOR EXCEPTION TO POLICY Services Empowering communities to serve youth "USE OF STATE POOL FUNDS FOR COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES"

Locality Name:	Locality Fips Code:
CPMT Chair:	Phone:
Representative Authorized To Request Exception:	
Individual to Contact For More Information:	Phone:
Initials of Child for Whom Exception is Requested:	Last 4 digits of SSN:
Reason Exception Is Needed:	
For a Medicaid eligible child/youth, a Medicaid provider is not available.  Provider not available within reasonable geographic distance.  Date of consult with DMAS/Magellan:  Details:	
There is a waiting list that prevents delivery of services within a reasonable time frame. Details:	
Exceptional circumstances. Details:	

Date: