

NH BUREAU OF DEVELOPMENTAL SERVICES EXEMPTION REQUEST
FOR “ONLY WILLING AND QUALIFIED PROVIDER (OWQP) REQUESTS” ONLY

Submit completed requests to: Bureau of Developmental Services
105 Pleasant St. – Main Building, Concord, NH 03301
Phone#: (603) 271-5034 Fax#: (603) 271-5166
email: BDS@dhhs.nh.gov

*Exemption Requests are to be submitted by the Area Agency **ONLY**

*Only complete packets will be processed – See required paperwork outlined in OWQP Policy and Process

Area Agency: _____ **Individual Name: Enter text** _____

<p>Indicate:</p> <p><input type="checkbox"/> - Initial</p> <p><input type="checkbox"/> - Renewal</p>	<p>Exemption Request for: 42 CFR 431.301 (c) (1) (vi) and He-M 517.03 (b) in which services shall be denied through the Home and Community-Based Services (HCBS) waiver if the provision of services are offered by the same agency.</p>
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Does the Agency meet the Rural Exemption? YES NO

Is there a lack of another qualified provider agency (within 20 miles or 30 minutes)? YES NO

Is the individual/guardian in agreement that the same agency is providing both case management and direct services? YES NO

Has the required paperwork been submitted to BDS within the last year? (See OWQP Policy and Process)
 YES NO

Provide a full explanation as to why you are seeking an exemption to the requirement that services to an individual are free of conflict.

Enter text

Provide a full explanation of what efforts you took to provide choice and ensure compliance with the Conflict of Interest Provision. Please attach any documentation that will assist to demonstrate your efforts.

Enter text

How will the agency ensure that there is separation of influence on behalf of the person, and what safeguards are in place so they regain choice and control of services?

Enter text

What efforts will the agency put in place to (1) ensure oversight of separation; and (2) ensure choice is offered at different times to the person?.

Enter text

Individual signature (if applicable): _____

Guardian signature (if applicable): _____ Approval Date: _____

Signature of AA Executive Director / Designee: _____ Date: _____

Approval will not exceed one year.