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| NH Bureau of Developmental Services EXEMPTION RequestFOR “ONLY WILLING AND QUALIFIED PROVIDER (OWQP) REQUESTS” ONLY |
| **Submit completed requests to:** Bureau of Developmental Services 105 Pleasant St. – Main Building, Concord, NH 03301Phone#: (603) 271-5034 Fax#: (603) 271-5166email: BDS@dhhs.nh.gov**\***Only complete packets will be processed.  |
| **Area Agency:** Choose One **Individual Name: Enter text** |
| Indicate:[ ] - Initial[ ] - Renewal | Exemption Request for: **42 CFR 431.301(c)(1)(vi), He-M 503.08(c)(2), He-M 517.03(b), and He-M 524.03(d).**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. |
| Is there a lack of another qualified service coordination agency? [ ]  YES [ ] NOIs the individual/guardian in agreement that the same agency is providing both service coordination and direct services? [ ]  YES [ ] NO**For Initial Requests**Has the documentation required in He-M 503.08(d) and (e) been submitted to BDS? [ ]  YES [ ] NO**For Renewal Requests**Have there been any changes to the documentation provided with the initial request or the information demonstrated therein? [ ]  YES [ ] NO |
| Provide a full explanation as to why you are seeking an exemption to the requirement that services to an individual are free from conflict.**Enter text** |
| Provide a full explanation of what efforts you took to provide choice and ensure services are free from conflict. 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 individual, and what safeguards are in place to ensure that the individual maintains 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 to the individual throughout the approval period?**Enter text** |
| Individual signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian signature (if applicable): Date: \_\_\_\_\_\_\_\_\_\_\_\_ Signature of Requesting Agency Executive Director / Designee: Date: \_\_\_\_\_\_\_\_\_\_\_\_**Approval will not exceed one year and is subject to ongoing monitoring.** |