Appendix A

DELAWARE HEALTH AND SOCIAL SERVICES Division of Developmental Disabilities Services	**Request for Exception Rate for Consultative Nursing Services**

General Information	NAME OF INDIVIDUAL TO BE ASSESSED:		TODAY'S DATE:	
	DATE OF BIRTH:	MCI#:	COUNTY OF RESIDENCE:	
	AGENCY SUBMITTING REQUEST:	CONSULTING RN SUBMITTING REQUEST:	SUPPORT COORDINATOR/CASE NAVIGATOR:	

Requested Additional Hours	PLEASE DETAIL THE REASON ADDITIONAL HOURS ARE NEEDED, INCLUDING SUMMARY OF SUPPORTING DOCUMENTATION:	
	DATE DISCUSSED WITH TEAM AND IDENTIFY TEAM MEMBERS:	NUMBER OF ADDITIONAL UNITS/HOURS REQUESTED:
	NUMBER OF AUTHORIZED UNIT/HOURS:	NUMBER OF UNIT/HOURS REMAINING FOR FISCAL YEAR:

At the end of the fiscal year authorization will automatically return to originally authorized RN Consultative Support Hours.

FOR SUPPORT COORDINATOR/CASE NAVIGATOR TO COMPLETE:

Agreement Status	REVIEWED BY (NAME/TITLE):	
	☐ Do Not Agree ☐ Agree	DATE REVIEWED:
	COMMENTS:	

FOR DDDS NURSING DEPARTMENT TO COMPLETE:

Approval Status	☐ Not Approved ☐ Approved	NUMBER OF UNIT/HOURS APPROVED:
	APPROVED BY (NAME/TITLE):	DATE APPROVED:
	DATE SUPPORT CORDINATOR NOTIFIED & AUTHORIZATION SENT (IF APPLICABLE):	
	COMMENTS:	

NS FRM 200A