(Month, Date, Year)

TO: Jan (Loretta) Goracke, Program Specialist

Division of Behavioral Health Services

Department of Health and Human Services

FAX#: Division: 402-471-7859

CC: (list name of Regional Administrator)

(ensure this letter is faxed to the Region)

FROM: (Agency Director), (Name of Agency)

RE: Age Waiver Request

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# Please allow this memo to serve as a request to serve (Youth’s name), born on (Month/Date/Year), in (Name of Service/Level of Care) provided through (Name of your agency) at (city).

Region (#) was contacted on (date) regarding this request. The contact person at the Region was (name). The Region has reviewed and approved this age waiver request.

I have also discussed the clinical appropriateness of this service with (name) at Magellan, who concurs with the appropriateness of this service

*Narrative Section:*

*Please describe how this specific level of care will meet the specific treatment/rehabilitation needs of the youth, any program modifications/enhancements that will be made in order to ensure that the service provided will be developmentally appropriate and individualized to meet the youth’s needs, and (if youth is a state ward) how provider intends to collaborate with the CFS Case manager regarding treatment & discharge planning and family involvement. Please document any service(s) that have been contacted to serve the youth and their response(s) to your request.*

Note:

* If the youth will be receiving a Substance Abuse service, please attach the entire SA evaluation by a LADC with this document.
* If the youth is Medicaid-Managed Care eligible or has other insurance coverage, provide a copy of documentation of denial of the service(s) requested.
* If the youth is a ward of the State of Nebraska, state ward status must be identified along with Case manager name and Service Area. Document that you have reviewed this service request with the DHHS Children and Families and their agreement with this request. Documentation must also include if CFS has approved or denied payment for this service.

Program Director (of Receiving Agency) Date