NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services Division of Behavioral Health

Age Waiver Request

Email To: DHHS.DBHNetworkOperations@nebraska.gov

This Section to be filled out by Provider (by Region if they are Provider) Today's Date:

Choose Region for Email Address | Contact Name:

Provider: | Contact's Email:

Provider Address, City, State and Zip | Phone Number (include area code)

Youth's Name: (First, MI, Last) | Youth's Date of Birth 01/01/2000 | Age Today 17.00

☐ *I have confirmed this youth is NOT a State Ward and/or service is NOT Medicaid covered.*

Request for **Authorized** Service
AUTHORIZED SERVICE
Location of Service
CDS Encounter #

Request for **Registered** Service
REGISTERED SERVICE
Location of Service
Do NOT Enter Registered in CDS Prior to Approval

Narrative: For all services provide a very brief summary based on the sections below:
The level of care requested will meet these specific treatment/rehabilitative needs including:

Describe program modifications/enhancements that will ensure service is patient-focused & developmentally appropriate:

Describe services the youth is currently receiving and why adult services would be more appropriate:

❖ If youth has other insurance coverage, provide the denial of the service(s) requested in separate email.

Signature:

This section for DBH use only:

☐ This Request for an Age Waiver as written above has been **APPROVED**.

For **Authorized** Services: (a) Locate in CDS (b) Put Approval Date in CDS notes (c) ADMIT YOUTH INTO SERVICES
For **Registered** Services: (a) Enter into CDS (b) Put Approval Date in CDS notes (c) ADMIT YOUTH INTO SERVICES

☐ This Request for an Age Waiver as written above has been **DENIED,** (a) Put denial date if in CDS (b) End Encounter.

Comments:

DBH Representative Signature: _____ Date: _____

All sections must be completed. After submission save PDF and email to DHHS and the Region email listed above
Note: Do not attach additional documentation for Authorized Services - this is already utilized in CDS approval.