

Adult Foster Home Exceptions Checklist

*(All exceptional rate requests must be submitted by a manager
in the local office to APD.CBCExceptions@dhs.ohio.gov)*

	Yes	No	N/A	Notes
Are the 514 and 514A complete? Is client and provider information, correct?				
Does the CA/PS assessment reflect current care needs?				
Is there clear narration, comments or synopsis regarding client's needs and justification for the exceptional rate being requested?				
Has the rate been calculated correctly? (Number of hours per week x 4.3 weeks x SEIU Collectively Bargained Rate) This is the cost the provider will incur for additional staff necessary to meet client's care needs.				
Does the 514A include tasks or services not covered under the waiver (ROM, RN, PT/OT, respite/relief, smoking, standby)? If so, task/service and associated hours should be removed.				
Does the provider have a resident manager? (A resident manager can not be paid for exceptional hours and should not be listed as a caregiver on the 514A.)				
Does the AFH have the correct classification level to meet the care needs of the client? If not, has your licensor granted a classification exception to the provider? (Submit copy with request.)				
Are there other clients with exceptional rates in the AFH? (scfs,p,provider #) If so, do needs/hours overlap?				
Is the client under 65 years with care needs related to a mental health diagnosis? Should the case be referred to the MED review team?				
Do you support the request? If not, include an explanation regarding why. Was it denied locally? Is there an alternate plan?				

This check list is provided as technical support for local office staff when an exceptional rate request is being prepared. It is not necessary to send this form with the request, but we strongly encourage you to use it as a tool to ensure that all issues are explored and documented prior to submission.