

Request for Exception

Date: _____
Counselor's name: _____
Client name: _____
SSN: _____
Client's current status: _____

Type of Request:

___ Exception to counselor's spending authority (cost cap) (Manual Section 3/Part 8)
Service code: _____
Service description: _____
Counselor's spending authority: _____
Amount requested above the counselor's spending authority for this request:
Amount already spent on this service during the life of the case* :

** Amount spent for the life of the case is available in client history/view client case costs, or through authorization reports/by client/by payment.*

___ Exception to grant more than one month emergency maintenance
(Manual Section 3/ Part 8)

___ Exception to allow more than three months of maintenance during job placement
(Manual Section 3/Part 8)

___ Exception to established rate
Specify the current rate and Manual reference: _____

___ Exception to allow provision of VR services for a transition student prior to 18-month or
3 semester timeline (Manual Section 3/ Part 12)

___ Exception to allow a student to take less than 30 college hours per year or less than full-
time participation (Manual Section 3/ Part 17)

___ Exception to allow for 13-24 psychotherapy sessions (Manual Section 4/ Part 6)

___ Exception to counselor's authority to authorize surgery/surgeries expected to cost
\$10,001 or more (Manual Section 4/ Part 11)

___ Other, specify: _____

Rationale for exception: *Must include an analysis of the comparable benefits search undertaken, including the availability and timeliness of such comparable benefits; the impact of the service on the client's progress in his/her rehabilitation plan or employment; and a summary of the counseling and guidance provided related to future expenditures in this category, if appropriate.*

Action Taken:

Staff will use the procedures established by the RS Regional Program Administrator for approvals and routing of recommendations:

Level 1: RS Manager

Name:

Date:

Approve

Recommend approval to Level 2

Deny

Recommend denial to Level 2

Rationale:

Level 2: RS Program Administrator

Name:

Date:

Approve

Recommend approval to Level 2

Deny

Recommend denial to Level 2

Rationale:

Level 3: RS Central Office Field Liaison

Name:

Date:

Approve

Recommend approval to Level 2

Deny

Recommend denial to Level 2

Rationale:

Upon final action, copies of the form should be e-mailed to the Counselor, RS Manager, RS Program Administrator and RS Policy Specialist in the Central Office (Mary Hirsch). The Counselor should file a copy in the case record.