



Iowa Department of Human Services

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November 4, 2016

GENERAL LETTER NO. 1-B-AP-11

ISSUED BY: Bureau of Policy Coordination

SUBJECT: Employees' Manual, Title 1, Chapter B, **POLICY DEVELOPMENT APPENDIX**, Title page, revised; page 6, revised; and form 470-3888, *Petition for Exception to Policy*, revised.

Summary

This chapter is revised to update form 470-3888, *Petition for Exception to Policy*, to:

- ◆ Update the fax number for the Appeals Section.
- ◆ Add an email address for the Appeals Section.
- ◆ Add a section for the person who requests the exception to policy to provide the company or agency name they work for, as well as an email address.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 1, Chapter B, Appendix:

<u>Page</u>	<u>Date</u>
Title page	December 19, 2008
6	December 19, 2008
470-3888	4/08

Additional Information

Refer questions about this general letter to the Bureau of Policy Coordination.

Revised November 4, 2016

Employees' Manual
Title 1
Chapter B Appendix

POLICY DEVELOPMENT APPENDIX



Petition for Exception to Policy, 470-3888

Purpose	Form 470-3888 may be used to initiate a request for an exception to policy. (Use of this form is not mandatory.)
Source	<p>The form may be completed electronically at www.dhs.iowa.gov/node/966.</p> <p>The form can also be printed or photocopied from the sample in the manual.</p>
Completion	Department staff or a member of the public may complete form 470-3888 when a person or agency affected by the Department wishes to request an exception to policy.
Distribution	A form completed electronically may be submitted directly to the Appeals Section to be processed using the "submit" button on the form. A completed printed form shall be sent to the DHS Appeals Section, 1305 E. Walnut St., 5 th Floor, Des Moines, Iowa 50319-0114 or via fax to (515) 564-4118.
Data	<p>This form contains:</p> <ul style="list-style-type: none">◆ Information about the person requesting the exception to policy, including name, company or agency name, mailing address, email address, and phone number.◆ Information about the person who needs the exception to policy (which may be the same person), including:<ul style="list-style-type: none">• The person's name, social security or state identification number, and birth date.• A description of the exception to policy being requested.• The period for which the exception to policy is being requested and the requested effective date.• The reason the exception to policy is being requested.• Identification of others who can offer helpful information.• The way the Department has treated similar situations, if known.• Other options that have been tried as alternatives.• The rule being waived, if known.• The requestor's signature.



Petition for Exception to Policy

An exception to policy is a request for an item or service that is not covered by the Department of Human Services (DHS). The criteria for granting an exception to policy can be found in 441 Iowa Administrative Code 1.8(2). They are:

- Is there an extreme need for an item or service?
- Are there exceptional circumstances that justify an exception to policy?
- Would an exception to policy result in net savings to the state?
- Have all other possible sources been exhausted?
- What is the cost to the state and are there funds in the Department's budget?

Exceptions to policy may be granted to DHS rules, but they cannot be granted to rules that are based on federal policy or state law. Exceptions to policy will not be granted for program eligibility requirements, such as income guidelines or resource limits.

Exceptions to policy are granted when the item or service being requested would improve the quality of life of a consumer at no additional cost to the state, or when it would result in a savings to the state.

An exception to policy is granted at the discretion of the Director of DHS. There are no appeal rights on an exception to policy request. However, a consumer who does not agree with the exception to policy recommendation can ask for the request to be reconsidered.

There is no fee or charge to request an exception to policy. An exception to policy request must be in writing. An exception to policy is a last resort request. It should be requested only when all other options have been exhausted.

Instructions

You may complete the *Petition for Exception to Policy* form or you may write a letter that explains the situation. Use of this form is voluntary.

- Enter the name and address of the person who is filling out the form.
- List the consumer's name, Social Security Number or state ID number, and birth date of the person you are requesting the exception to policy for.
- Provide a description of what the person needs.
- Explain why it is needed. If it is medical in nature, include the medical necessity of the item or service.
- Include the costs and proposed savings of the request.
- Tell what has been tried in the past with the person.

If a home health agency is requesting an exception to policy on behalf of a consumer, the following should be included, as well as the information listed above:

- Explain the services needed, including the hours requested and the level of care involved.
- Identify what other programs are involved with this consumer, such as waiver, in-home health-related care, etc.
- Describe the cost breakdown, salary, fringe benefits, and mileage of the person who is doing the care.
- Incorporate the plan of care or the plan of treatment.
- Include the past 30 days of care notes.

Does anyone else have information that would be helpful to the Department to make a decision on this request for a waiver? Yes No If yes, please list name, address, and telephone number.

Do you know how the Department has treated similar situations? Yes No
If yes, please describe how the situation was handled.

Have you tried any other item or service before requesting an exception to policy? Yes No
If yes, please describe the item or service.

If known, what rule are you requesting an exception to policy for?

I authorize any person with knowledge of the relevant or important facts relating to the requested waiver to release any information to the Department of Human Services. I attest to the accuracy and truthfulness of the information contained in this request.

Signature of Requestor

Date

Please mail, fax or email your exception to:

Department of Human Services, Appeals Section 5th Floor, Des Moines, Iowa 50319-0114
Fax: (515) 564-4118 E-mail: exceptions@dhs.state.ia.us

Please contact the Appeals Section at (515) 242-6302 if you have questions about this form.