Iowa Department of Human Services

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.

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To submit a request for an exception to policy, please fill out the following information.

Information About Person Filling Out Form

Name of person requesting the exception to policy:	Phone number:	Date of request:	
Company or Agency Name, if applicable:	Email address		
Address:	City:	State:	Zip code:

Information About Person Who Needs Exception to Policy

Who is the exception to policy for:	Social security or state ID number:	Birth date:

Being specific, describe your request for an exception to policy:

If you need additional space to describe the situation, please attach a separate piece of paper.

What is the time period that you are requesting the exception to policy to cover (for example, one month, six months, etc.)? The period cannot exceed one year. If the exception to policy is granted, and it is still needed after it expires, it may be renewed by submitting another request.

What is the date you would like the exception to policy to start?

Why are you requesting an exception to policy?

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.