

CASE MANAGEMENT CONFLICT EXEMPTION

Conflict-Free Case Management requires that a waiver provider (including any subsidiary, partnership, not-for-profit, or for-profit business entity that has a business interest in the provider) who renders case management to an individual, must not also provide another waiver service to that same individual, unless the provider is the only willing and qualified provider in the geographical area (30 miles from the participant's residence). To request an Exemption based on geographical area, you must upload an electronic copy of this completed form to the Medicaid Waiver Management Application (MWMA). The Department must approve Exemptions.

Participant Information:

Last Name:		First Name:		M.I.:	SSN #:
Address (Street):					
City:		State:	ZIP:	County Name:	
Current Case Manager: Last				First Name:	
Case Manager Email:					

Complete the following if requesting a Conflict-Free Case Management Exemption:

I request an exemption to Conflict-Free Case Management because:

There is a lack of qualified case managers within thirty (30) miles of my residence; Explain:

-I certify that my decision to keep my current case manager was not encouraged by the case manager or other staff from the case management agency.

-I have been informed of grievance/complaint procedures.

Participant/Guardian Signature:		Date:	
Case Manager Signature:		Date:	

By electronically signing and dating this document, the Case Manager verifies that the Participant/Guardian agrees with the information contained on both pages of this form and has electronically signed this document or if not, has signed a paper copy which is kept with the participant's service records.