AGENCY NAME:	Enter Agency full name here
The Contractor shall submit the following template to AHCCCS within 30 days of the request from a provider for a caseload exemption or notification that a provider is non-compliant with caseload ratios outlined in AMPM 570 Attachment A. The Contractor shall review the exemption request to ensure that the request is reasonable and is specific enough for the Contractor to monitor that the provider is compliant with the exemption per contract.	
Site(s) requested for exemption:	Each locations of the provider agency for which the exemption is being requested
Is this request for blended caseloads and/or exceeding the required ratio in Attachment A?	Select from dropdown. Exceed Ratio: This exemption request would be to exceed the ratio required by AMPM 570 Attachment A for a caseload that includes one level of case management. Blended and Exceed Ratio: This exemption request would be to exceed the ratio required by AMPM 570 Attachment A for more than one level of case management.
What is being requested be as specific as possible. Include the barriers or issues that led to this request.	How many provider case managers are included in the exemption? What will their caseloads look like? How will the agency ensure the quality of care received? What is the caseload ratio being requested for each level of provider case management.
Do caseloads include both child and adult levels of Provider Case Management outline on Attachment A?	Select from dropdown. Children only: Members under the age of 18 and any GMHSU member under the age of 22 that has chosen to maintain their CFT, see AMPM 587 for additional information. Adults only: Members over the age of 18 excluding those outline above that have opted to maintain their CFT to age 22. Both Children and Adults: Members that fit into both categories outlined above.
What is the maximum caseload requested? Include specific numbers for each level of Provider Case Management that will be assigned.	List each level of provider case management from AMPM 570 Attachment A that will be assigned to the blended caseload and what the maximum number of individuals would be for each level. (example: Caseloads will include no more than 10 HN children, 60 Supportive adults no more than 50 with a SMI designation, and 10 connective adults with no more than 5 with a SMI designation) Include any clinical considerations or information that has been used in creation of this plan.
What is the supervisor to HNCM ratio being requested? Is additional support and supervision being provided to provider case managers?	Indicate the ratio of supervisor to provider case manager. Detail the support and supervision being provided to provider case managers that have blended caseload and/or exceed the ratio.
What timeframe is this exemption being requested for?	Indicate the amount of time being requested.
Discuss actions being taken to ensure that the provider will be compliant within the requested timeframe.	What actions are being taken to bring the provider into compliance? How will this be accomplished in the requested timeframe? If the provider has been granted a previous exemption they will need to detail all performance improvement activities that were completed during the previous exemption.

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AGENCY NAME:	Enter Agency full name here
The Contractor shall submit the following template to AHCCCS within 30 days of the request from a provider for a caseload exemption or notification that a provider is non-compliant with caseload ratios outlined in AMPM 570 Attachment A. The Contractor shall review the exemption request to ensure that the request is reasonable and is specific enough for the Contractor to monitor that the provider is compliant with the exemption per contract.	
Site(s) requested for exemption:	
Is this request for blended caseloads and/or exceeding the required ratio in Attachment A?	
What is being requested be as specific as possible. Include the barriers or issues that led to this request.	
Do caseloads include both child and adult levels of Provider Case Management outline on Attachment A?	
What is the maximum caseload requested? Include specific numbers for each level of Provider Case Management that will be assigned.	
What is the supervisor to HNCM ratio being requested? Is additional support and supervision being provided to provider case managers?	
What timeframe is this exemption being requested for?	
Discuss actions being taken to ensure that the provider will be compliant within the requested timeframe.	