

**Foundational Community Supports
Exception to Rule/Limited Extension Request Form**

This form is a request for additional supported employment or supportive housing units above the initial units authorized during a current period of authorization. Email this request form to FCSTPA@amerigroup.com or fax to 1-844-470-8859.

For questions, call Foundational Community Supports (FCS) at 1-844-451-2828.

Supportive housing

Supported employment

*Indicates a required field

Enrollee information	
*First name:	*Last name:
*Date of birth:	ProviderOne #:
Address:	*City, State, ZIP:
Phone #:	Email:
Provider contact information	
First name:	Last name:
*Provider name:	
Address:	*City, State, ZIP:
Contact phone #:	Contact email:
Exception to rule request information	
Request date:	
*No. of units requested:	*No. of units used:
Authorization start date:	Authorization end date:

Please provide the following supporting documents and explanations on a separate attachment:

- Progress notes (from authorization start date to current)
- A description of why this enrollee is clinically unique from others with a similar condition
- A description of alternatives that have been tried and their outcomes
- The enrollee's person-centered care plan for employment/housing
- A description of the additional services that will be needed
- The level of improvement the client has shown to date related to FCS services and what improvements could be reasonably expected if FCS services are extended
- How an enrollee's condition might worsen if FCS benefits are not extended