

# KHS EXCEPTION REQUEST

**Date submitted:**

**Provider:**

**Request for QMHP to provide CPST**

**Rationale for request:**

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**Are there non-QMHPs that could provide this service?** \_\_\_\_\_

**Other Information as necessary:**

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**Concern:**

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**Recommendation:**

Approve \_\_\_\_\_

Deny \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**KHS Decision:**

Approved \_\_\_\_\_ Initials \_\_\_\_\_ Date

Denied \_\_\_\_\_ Initials \_\_\_\_\_ Date

Written justification:

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