

## PRIORITIZATION OF NEED For Services/Supports

_____ Residential	_____ In-Home Support
Consumer Name: _____ Case #: _____	
Service Coordinator: _____ Date Placed on Waiting List: _____	
Service #1 Category/Points: _____	
Service #2 Category/Points: _____	
Service #3 Category/Points: _____	
Additional Information: _____	
Date Scored: _____ URC Representative: _____	

In order to be on the prioritized waiting list for services/supports, the service/support *must be*:

- identified as a need in a person-centered plan;
- specifically related to the person's disability (i.e., not something that would be needed regardless of the person's disability); and
- unavailable through natural support systems or other funding sources.

First, read through the categories, then:

- pick the category that best describes each service need of the individual.
- Only one category can be selected per service. Prioritize this decision based on the service/support (*not* by person).
- Once a category has been selected, only compile the points for the selected category for each service.
- When the category points are tallied, transfer category letter and the total points to the top of this page.
- If Emergency or H & S category is chosen the person-centered plan must reflect what safeguard and/or emergency measures have been put in place to address the concerns.

A service can only be prioritized or listed under one category, however, there can be more than one service in any category.

Points	<b>CATEGORY: E Emergency (12 points) See Division Policy</b>
	<p><b>12 pts.</b> This service/support is necessary due to the person's emergency situation. An emergency situation is described as one of the following:</p> <ol style="list-style-type: none"> <li>1) The consumer is in immediate need of life-sustaining services and there is no alternative to Division funding or provision of those services. (Food, shelter, protection from harm)</li> <li>2) The consumer needs immediate services to protect another person(s) from imminent physical harm.</li> <li>3) Olmstead issue</li> <li>4) The consumer is the focus of a Court order or imminent Court order.</li> <li>5) The consumer under age 18 requires coordinated services through several agencies to avoid Court action. (System of Care)</li> <li>6) The consumer is aging out of the Lopez Waiver and still requires substantial waiver services. (Does not include consumers that would be more appropriately served in the Physically Disabled Waiver.)</li> </ol>
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____

Points	<b>CATEGORY: H Health and Safety (5 to 12 points)</b>
_____	<b>5 pts.</b> The service/support is necessary to ensure the health and safety of the person or others, i.e., not providing the service/support will place the person or others at risk of illness, injury, or harm.
	In order to be categorized as a health and safety need, the degree of risk must be probable - greater than 50% chance without intervention.
_____	Add 1 point (+1 pt.) if degree of risk is imminent—definite and immediate.
_____	Add 2 points (+2 pt.) if person has no permanent residence.
_____	Add points (maximum of 4) based on Physical/Behavioral Support Checklists. (pg. 3)
	Cumulative points for Category Health and Safety. (Not to exceed 12)
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____

Points	<b>CATEGORY: F Family Support (4 to 11 points)</b>
_____	<b>4 pts.</b> The service/support is necessary to help the family care for their family member in their home <u>or</u> family support is not available.
_____	Add points (maximum of 4) based on Physical/Behavioral Support Checklists. (pg. 4)
_____	Add points (maximum of 3) for other family circumstances. Mark as many as applicable to get a full picture of the family need, however, can only add 3 points.
_____	+ 3 pts. Death of primary caregiver.
_____	+ 3 pts. Primary caregiver has a terminal diagnosis.
_____	+ 2 pts. Primary caregiver has other chronic health conditions that significantly impact his/her ability to provide needed supports for the person.
_____	+ 2 pts. Primary caregiver over age 75
_____	+ 1 pt. Primary caregiver over age 65
_____	+ 1 pt. Single parent family
_____	+ 1 pt. Recent (within past 6 mos.) divorce or separation
_____	+ 1 pt. More than one family member eligible for MRDD services
_____	+ 1 pt. At least 3 children under the age of 10 living in the home
_____	+ 1 pt. Recent (within past 6 mos.), unplanned loss of employment
_____	+1 pt. Primary caregiver at risk of job loss to provide care for the person in the home.
	Cumulative points for Category Family Support. (Not to exceed 11)
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____

Points	<b>CATEGORY: D Daily Living Supports (4 to 6 points)</b>
_____	<b>4 pts.</b> The service/support is necessary to help the person <b>perform activities of daily living</b> , e.g., communication, mobility, self-care, etc. <b>or</b> to assist an individual with <b>independent living</b> or developing the skills necessary to do so. Examples include personal assistance, supported employment, habilitation training, therapy services (including Applied Behavior Analysis), specialized medical equipment and supplies, and environmental accessibility adaptations.
_____	Add points if the person currently lives independently (i.e., is not receiving residential services, including ISL), and is <b>at risk of moving to a more restrictive setting or of losing a degree of independence</b> without the service/support requested. + 2 pts. Immediate (within 30 days) + 1 pt. Prospective (likely within 1 year)
_____	Cumulative points for Category Daily Living Supports. (Not to exceed 6)
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____

Points	<b>CATEGORY: I Inclusion and/or Recreational Supports (In-Home Supports Only)</b>
_____	<b>2 pts.</b> Service/support is necessary to address barriers that might keep the person from <b>fully participating in his/her community and/or recreational activities.</b>
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____

There are no other contributors to Category Inclusion and/or Recreational Supports.

Points	<b>CATEGORY: L Long Term Planning:</b> This category is either 2 pts <b>OR</b> 1 pt
_____	<b>2 pts.</b> Person is receiving residential services from an alternative funding source (Children’s Division or DMH-CPS). Current residential situation has a time limitation or age restriction and the person has no natural home in which to return <b>or</b> persons are receiving residential services from DMH but needs enhanced or alternative services (Rescore service need 6 months prior to time limited funds ending)
_____	<b>OR</b>
_____	<b>1 pt</b> Family has long term planning needs... for example, knows that they want placement sometime in the future.
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____
_____	Outcome #: _____ Service: _____ Frequency: _____ Cost: _____

There are no other contributors to Category Long Term Planning

Complete both Checklists on this page as pertains to either Category Health and Safety or Family Support:

- Check every applicable event to create a clear picture of the situation.
- A maximum of 2 points from each section can be allocated to the category, for a total of 4 points, even though more may apply.
- If there is only 1 contributing point in the Behavioral Checklist, but three or more points in the Physical Checklist, you cannot count a total of 4 points. Only 2 points per checklist.
- When the checklist points are tallied, transfer total points to appropriate category.
- Unless otherwise noted, the behavioral or physical need identified must have occurred within the last year.

Points	<b>BEHAVIORAL SUPPORTS CHECKLIST</b>
_____	<ul style="list-style-type: none"> <li>___ +1 pt. Made threats verbally and/or physically(with reasonable threat of physical harm)</li> <li>___ +1 pt. Destroyed property</li> <li>___ +1 pt. Ran away (elopement) or leaves area of safety and supervision</li> <li>___ +1 pt. Abused alcohol and/or substances</li> <li>___ +1 pt. 2 or more medications used to treat mental illness and/or for behavioral control</li> <li>___ +1 pt. Compulsive/Ritualistic behavior that significantly interferes with the person's and family's daily routines</li> </ul>
2pt max.	<ul style="list-style-type: none"> <li>___ +2 pts. Harmed him or herself</li> <li>___ +2 pts. Harmed others (includes animals)</li> <li>___ +2 pts. Ingested toxic and/or non-food substances or dangerous food/liquid quantities</li> <li>___ +2 pts. Made a suicide attempt or threat</li> <li>___ +2 pts. Set fires</li> <li>___ +2 pts. Been sexually aggressive.</li> <li>___ +2 pts. Physical restraint used in last 6 months</li> <li>___ +2 pts. Awake overnight</li> </ul>
_____	
Points	<b>PHYSICAL SUPPORTS CHECKLIST</b>
_____	<ul style="list-style-type: none"> <li>___ +1 pt. Chronic pain</li> <li>___ +1 pt. Significant weight loss or gain (5% of body weight within last 30 days or 10% within last 6 months)</li> <li>___ +1 pt. Legally blind requiring assistive measures even in familiar settings</li> <li>___ +1 pt. Legally deaf making interactive communication difficult for caregiver or requiring specialized equipment</li> </ul>
2pt max.	<ul style="list-style-type: none"> <li>___ +2 pts. Frequent illnesses that interfere with the person and family's daily routines</li> <li>___ +2 pts. Frequent injuries and/or falls that require medical attention</li> <li>___ +2 pts. Seizures—frequent and uncontrolled and/or that required emergency hospitalization within the last year</li> <li>___ +2 pts. Suctioning, tracheotomy, oxygen therapy, ventilator</li> <li>___ +2 pts. Choking/choking precautions</li> <li>___ +2 pts. Tube feeding and/or spoon feeding by caregiver</li> <li>___ +2 pts. Incontinence; daily catheterization and/or bowel care</li> <li>___ +2 pts. Person requires lifting for transfer that is difficult for caregiver(s)</li> <li>___ +2 pts. Orthopedic conditions—scoliosis, hip dysplasia, contractures, etc.</li> <li>___ +2 pts. Skin breakdowns</li> </ul>

\_\_\_\_\_ Total points of both categories that can be allocated to chosen category. Not to exceed 4.