



Intellectual and Developmental Disabilities Working Group

July 10, 2014

2:00 PM

Legislative Office Building, Rm 2A

- I. Call To Order
- II. Introduction of Members
- III. System Overview/MIR Information-Thomas Dailey-South Regional Director
- IV. PRAT Presentation-Thomas Dailey-PRAT Committee Regional Representatives
- IV. Questions/Discussion
- V. Adjourn

Table 3: State Laws / Policies Regarding Waiting Lists

State	Periodic Reporting of Number Waiting	Reports Submitted to Legislature	Limiting Time Person May Be Required to Wait	Requiring Services to Person While They Wait
AL	No	No	No	No
AK	Yes	Yes	No	No
AZ	Yes	Yes	Yes	Yes
AR	No	No	No	No
CA ¹	NA	NA	NA	NA
CO	No	Yes	No	No
CT	Yes	Yes	No	No
DE	Yes	No	No	Yes
DC	No	No	Yes	Yes
FL	No	Yes	No	Yes
GA	Yes	No	Yes	Yes
HI	No	Yes	No	Yes
ID	No	No	No	No
IL	NA	NA	NA	NA
IN	No	No	No	No
IA	NA	NA	NA	NA
KS	Yes	No	Yes	Yes
KY	No	No	No	No
LA	Yes	No	Yes	No
ME ²	No	No	No	Yes ⁴
MD	Yes	Yes	No	No
MA ³	NA	NA	NA	Yes
MI	No	Yes	No	No
MN	Yes	Yes	No	Yes
MS	Yes	No	No	Yes
MO	No	No	No	Yes
MT	Yes	Yes	No	Yes
NE	Yes	Yes	No	Yes
NV	Yes	No	No	No
NH	Yes	Yes	No	No
NJ	Yes ⁴	Yes ⁴	No	Yes
NM	No	No	No	Yes
NY	Yes	Yes	No	No
NC	Yes	Yes	No	No
ND ¹	NA	NA	NA	NA
OH	Yes	No	No	No
OK	No	No	No	No
OR	Yes	Yes	Yes	Yes
PA	Yes	Yes	No	No
RI ¹	NA	NA	NA	NA
SC	Yes	No	No	No
SD	No	No	No	No
TN	Yes	Yes	No	No
TX	No	No	No	Yes
UT	Yes ⁴	Yes ⁴	No	Yes ⁴
VT	Yes	Yes	No	No
VA	Yes	No	No	Yes
WA	Yes	No	No	No
WV	No	No	No	No
WI	No	No	Yes	No
WY	No	No	Yes	No

19 states do not report

26 do

25 states do not report to the legislature

20 do

37 states do not limit time waiting

8 do

20 states provide some services while waiting

26 do not

*Data from the 2000 University of Minnesota Research & Training Center

Inquiry sent to the National Association of State Directors of Developmental Disabilities Services (NASDDDS) List Serve.

Governor Malloy has initiated a Work Group to study our residential wait list. Our current system has an assessment process which identifies two groups of persons; those that are emergencies and need immediate supports, and those that are our Priority 1's – persons who have pressing needs from some form of support either out of the family home or through increased in home supports. We currently have 30 persons identified as E's and 594 as Priority 1's. We have been fortunate to have funding for several years for our high school grads therefore they are not part of our "Waiting List".

At our most recent National Association of State Directors of Developmental Disabilities Services (NASDDDS) meeting, we learned that there is a wide variety of definitions of "Wait Lists" and strategies being employed to address them. Connecticut is looking for guidance on how states are defining their "Waiting List", what best practices/strategies are being used to address this need, and wait list statistics.

We thank you in advance for your information.

We received responses from nine states including; Alabama, Arizona, Florida, Illinois, Kentucky, Maryland, Massachusetts, Missouri and Texas.

As one can see, we didn't receive any "best practice" guidance nor any statistics but summaries of waiting list policies and practices.

Alabama

Alabama is similar to Connecticut in that we have a ranking system that prioritizes based on an assessment that has an accompany algorithm. We serve by highest criticality. We have reserved waiver slots for Emergency placement. This allows us to serve people out of rank order if necessary.

Arizona

Arizona does not have a cap on the number of individuals or total funds that can spent for the waiver. As a result, there is no "waiting list" for people who are eligible for the waiver. Those who are not eligible for the waiver may have to wait for any/all services for an extended time. The state does not set different priorities for placement.

SCL Waiting List Validation

Overall Category of Need: _____

Name:

Region:

Current Status	Give details of current situation for each applicable category:
<i>The need shall be classified as emergency if an immediate service is needed as determined by any of the following if all other appropriate service options have been explored and exhausted.</i>	Give detailed list of all other funding sources and service options attempted and failed. See emergency request form for this information.
Emergency- Abuse/Neglect: DCBS has substantiated abuse/neglect against the primary caregiver and removed the individual from the home. There are no other caregivers available to provide support services to the individual.	Provide date and action(s) substantiated by DCBS along with action taken to move individual to safe environment. Describe current living situation and availability of alternate caregivers:
Emergency – Death of primary caregiver and lack of alternative caregiver. The individual cannot take care of her/himself and will be dangerous to self or others without support services.	Give details with date of loss along with details of extended family situation and availability of alternate caregivers.
Emergency - Jeopardy to health and safety of the individual due to primary caregiver's physical or mental health status. Primary caregiver unable to continue providing care. There are no other caregivers available or willing to provide services and no other service alternative is available or appropriate.	Provide detailed information concerning caregiver's inability to provide continued care along with details of extended family situation and availability of alternate caregivers:
Emergency - Residential Status: Lack of appropriate placement due to: loss of housing, or imminent discharge from a temporary placement.	Describe the current residence and the circumstances that make it inappropriate:
Emergency - Imminent or current institutionalization in an ICF/MR. Individuals residing in an institution, shall meet the following criteria: 1. Treatment professionals determine that an SCL placement is appropriate; and 2. An SCL placement is not opposed by the individual or legal representative.	
<i>The need shall be classified as Urgent if a service is needed within one (1) year as determined by:</i>	
Urgent – Threatened loss of the individual's current funding source for supports within the year due to individual's age or eligibility.	Explain the circumstances that will cause the individual to lose current funding or supports, along with date of termination of funding.
Urgent – Individual is residing in a temporary or inappropriate placement, but health and safety is assured. This is appropriate for individuals who can continue to reside for the short term (less than one year) until proper placement is found.	Describe the current residence and the circumstances that make it temporary (less than one year) along with date of termination of placement if available.

<p>Urgent – Diminished capacity of the primary caregiver due to physical or mental health status and lack of an alternative caregiver. Care is being provided now, but it is clear that within the year they will be unable to provide care and there are no other caregivers available.</p>	<p>Describe the past and present health of caregiver along with prognosis for future health if available; along with details of extended family situation and attempts made to locate an alternate caregiver.</p>
<p>Urgent – Individual exhibits an intermittent behavior or action that requires hospitalization or police intervention.</p>	<p>Describe the current situation and need for hospitalization or potential police involvement.</p>
<p><i>The need shall be classified as future planning if a service is needed in greater than one year as determined by:</i></p>	
<p>Future Planning – Individual is currently receiving a service through another funding source that meets his or her needs.</p>	
<p>Future Planning – The individual is not currently receiving a service and does not currently need services.</p>	
<p>Future Planning –The individual is in the custody of DCBS.</p>	

Signature of person completing validation form: _____ Date: _____

Illinois

Macy, Terry

From: Hoskin, Reta <Reta.Hoskin@illinois.gov>
Sent: Tuesday, July 01, 2014 3:49 PM
To: Macy, Terry
Subject: FW: Connecticut Waiting List Work Group

I hope some of the following information is helpful.

Reta Hoskin, Associate Director
Division of Developmental Disabilities
217-524-7065
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The name of our waiting list is the Prioritization of Urgency of Need for Services (PUNS) database. It was modeled after one developed in Pennsylvania.

The link to our manual is
<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Manuals/DD%20Manuals/Illinois%20PUNS%20Manual.pdf>.

The link to the form itself is
[http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Manuals/DD%20Manuals/Appendix2-Illinois%20PUNS%20Form%20\(English%20Version\).pdf](http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Manuals/DD%20Manuals/Appendix2-Illinois%20PUNS%20Form%20(English%20Version).pdf).

People in "crisis", our most urgent level of need for services, may bypass having to be selected from the database. Although they are enrolled on the database, their funding is given approval by Central Office without having to be selected from those who are waiting. The criteria for meeting crisis services can be found at
*<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/Community%20Emergency%20Criteria%20-%20Adults.pdf> for adults and at
[http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By Division/Division%20of%20DD/Community%20Emergency%20Criteria%20-%20Children.pdf](http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By%20Division/Division%20of%20DD/Community%20Emergency%20Criteria%20-%20Children.pdf) for children.

We have over 20,000 people on the waiting list. Summary reports of those waiting can be found at
<http://www.dhs.state.il.us/page.aspx?item=51905>.

Summary reports of those selected can be found at <http://www.dhs.state.il.us/page.aspx?item=41142>.

Currently, we are selecting individuals from the waiting list who are members of a class action lawsuit referred to as *Ligas*. The annual Implementation Plan for this consent decree governs the selection process. I am copying the applicable section from the Plan below:

Section VII. Waiting List for Community Services and Placement

Paragraph 22(d). Within two (2) years after Approval of the Decree, Defendants shall provide, in accordance with the Class Members' Transition Service Plans, appropriate Community-Based Services and/or placement in Community-Based Settings for at least 1,000 Waiting List Class Members who are selected from the Waiting List...with these Class Members served in order of priority. In each of the third, fourth, fifth and sixth years following Approval of the Decree, Defendants shall serve at least 500 additional Waiting List Class Members who are selected from the Waiting List, again in order of priority.

Paragraph 23. All Class Members who are on the Waiting List after the end of the sixth year following Approval of the Decree shall receive appropriate Community-Based Services and/or placement in a Community-Based Setting, such that they move off the Waiting List at a reasonable pace...

Over the first six years of the Decree, the DDD is to serve under the Medicaid Waiver an additional 3,000 individuals from the waiting list. The addition of these 3,000 capacities will be accomplished by adding people to both the CILA and HBS programs.

The provision of community-based services and/or placement in a community-based setting for waiting list class members pursuant to Paragraph 22(d) of the Consent Decree will be based on an annual compliance date of 1000 class members by June 30, 2013 and 500 class members per year by June 30 for the next four years thereafter. This annual compliance date is consistent with the State of Illinois fiscal year as well as the semi-annual date for information provided in the required data reports.

The DDD will use the following process for selecting individuals to be served from the Class Member waiting list:

Exclude anyone whose record is not labeled as a Ligas class member. As secondary edits to double check for accuracy of the list and selection, exclude the following records in all cases:

- Persons previously selected in PUNS selections (These individuals have already been chosen and offered services.),
- Persons in the Planning category (These individuals are not seeking services within the year, but are anticipating the need for services within five years.),
- Persons who are under the age of 18 (These individuals are not Class Members.),
- Persons residing in Child Care Institutions (Program Code 19D) and Community Living Facilities (Program Code 67D) (These individuals are already receiving residential services.),
- Persons already enrolled in the Children's Support and Residential Waivers (Waiver Codes D1 or D2) (These individuals already have a funding path for entrance into the adult Waiver.),
- Persons who are client type (These individuals are not Class Members.):
 - B, Bogard Class Members,
 - C, CILA participants,
 - F, Family Assistance Program developmental disabilities participants,
 - K, Family Assistance Program mental health participants,
 - S, State-Operated Developmental Center residents, and
 - W, Mental Health Home-Based Support Services participants, and
- Persons who are client type [These individuals already have a funding path for entrance into the adult Waiver.]:
 - G, Children's Support Waiver participants, and
 - R, Children's Residential Waiver participants.

When selecting adults for HBS, exclude anyone already in the HBS program.

Selections will include individuals enrolled in the adult Waiver who indicate a need for more services. For example, persons receiving day program services who may request in-home supports, or persons receiving HBS services who may request CILA services, will be included in the selection process for the 3,000 capacities. Individuals admitted to ICFs/DD after June 15, 2011 who choose to move will also be included in the selections.

Per the original Implementation Plan, the selections were to include the following:

- For every 100 individuals selected, include for residential services criteria:
 - a. 25 individuals who are recorded on the PUNS database as being in an emergency situation (i.e., needing services immediately) and needing out-of-home supports
 - b. 25 individuals residing at home with a primary caregiver age 75 or over
- For every 100 individuals selected, include for Home-Based Support Services:
 - a. 20 individuals who are recorded on the PUNS database as being in an emergency (i.e., needing services immediately) or critical (i.e., needing services within the year) situation and needing in-home or day supports

- b. 15 individuals leaving the Public School System in the last 5 years (use age 22 as selection criteria)
- c. 15 individuals residing at home with a primary caregiver age 60 or over

Within each category, selections will be made by length of time on the database.

The DDD selected sufficient numbers to enroll in the Waiver 1,000 individuals in the first two years of the Decree and 500 in year three and will select sufficient numbers to enroll in the Waiver 500 in each of Years four through six. As of December 31, 2013, 1540 individuals have been served from the PUNS list.

With the expansion envisioned under the Decree, it is believed the waiting list will move at a faster pace after Year Six. The DDD will track and post on its website the average length of time individuals wait on the PUNS database.

At the end of July of 2011, of the individuals actively enrolled in PUNS, 16% were recorded as being in the emergency category (i.e., needing services immediately), 54% in the critical category (i.e., needing services within the year), and 30% in the planning category (i.e., needing services within the next five years). Summary information regarding the PUNS enrollments can be found on the DDD's web site ^{xv}.

Selections from the PUNS Waiting List during Calendar Year 2012 indicated insufficient numbers to complete the selection process identified above in two of the selection categories: individuals waiting for CILA services in emergency situations and individuals waiting for CILA services with aging caregivers. In order to meet selection goals, to date, the DDD has expanded the selection criteria to include individuals waiting for CILA services in the critical category.

Based on a review of services implemented to date, the selection planned for the Spring of 2014 will focus on those individuals who require and are requesting 24-Hour CILA services. Accordingly, for every 100 individuals, the selections will include 50 individuals who are recorded on the PUNS database as being in an emergency or critical situation (i.e., needing services immediately or within the year) and needing out-of-home supports. It will also include 50 individuals residing at home with a primary caregiver age 75 or over and needing out-of-home supports. Should there be insufficient numbers in the latter category to fill the selection, additional individuals will be selected from the first category.

**Department of Human Services (DHS)/Division of Developmental Disabilities (DDD)
Adult Crisis Criteria For Funding - Effective April 16, 2008**

The crisis criteria for imminent risk of abuse, neglect, or homelessness are the highest funding priorities of the Division of Developmental Disabilities (DDD) for adults who are 18 years or older. Each individual's urgency of need must be reflected in the PUNS database. In submitting the request for crisis authorization, the Pre-Admission Screening/Independent Service Coordination (PAS/ISC) agency must share in writing with the network staff the proposed plan(s) that have been arranged and/or scheduled for service implementation. It is expected that services will be implemented generally within a 24 to 72 hour period. The local PAS/ISC agency shall report all instances of abuse, neglect, and/or homelessness to the appropriate entity(s) as directed by applicable state, federal, and/or local laws, rules, regulations, and policies.

The crisis criteria apply to Waiver-Funded Adult Home-Based Support Services (AHBS) and Community Integrated Living Arrangements (CILAs). These criteria do not apply to Respite, Community Living Facilities (CLFs), privately operated Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD), and Supported Living Arrangements (SLAs).

The Division's decision regarding the type of service to authorize will be based on the specific needs of the individual. In reviewing whether or not the individual meets the crisis criteria, the DDD will consider, but not limit itself to, the following, which are presented in priority order:

- 1) The death of the caregiver(s);
- 2) The caregiver is unable to address the support needs of the individual, thereby jeopardizing the individual's health, well-being, and/or safety needs;
- 3) The physical and/or mental injury and/or sexual abuse inflicted on the individual;
- 4) The status as a homeless/undomiciled individual;
- 5) The individual's behaviors [e.g., verbal and/or physical aggression, bodily harm to self and/or others] that put the individual and/or family member(s) at risk of serious harm.

Case 1 - Example of neglect:

The individual remains at home without any support services. Her physician referred her to a nutritionist who recommends a high protein diet. She is 4' 8" and weighs 62 pounds, which is down from 82 pounds within a two-year period. It is unknown whether the mother has placed the individual on the recommended diet.

The individual's communication is basically echolalic. The local PAS/ISC agency reports that she pulls her hair, scratches her face, bangs her head against objects, hits self and others, and screams. She has also been observed remaining in a fetal position for extended periods of time. While the mother is at work during the day, the younger brother (19 years old) serves as her caregiver. The mother reported to the local PAS/ISC agency that there have been instances in which she has returned home early from work to find her daughter alone in the home, meals not prepared for her, all lights turned off, and the whereabouts of the son unknown. The mother does not have any other family members and/or friends to help support her daughter's needs while she is at work. The mother wants her daughter to remain at home. The individual is 21-years-old with Severe Mental Retardation, Pervasive Developmental Disorder, Borderline Diabetes, and Sensitive Bowel Condition.

Case 2 – Example of homelessness and neglect:

The individual is currently homeless. While the mother was hospitalized, an eviction notice was served for nonpayment of rent. Since the mother's recent discharge from the hospital, she has not been in contact with her children and they are uncertain about her whereabouts. A brother and sister who had been staying at the house moved into a one-bedroom apartment. They are unable to care for their sister with a developmental disability because of their work schedules and limited space in the apartment. On average, the sister and brother work 10-12 hours per day.

The individual has been staying at the house alone without support and supervision. The house is not clean (e.g., several bags of garbage in the kitchen, dirty clothes piled on bed and in hallway, and dirty dishes and cooking utensils are on the counter top and stove and in the sink). She invites strangers in the home. After such visits the individual ends up missing money, food, and belongings. An elderly aunt and uncle, who are concerned, check on her periodically. They report that the individual is not consistently taking her medications. The individual is her own guardian. The proposed service provider is attempting to arrange temporary in-home support services; however, the individual has been uncooperative because she believes that "Mom will be home soon." The individual does not have a telephone. In her current setting she lacks the necessary skills to make sound choices that assure her safety and well-being.

The individual is 30 years old with Moderate Mental Retardation and Bipolar Disorder.

Case 3 - Example of abuse of an elderly caregiver:

The individual lives with his mother who is 75 years old. He has been terminated from two supported employment opportunities due to threatening other co-workers if they did not complete his work task(s) for him. The mother is a single caregiver. The father died three years ago. There are no other adults in the home and/or other family members in/near the area to help address the support needs of the individual.

The neighbors have observed the individual screaming at, pushing, and hitting his mother when she does not respond to his demands in a timely manner. He is 5' 9" and weighs 215 pounds. His mother is 5' 1" and weighs 120 pounds. She is physically unable to manage his aggressive behaviors toward her, thereby jeopardizing her own safety and well-being. On numerous occasions the police have been called in response to the individual's aggressive behaviors toward his mother.

The individual is 40 years old with Moderate Mental Retardation and Depression.

WAIT LIST PRIORITY CATEGORIES –F.S. 393.065(5)

The APD wait list categories are listed from the highest priority to the lowest. Category 1 is the highest priority. Category 7 is the lowest priority.

Category 1 includes clients deemed to be in crisis as described in rules 65G-1.046 and 65G-1.047. Crisis includes homelessness, danger to self or others and caregiver unable to give care.

- *Documentation required for change: Documentation for this category requires the completion of a crisis application by the regional office.*

Category 2 includes children who are from the child welfare system with an open case in the Department of Children and Family Services' statewide automated child welfare information system.

- *Documentation required for change: Only documentation from DCF that confirms the child is in the child welfare system will be accepted.*

Category 3 includes clients:

1. **Whose caregiver has a documented condition that is expected to render the caregiver unable to provide care within the next 12 months and for whom a caregiver is required but no alternate caregiver is available;**
 - *Documentation required for change: A description of the condition or circumstance that renders the caregiver unable to provide care. Documentation must explain the reason the current caregiver can no longer provide the individual's care. If the condition or circumstance is due to a medical condition, a physician's statement must be provided.*
2. **Who are at substantial risk of incarceration or court commitment without supports;**
 - *Documentation required for change: A summary of incidents in which the individual has engaged in dangerous or criminal charges; a summary of incidents in which the individual has engaged in dangerous behavior; a summary of past history of involvement with the court system or law enforcement, any current involvement with the court system or law enforcement; a summary of any past history of multiple arrests, incarceration in jail, prison, or admission to the mentally retarded defendant program.*
3. **Whose documented behaviors or physical needs place them or their caregiver at risk of serious harm and other supports are not currently available to alleviate the situation;**
 - *Documentation required for change: Description of the behaviors or physical needs that are causing the risk or potential harm and the medical treatment provided to the individual or to others because of the individual's behaviors or physical needs; and documentation of the frequency, intensity and duration of behavioral incidents with an explanation of behavioral intervention that have been used to address the behaviors.*
4. **Who are identified as ready for discharge within the next year from a state mental health hospital or skilled nursing facility and who require a caregiver but for whom no caregiver is available.**

- *Documentation required for change: A discharge summary from the facility; a status of available caregivers for the individual and documentation that there are no other available resources or services other than waiver services to meet the individual's needs.*

Category 4 includes clients whose caregivers are 70 years of age or older, and for whom a caregiver is required but no alternate caregiver is available, willing or able to provide support, and other government or community resources are not available to provide assistance for the caregiver.

- *Documentation required for change: Date of birth of the primary caregiver must be provided as well as documentation that the individual needs a caregiver and no other caregiver is available. Information regarding the health of the caregiver and availability of other caregivers must be included. Acceptable proofs of date of birth include, but are not limited to, birth certificates and state-issued identifications.*

Category 5 includes clients who are expected to graduate within the next 12 months from secondary school and need support to obtain or maintain competitive employment, or to pursue an accredited program of postsecondary education to which they have been accepted.

- *Documentation required for change: School documentation of the individual's graduation date and documentation there are no other resources other than waiver funded services to provide the individual with support to obtain or maintain a job or pursue post-secondary education.*

Category 6 includes clients 21 years of age or older who do not meet the criteria for category 1, category 2, category 3, category 4, or category 5.

- *Documentation required for change: Individual's date of birth and that no other category criteria apply. Acceptable proofs of date of birth include, but are not limited to, birth certificates and state-issued identifications.*

Category 7 includes clients younger than 21 years of age who do not meet the criteria for category 1, category 2, category 3, or category 4.

- *Documentation required for change: Individual's date of birth and that no other category criteria apply. Acceptable proofs of date of birth include, but are not limited to, birth certificates and state-issued identifications.*

.07 Eligibility Determination Process — Determination of Service Priority Category and Description of Categories.

A. Determination of Service Priority Category.

(1) The regional director shall base the recommendation regarding service priority on the determination that the individual meets the criteria for one or more of the following categories, which are listed in the order of priority in which applicants shall receive services:

- (a) Category I — Crisis Resolution;
- (b) Category II — Crisis Prevention; and
- (c) Category III — Current Request.

(2) Individuals shall be served according to their priority ranking as follows:

- (a) Individuals in Category I are to be served before those in Category II; and
- (b) Individuals in Category II are to be served before those in Category III.

(3) Service delivery is dependent upon levels of funding allocated for the fiscal year for the following discrete categories:

- (a) Category IV — Transitioning Youth;
- (b) Category V — Knott Class Member;
- (c) Category VI — Inappropriate Institutionalization; and
- (d) Category VII — Innovation or Demonstration Projects.

(4) Individuals may be in more than one priority category at the same time. For example, an individual in the transitioning youth priority category for a day program may also be in the crisis prevention priority category for a residential program if the individual is graduating or leaving a secondary school program and has no place to live after that program ends.

B. Description of Categories.

(1) Category I — Crisis Resolution.

(a) To qualify for this category, the applicant shall meet one or more of the following criteria. The applicant shall be:

- (i) Homeless or living in temporary housing with clear time-limited ability to continue to live in this setting with no viable non-DDA-funded alternative;

- (ii) At serious risk of physical harm in the current environment;
 - (iii) At serious risk of causing physical harm to others in the current environment;
 - (iv) In danger of losing DDA-funded residential services because of a lack of current day services;
 - (v) One who has lost DDA-funded day services; or
 - (vi) Living with a caregiver who is unable to provide adequate care due to the caregiver's impaired health, which may place the applicant at risk of serious physical harm.
- (b) To qualify for Category I under §B(1)(a)(ii), of this regulation, evidence such as the following shall be necessary. The applicant:
- (i) Has recently received severe injuries due to the behavior of others in the home or community;
 - (ii) Has recently been the victim of sexual abuse;
 - (iii) Has been neglected to the extent that the individual is at serious risk of sustaining injuries which are life threatening or which substantially impair functioning;
 - (iv) Engages in self-injurious behavior which puts the individual at serious risk of sustaining injuries which are life threatening or which substantially impair functioning; or
 - (v) Is at serious risk of sustaining injuries which are life threatening or which substantially impair functioning due to the physical surroundings.
- (c) If the applicant qualifies for Category I under §B(1)(a)(v), of this regulation, the individual shall qualify for day services only.
- (d) If the applicant is living in a situation where the applicant is the caregiver, §B(1)(a)(vi), of this regulation, shall apply to the applicant.
- (e) Individuals who qualify for services under this category shall, at a minimum, remain in this category until they have been provided with those services required to resolve the situation.
- (f) Individuals become eligible to receive services as the need occurs.
- (2) Category II — Crisis Prevention.
- (a) To qualify for this priority category, the applicant:
- (i) Shall have been determined by the DDA to have an urgent need for services;
 - (ii) May not qualify for services based on the criteria for Category I; and

(iii) Shall be at substantial risk for meeting one or more of the criteria in §B(1)(a) of this regulation, within 1 year, or have a caregiver who is 65 years old or more.

(b) Individuals who qualify for services under this category shall, at a minimum, remain in this category until they have been provided with those services required to resolve the situation.

(c) Individuals become eligible to receive services from the date of approval of priority status, except when eligibility is determined by the age of the caregiver. In this case, priority is determined by the caregiver's date of birth so that individuals with caregivers born at an earlier date have priority over individuals with caregivers born at a later date.

(3) Category III — Current Request.

(a) To qualify for this priority category, the applicant shall indicate at least a current need for services.

(b) Prioritization of Services.

(i) Applicants shall be prioritized for services based on the number of fiscal years they have been on the waiting list, except as provided for in §B(3)(b)(iv) of this regulation.

(ii) Applicants on the waiting list for the longest period of time shall receive services before those who have been on the list for fewer years, except as provided for in §B(3)(b)(iv) of this regulation.

(iii) Applicants whose applications are received by the DDA access unit within a given fiscal year shall be ranked by the fiscal year of application, and the month and day of birth. Those applicants born at the beginning of the fiscal year have priority over those born later in the year.

(iv) For day programs only, the period of time that shall be counted toward prioritizing an individual shall begin with the year of departure from school or the year of application, whichever is later.

(4) Category IV — Transitioning Youth.

(a) To qualify for funding for services in this priority category the applicant shall be eligible:

(i) For DDA-funded services in this category from the individual's 21st to the individual's 22nd birthday. If the date of graduation is after the individual's 21st birthday, the individual shall continue to be eligible for 1 year after the date of graduation.

(ii) To receive day services only.

(b) Individuals in this priority category shall also be in one or more of the other priority categories.

(c) Individuals become eligible to receive services from the date of approval of priority status.

(5) Category V — Knott Class.

(a) To qualify for this priority category, the applicant shall have:

(i) An intellectual disability; and

(ii) Been determined inappropriately retained in a Mental Hygiene Administration facility as set forth in Knott vs. Hughes Civil Action No. Y-80-2832 (Fed. Dist. Ct. Md).

(b) Individuals become eligible to receive services based on the best clinical judgment of the professionals involved based on availability of allocated resources.

(6) Category VI — Inappropriate Institutionalization.

(a) To qualify for this priority category, the applicant shall be a:

(i) Resident in a nursing facility and not meet the criteria for admission or retention for that facility;

(ii) Resident of an intermediate care facility for individuals with intellectual disabilities or persons with related conditions (ICF/IID) and not meet the criteria for admission or retention for that facility as determined by the hearing examiner;

(iii) Resident in a chronic hospital who does not meet the criteria for admission or retention for that facility;

(iv) Resident in an institution under the auspices of the Mental Hygiene Administration who has a developmental disability, but is not an individual with an intellectual disability and who does not meet the criteria for admission or retention in a State psychiatric hospital and whose primary need is not for a mental health service.

(b) An individual in this priority category shall also be in another priority category.

(c) Funding may be allocated for one or more of the above groups in §B(6)(a)(i)—(iv) of this regulation.

(d) Individuals become eligible to receive services based on the best clinical judgment of the professionals involved based on availability of allocated resources.

(7) Category VII — Innovation or Demonstration Projects.

(a) To identify those individuals for whom this priority category is appropriate, the Administration, after consultation with interested parties, shall publish a request for proposal (RFP) for innovation or demonstration projects.

(b) To qualify for this priority category, an individual shall be identified in a proposal submitted to the Administration which is considered appropriate for funding by the Administration.

(c) An individual served in this priority category may continue to receive services, to the extent that funds are allocated, after the termination of the innovation or demonstration period.

(d) An individual in this priority category may also be in another priority category.

(8) Eligible applicants may receive family support services and low intensity support services on a first-come, first-served basis, regardless of service priority determination.

Massachusetts

On behalf of Massachusetts Department of Developmental Services:

1. There are two priority statuses in regulation: Priority 1, Priority 2 and if an individual is not prioritized s/he receives a "No Priority" designation. The prioritization is applied across three service arrangements: Community 24 hour Residential Supports, Community Living Supports and Supportive Services. As an example an individual may be a Priority 2 for 24 hour Residential Supports and Priority 1 for Supports
2. Definitions:

Prioritization for Adult Services.

(a) The Area Director shall determine priority for supports provided, purchased or arranged by the Department to eligible adults age 18 or older based upon the severity of the individual's needs.

(b) Community 24-hour Residential Supports. For individuals who are determined to need 24-hour community residential supports the following priorities shall apply:

1. First Priority. Provision, purchase, or arrangement of supports available through the Department is necessary to protect the health or safety of the individual or others;
2. Second Priority. Provision, purchase, or arrangement of supports available through the Department is necessary to meet one or more of the individual's needs or to achieve one or more of the needs identified in his or her Individual Service Plan.

(c) Community Living Supports. For individuals who are determined to need community living supports the following priorities shall apply:

1. First Priority. Provision, purchase, or arrangement of supports available through the Department is necessary to protect the health or safety of the individual or others;
2. Second Priority. Provision, purchase, or arrangement of supports available through the Department is necessary to meet one or more of the individual's needs or to achieve one or more of the needs identified in his or her Individual Service Plan.

(c) Community Living Supports. For individuals who are determined to need community living supports the following priorities shall apply:

1. First Priority. Provision, purchase, or arrangement of supports available through the Department is necessary to protect the health or safety of the individual or others;
2. Second Priority. Provision, purchase, or arrangement of supports available through the Department is necessary to meet one or more of the individual's needs or to achieve one or more of the needs identified in his or her Individual Service Plan.

(d) Supportive Services. For individuals who are determined to need supportive services, the following priorities shall apply:

1. First Priority. Provision, purchase, or arrangement of supports available through the Department is necessary to protect the health or safety of the individual or others;
2. Second Priority. Provision, purchase, or arrangement of supports available through the Department is necessary to meet one or more of the individual's or to achieve one or more of the needs identified in his or her Individual Service Plan.

**DIVISION OF
DEVELOPMENTAL
DISABILITIES**



Division Guideline #26

Date: Created August 20, 2012
Revised July 15, 2013
Revised March 7, 2014

Title: Wait List Process

Application: Regional Offices and TCM Providers

Statement of Purpose: Wait lists are intended to maintain an accurate accounting of those individuals who have support plan but are not yet enrolled in a waiver. The wait lists are useful for local, regional and state budget planning and development purposes, including demonstration of need for future funding requests by the Division or county.

It is intended that only individuals who meet criteria for a Medicaid Wait List Category or Other Wait List Category such as Missouri Children With Developmental Disabilities Waiver and Youth in Transition, and who are anticipating need for such services within the next twelve months be included on the wait lists. When individuals on the waiting list are offered and refuse Comprehensive waiver services a new PON should be completed. (9 CSR 45-2.015 (4) (B) 3. County boards (CBs) should maintain a future or long-term planning list and move people to RO wait lists as support needs are anticipated within the next twelve months.

When an individual requests services that requires placing him/her on a wait list for a waiver, the following process shall be followed:

1. Regional Director approves determination of eligibility, including waiver eligibility, based on recommendation and completed Evaluation of Need for an Intermediate Care Facility/ Developmental Disabilities (ICF/DD) Level of Care (LOC) and eligibility for one of the waivers for individuals with developmental disabilities.
2. Support Coordinators shall ensure that the following information is contained in the Individual's Support Plan and/or Utilization Review Packet and submitted to the RO:
 - a. Justification of the ongoing need for the service(s)
 - b. A Prioritization of Need Score (PON)
 - c. Confirmation of Medicaid eligibility

- d. Confirmation that the Regional Office has validated the individual meets Medicaid waiver level of care (for placement on a waiver waiting list) and other criteria for that wait list category. The 7 types of waiting lists are defined in 9 CSR 45-2.015 (J).
 - e. Initial support plan including an estimated budget cost of the support plan including the following elements:
 - State plan services to be used
 - Cost of Services/Supports
 - Other costs, including but not limited to, clothing, food, etc. to be paid from Consumer Banking
3. Support Coordinators shall confirm that the individual has been determined waiver eligible by the RO Intake staff. Individuals not determined waiver eligible shall receive written notification and appeal rights.
 4. Utilization Review Chairs shall screen and review all service requests submitted by Support Coordinators that require wait listing to ensure that all criteria is met for a particular Medicaid or non-Medicaid Eligible wait list category.
 5. Regional Office staff shall place individuals on only one wait list that is the most appropriate according to the following eligibility criteria:

Medicaid Eligible Wait list Categories:

Autism Waiver (In Home Wait List) (9 CSR 45-2.015 (J) 6.)

- a. Medicaid eligible
- b. Waiver eligible -3 substantial functional limitations
- c. Autism spectrum diagnosis
- d. Ages 3 to 18 years
- e. Living in natural home
- f. Needs can be met within \$22,000 cap or justification for an exception request is required

Support Waiver (In Home Wait list) (9 CSR 45-2.015 (J) 4.)

- a. Medicaid eligible
- b. Waiver eligible -3 substantial functional limitations
- c. Eligible diagnosis
- d. Living in natural home
- e. Needs can be met within annual cost cap or justification for an exception request is required

Comprehensive Waiver (Residential Wait List) (9 CSR 45-2.015 (J) 3.)

- a. Medicaid eligible
- b. Waiver eligible -3 substantial functional limitations
- c. Eligible diagnosis
- d. Needs cannot be met without residential supports
- e. Includes children in state custody for whom Children's Division proposes an Interdivisional Agreement (See Guideline #27)

Partnership for Hope (In Home Wait List) (9 CSR 45-2.015 (J) 5.) (Note: This only applies in counties participating in Partnership for Hope (PFH). Follow this link to the current PfH map:

<http://dmh.mo.gov/docs/dd/pfhmap.pdf>

- a. Medicaid eligible
- b. Waiver eligible -3 substantial functional limitations
- c. Eligible diagnosis
- d. Living in natural home

- e. PON form. PfH priority is based on crisis and other priority, and a score is not required. A PON score may included if requested by the county board.
- f. Needs can be met within \$12,000 cap or justification for an exception request is required up to \$15,000.

Other Wait list Categories: (9 CSR 45-2.015 (J) 7.)

Missouri Children with Developmental Disabilities Waiver (MOCDD)(In Home Wait List)

- a. Not Medicaid eligible (a denial letter is required)
- b. Not on a spend down
- c. Eligible diagnosis
- d. Has 3 substantial functional limitations
- e. At least 3 years old through age 17

Transition-age youth (9 CSR 45-2.015 (J) 2.)

- a. Youth who have reached their seventeenth birthday.

6. Coordination and management of wait lists

- The Regional Director shall appoint the appropriate staff to coordinate and actively manage the timeliness and accuracy of the waitlists with staff appointed by CB Directors for those CBs providing support coordination. The appointed staff shall agree to a monthly schedule (phone call or in person) to meet and review waitlists so that all persons waiting for services are entered into CIMOR and are current and accurately categorized for waiver services.
- The waitlists shall be categorized and reported in the identical categories listed above.
- Even if an individual is approved for services to begin immediately, he/she will be entered onto the waitlist (and then removed) so an accurate count can be maintained by both entities.
- Once the review of the waitlists have been completed by staff from the RO and CB, an email will be sent to the Regional Director and CB Director indicating that both parties are in agreement with the accuracy of the waitlist or need to discuss pending issues to be resolved.

- 7. The RO TAC group, including SB40 representation, will provide ongoing training to both State and CB support coordinators regarding the intent and implementation of this guideline.

Reference Sources:

633.032 *Mental health department to develop a plan for the needs of persons on waitlist for services--report required, made to whom, when.*

633.033 *Departments of mental health and social services to prepare plan for mental health services and support needs for children and persons seventeen years--report required when.*

9 CSR 45-2.010 *Eligibility for Services from the Division of Developmental Disabilities3*

9 CSR 45-2.015 *Prioritizing Access to Funded Services18*

9 CSR 45-2.017 *Utilization Review Process20*

9 CSR 45-2.020 *Appeals Procedures for Service Eligibility through the Division of Developmental Disabilities36*

9 CSR 45-3.060 *Autism Services.....7*

This guideline will be reviewed and updated annually, as needed.

Texas

On behalf of the Texas Department of Aging and Disability Services (DADS):

1. Definitions

Texas defines the term "interest list" as a list of individuals who have requested services for a particular program for which the individual's eligibility has not been determined. Texas does not use the term "wait list".

DADS maintains separate interest lists for different programs. In each case, the interest list consists of individuals who have indicated their *interest* in enrolling in a particular program but whose eligibility has not been determined. DADS uses the interest list to document and preserve the official date of the request by the individual (or someone on his or her behalf). Anyone residing in Texas may be registered on one or more interest lists.

2. Best practices/strategies are being used to address this need

To manage the interest lists DADS ensures that agency or contractor staff (depending on the program):

- releases new program "slots" in accordance with funding approved by the Texas Legislature which may include, for some waiver programs, appropriations earmarked for individuals are part of a target group (referred to as "reserved capacity" in the federal 1915c waiver template);
- contacts individuals at least annually to confirm their continued desire to remain on the interest list which helps ensure that DADS interest lists are an accurate reflection of need;
- monitors the status of individuals who are "suspended" or on "temporary discharge" from the program to ensure they intend to return to the program, thereby ensuring that others in need may access those services; and
- tracks slots that turnover due to various reasons (e.g., moves out of state, death) to help ensure a timely release of the slot to the next individual on the respective interest list.

3. Interest list statistics

Information about the length of time on DADS interest lists, the ages of those individuals, and other information is available at <http://www.dads.state.tx.us/services/interestlist/>



State of Connecticut
Department of Developmental Services



Dannel P. Malloy
Governor

Terrence W. Macy, Ph.D.
Commissioner

Joseph W. Drexler, Esq.
Deputy Commissioner

Fiscal Year 2014 Funding Guidelines

LON	
Minimum	1-2
Moderate	3-4
Comprehensive	5-7
Individual Program Budget	8

Priority Check List	
0-14	P3
15-21	P2
22-<	P1

VSP Budget	
Minimum	N/A
Moderate	\$48,000
Comprehensive	\$55,000

- Residential budgets of \$225,000 or higher must be referred to the Deputy Commissioner.
- Residential and Day budgets with a combined total of \$250,000 or higher must be referred to the Deputy Commissioner.

GSE/DSO Rates			
LON Overall Day or Behavior (Whichever is higher.)	Annual Full-Time *Does not include transportation.	Day Rate	Hourly Rate
1	\$11,286	\$50.16	\$8.36
2	\$15,053	\$66.90	\$11.15
3	\$18,806	\$83.58	\$13.93
4	\$20,696	\$91.98	\$15.33
5	\$22,572	\$100.32	\$16.72
6	\$24,449	\$108.66	\$18.11
7	\$26,339	\$117.05	\$19.51
8	\$28,215	\$125.40	\$20.90

Sheltered Workshop Rates			
LON	RATE	Day Rate	Hourly Rate
1	\$9,464	\$42.06	\$7.01
2	\$11,367	\$50.52	\$8.42
3	\$13,257	\$58.92	\$9.82
4	\$15,147	\$67.31	\$11.22
5	\$18,927	\$84.11	\$14.02
6	\$20,817	\$92.51	\$15.42
7	\$22,707	\$100.91	\$16.82
8	\$24,597	\$109.31	\$18.22

* AO & Grad transportation estimated cost is \$3,744.

11/5/13

URR Required for a 7-hour Day (6.5 hours is allowed until 6/30/2015.)	
1:1 in a group day setting	\$49,637
2:1 in group day setting	\$78,553
Individual Day	\$47,565

1:1 Titration Rates for Day	
LON	Annualized rate for each hour of 1:1 support.
1	\$5,479
2	\$4,941
3	\$4,404
4	\$4,134
5	\$3,866
6	\$3,598
7	\$3,328
8	\$3,060

2:1 Titration Rates for Day	
LON	Annualized rate for each hour of 2:1 supports.
1	\$ 9,610
2	\$ 9,071
3	\$8,535
4	\$8,265
5	\$7,997
6	\$7,729
7	\$7,459
8	\$7,191

LON	ISE: Hours of Follow Along Supports (\$47.47/hr)
1	Maximum of 3 hours per week
2	Maximum of 4 hours per week
3	Maximum of 5 hours per week
4	Maximum of 5 hours per week
5	Maximum of 5 hours per week
6	Maximum of 5 hours per week
7	Maximum of 5 hours per week

Transportation for Day	
\$ 1,872	← 7 miles
\$ 3,744	7.1 to 12 miles
\$ 5,616	12.1 to 16 miles
\$ 7,488	16.1 to 20 miles
\$ 7,488	20 miles and up

Accessible Transportation for Day	
\$ 1,872	← to 3.5 miles
\$ 3,744	3.6 to 6 miles
\$ 5,616	6.1 to 8.5 miles
\$ 7,488	8.6 to 11 miles
\$ 9,360	11.1 to 13.5 miles
\$11,232	13.6 to 16 miles
\$13,104	16.1 to 20 miles
\$13,104	20 miles and up

Pro-Rated LON Based Rates for GSE/DSO					
LON	1 Day (45/yr)	2 Days (90/yr)	3 Days (135/yr)	4 Days (180/yr)	5 Days (225/yr)
1	\$2,257	\$4,514	\$6,772	\$9,029	\$11,286
2	\$3,011	\$6,021	\$9,032	\$12,042	\$15,053
3	\$3,761	\$7,522	\$11,283	\$15,044	\$18,806
4	\$4,139	\$8,278	\$12,417	\$16,556	\$20,696
5	\$4,514	\$9,029	\$13,543	\$18,058	\$22,572
6	\$4,890	\$9,779	\$14,669	\$19,559	\$24,449
7	\$5,268	\$10,535	\$15,803	\$21,071	\$26,339
8	\$5,643	\$11,286	\$16,929	\$22,572	\$28,215

IHS Hours for Own Home	
LON	Hours/wk
1	14
2	17
3	20
4	23
5	28
6	36
7	42
8	48

IHS Cluster Hours for Own Home	
LON	Hours/wk
1	N/A
2	N/A
3	17
4	20
5	25
6	33
7	39
8	45

IHS Behavior Hours (Use as a guide only.)	
LON	Annual Hours
1-2	0
3-4	2
5-6	4
7	8
8	12

Residential Initial Rates								
LON								
Beds	1	2	3	4	5	6	7	8
1	\$31,479	\$36,519	\$69,199	\$90,171	\$132,117	\$257,955	\$259,211	\$260,466
2	\$31,479	\$36,519	\$69,199	\$90,171	\$132,117	\$133,373	\$149,282	\$161,085
3	\$31,479	\$36,519	\$69,199	\$90,171	\$97,289	\$111,555	\$135,885	\$152,293
4	\$31,479	\$36,519	\$69,199	\$77,781	\$90,171	\$104,438	\$133,792	\$150,723
5	\$31,479	\$36,519	\$62,267	\$74,013	\$84,310	\$103,600	\$132,955	\$147,583
6	\$31,479	\$35,666	\$60,173	\$71,920	\$82,217	\$101,507	\$130,861	\$144,443
7	\$27,879	\$33,573	\$55,688	\$67,434	\$80,124	\$99,414	\$128,768	\$141,303
8	\$25,786	\$31,479	\$51,800	\$65,341	\$78,030	\$97,321	\$126,675	\$138,163
9	\$23,693	\$29,386	\$48,311	\$63,248	\$75,937	\$95,227	\$124,581	\$135,023

Rates for Overnight Camp	Rates are based on the 24-hour group respite rate.
Residential LON of 1 or 2	\$128.07 per day (includes transportation)
Residential LON of 3, 4 or 5	\$162.68 per day (includes transportation)
Residential LON of 6 or 7	\$220.27 per day (includes transportation)

Health Care Coordination +LON Score	Authorized hours of service per year.
--health/medical score 4 or higher	
--score of 6 or higher for combination of health/medical and either the behavior (home) or psychiatric (home) domains, whichever is higher.	
Score of 4-6	24 hrs
Score of 7-9	36 hrs
Score of 10-14	48 hrs

CCH Annualized Amounts								
	LON 1	LON 2	LON 3	LON 4	LON 5	LON 6	LON 7	LON 8
Service Rate	1,422.77	1,422.77	4,543.42	4,543.42	8,615.62	8,615.62	8,615.62	8,615.62
Support Payment	2,690.88	4,490.88	3,501.96	7,002.00	10,973.04	10,973.04	17,973.00	17,973.00
Total DDS	\$4,114	\$5,914	\$8,045	\$11,545	\$19,589	\$19,589	\$26,589	\$26,589
CTV Rate	6,921	7,856	8,794	10,663	11,812	11,812	14,274	14,274
Total with CTV Rate	\$11,035	\$13,770	\$16,839	\$22,208	\$31,401	\$31,401	\$40,863	\$40,863

WAIVER SERVICES – QUALIFIED PROVIDER
Codes Units and Rates
RESPITE SUPPORTS

Service	Waiver	Procedure Codes	Units/ Smallest unit increment	Provider Rate
Respite Agency, In-home, Individual	EDS IFS/Comp	5151 d S 5151	Per diem	302.06/day
Respite Agency, In home, Individual	EDS IFS/Comp	1404 z S 5150	Hour / 15 minutes	25.17/hour
Respite Agency, out of home, Individual	EDS IFS/Comp	1402 z S 5151	Per diem	329.44/day
Respite Agency, out of home, Individual	EDS IFS/Comp	1406 z S 5150	Hour / 15 minutes	26.31/hour
Respite Agency, Group Rate 1	IFS/Comp/EDS	S 5151	Per diem	128.07/day
Respite Agency, Group Rate 1	EDS IFS/Comp	5152 z S 5150	Hour/15 minutes	9.53/hour
Respite Agency, Group Rate 2	EDS IFS/Comp	5151 a S 5151	Per diem	162.68/day
Respite Agency, Group Rate 2	EDS IFS/Comp	5153 z S 5150	Hour/15 minutes	12.40/hour
Respite Agency, Group Rate 3	EDS IFS/Comp	5151 b S 5151	Per diem	220.27/day
Respite Agency, Group Rate 3	EDS IFS/Comp	5154 z S 5150	Hour/15 minutes	17.21/hour
Respite Agency, In home, 2 person	IFS/Comp/EDS	S 5151	Per diem	188.79/day
Respite Agency, In home, 2 person	IFS/Comp	S 5150	Hour / 15 minutes	15.76/hour
Respite Agency, Out of home, 2 person	IFS/Comp/EDS	S 5151	Per diem	216.17/day
Respite Agency, Out of home, 2 person	IFS/Comp	S 5150	Hour / 15 minutes	16.89/hour