



Slot Assignment Review Form

Slot Assignment Review Form v3

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Date of Submission

WSAC: **

WSAC Date: **

CSB: **

Support Coordinator/Case Manager (SC/CM) **

Non-PHI Identifier: **

I. Age: **

II. Month and Year of Birth **

III. Current Diagnoses: ****IV. Current Medications****V. Indicate which of the Priority 1 criteria were met and describe how the individual's situation meets the criteria: ****

- An immediate jeopardy exists to the health and safety of the individual due to the unpaid primary caregiver having a chronic or long-term physical or psychiatric condition or conditions that significantly limit the ability of the primary caregiver or caregivers to care for the individual; [or] there are no other unpaid caregivers available to provide supports.
- There is immediate risk to the health or safety of the individual, primary caregiver, or other person living in the home
- The individual lives in an institutional setting and has a viable discharge plan;
- The individual is a young adult who is no longer eligible for IDEA services and has expressed a desire to live independently. After individuals attain 27 years of age, this criterion shall no longer apply.

Additional Comments:**VI. Risks to the individual's safety in his/her present environment:****Challenge 1**

- Physical aggression

Intensity *

Please provide examples using descriptive language:

Frequency *

Please provide examples using descriptive language:

Challenge 2

Self-injurious

Intensity *

Please provide examples using descriptive language:

Frequency *

Please provide examples using descriptive language:

Challenge 3

Sexually Inappropriate

Intensity *

Please provide examples using descriptive language:

Frequency *

Please provide examples using descriptive language:

Challenge 4

Property damage

Intensity *

Please provide examples using descriptive language:

Frequency *

Please provide examples using descriptive language:

Challenge 5

Verbal aggression

Intensity *

Please provide examples using descriptive language:

Frequency *

Please provide examples using descriptive language:

Challenge 6

Leaves a safe setting putting self in jeopardy

Intensity *

Please provide examples using descriptive language:

Frequency *

Please provide examples using descriptive language:

Challenge 7

Physical care needs

Intensity *

Please provide examples using descriptive language:

Frequency *

Please provide examples using descriptive language:

Challenge 8

List all current medical challenges and the associated treatment(s) required to adequately address them, including consultative and ongoing treatment sessions, even if these are not currently received:

Intensity *

Please provide examples using descriptive language:

Frequency *

Please provide examples using descriptive language:

Challenge 9

Other

Intensity *

Please provide examples using descriptive language:

Frequency *

Please provide examples using descriptive language:

VII. Community integration needs/social isolation issues **

List all current challenges, such as residence in an institution, homebound due to lack of services, impact of elderly caregiver, etc. (if none, enter none)

VIII. What resources have been sought and/or are received to address the needs of the individual?

Reminder:

You must ANSWER the questions for EVERY resource listed below.

Individuals age 22 and under:

1. Resource: CCC+ Waiver **

Applied

Not Applied

Why not? *

2. Resource: Department for Aging and Rehabilitative Services (DARS) **

Applied

Not Applied

Why not? *

3. Resource: Housing **

Housing Voucher, State Rental Assistance Program, Section 8, etc.

Applied

Not Applied

Why not? *

4. Resource: Individual and Family Support (IFSP) **

Applied

Not Applied

Why not? *

5. Resource: Summer camp **

Applied

Not Applied

Why not? *

6. Resource: Other-Name any locally funded services received: *

Applied

Not Applied

Why not? *

7. Resource: Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT) **

Available to eligible individuals through age 21

Applied

Not Applied

Why not? *

8. Resource: Comprehensive Services Act (CSA/FAPT) **

Applied

Not Applied

Why not? *

9. Resource: School-based/IEP Services **

Applied

Not Applied

Why not? *

IX. Describe the primary caregiver(s)' ability and challenges to providing natural supports such as transportation, supervision, promotion of community integration, etc.): **

X. Are there other natural supports in the person's life such as family members, neighbors, friends, other community members? **

XI A. In the person's own words where would he/she like to live and with whom? **

XI B. In the person's own words, what would he/she like to do during the day? **

XI C. Does the person have a legal guardian and if so, does the legal guardian agree with the person's wishes? Click here to enter text. **

XII A. What will happen (and when) if this individual is not awarded one of the available waiver slots? **

XII B. Describe indicators that support this statement: **

XIII. Identify only those waiver services that best meet immediate needs. How would this service be used to meet immediate needs? **

- Assistive Technology
- Benefits Planning
- Center-Based Crisis Supports
- Community Coaching
- Community Engagement
- Community Guide
- Community-Based Crisis Supports
- Crisis Support Services
- Companion
- Electronic Home-Based Supports
- Employment and Community Transportation

- Environmental Modification
- Group Day
- Group Home Residential
- Group Supported Employment
- In-Home Support
- Independent Living Supports
- Individual & Family/Caregiver Training
- Individual Supported Employment
- PERS
- Peer Mentor Supports
- Personal Assistance
- Private Duty Nursing
- Respite
- Services Facilitation
- Shared Living
- Skilled Nursing
- Sponsored Residential
- Supported Living Residential
- Transition Services
- Workplace Assistance
- Therapeutic Consultation
- Transition Services
- Workplace Assistance

XIV. Any other information about the individual that would help the Waiver Slot Assignment Committee determine if this individual is most in need of a slot: **

Support Coordinator completing this form: **

Date: **

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