

### MDCH/MEDICAID CHILDRENS' WAIVER PROGRAM PRE-SCREEN FORM

1. CHILD'S NAME: \_\_\_\_\_

2. CHILD'S DATE OF BIRTH AND AGE: \_\_\_\_\_

3. CHILD'S CURRENT ADDRESS: \_\_\_\_\_

4. COUNTY OF FAMILY'S RESIDENCE: \_\_\_\_\_

5. CASE MANAGER'S NAME, PHONE NUMBER AND EMAIL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

6. CMHSP AGENCY NAME, ADDRESS AND PHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_

7. CASE MANAGEMENT AGENCY NAME, ADDRESS AND PHONE NUMBER (If different): \_\_\_\_\_  
\_\_\_\_\_

8. CHILD'S DIAGNOSIS: \_\_\_\_\_  
\_\_\_\_\_

9. DEVELOPMENTAL DISABILITY (Requires assistance in at least three of the five following areas. Please check all that apply):

- Self-care:
- Understanding and use of language:
- Learning:
- Mobility:
- Self-direction or capacity for independent living:

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. HAS AN IPOS BEEN COMPLETED?  Yes  No  
If yes, what was date and recommendations of the Team? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PRIORITY WEIGHING LIST RATING INFORMATION

Complete the following information based on the current status of the child and family. **NOTE: If incomplete information is provided, the lower applicable score will be given.**

#### 11. MEDICAL OR BEHAVIORAL STATUS

Complete EITHER the Medical Status or Behavioral Status section. If both sections contain information, identify whether you consider the request to be primarily a medical or behavioral waiver request by circling one or the other.

##### MEDICAL STATUS

Describe the frequency and type of interventions required during daytime hours to provide safe, medically-appropriate care. A 24-hour care plan can be attached. If the child experiences periods when a higher level of care is required, describe the duration and frequency of those periods during the past three months:

---

---

---

---

---

---

---

---

---

---

Describe the frequency and type of intervention required during nighttime hours:

---

---

---

---

Describe the reasons and dates for hospitalizations in the past year:

---

---

---

---

Is there any other significant medical information, which should be considered?

---

---

---

---

What is the height and weight of the child? \_\_\_\_\_

Describe the type of school program, including number of days per week and number of hours per day, which are presently approved for this child: \_\_\_\_\_

---

---

If the child is not in school, what is the barrier to school attendance? \_\_\_\_\_

---

---

What is the name of child's primary-care physician? \_\_\_\_\_

---

---

**BEHAVIORAL STATUS**

Specifically describe the behaviors, which are the basis for the waiver request. Include typical frequency, duration and intensity of each behavior over the past three months:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the nature and extent of injuries sustained by the child or others as a result of the behavior within the past six months. Include dates and describe what treatment was required: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is the height and weight of the child? \_\_\_\_\_

Describe the type of school program, including number of days per week and number of hours per day, which are presently approved for this child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If the child is not in school, what is the barrier to school attendance? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of the child's primary care physician: \_\_\_\_\_

**12. RISK OF OUT-OF-HOME PLACEMENT (Please answer all items)**

Is the child presently living with biological or adoptive parents?  Yes  No

If NO is checked, what is the relationship of the primary caregiver to the child?

\_\_\_\_\_  
\_\_\_\_\_

Is the child currently in an out-of-home placement?  Yes  No

If the child is currently in placement, date child went into placement: \_\_\_\_\_

Type of facility or foster care: \_\_\_\_\_

**If the child is not currently in placement:**

Has the family specifically requested out-of-home placement?  Yes  No

If the family has requested placement, what was the date of the request:

\_\_\_\_\_  
\_\_\_\_\_

If the family has requested placement, does the CMHSP support the request for placement and certify that all other less restrictive alternatives have been exhausted?  Yes  No

If the family has requested placement, is the CMHSP actively working to identify a placement and planning to financially support the placement?  Yes  No

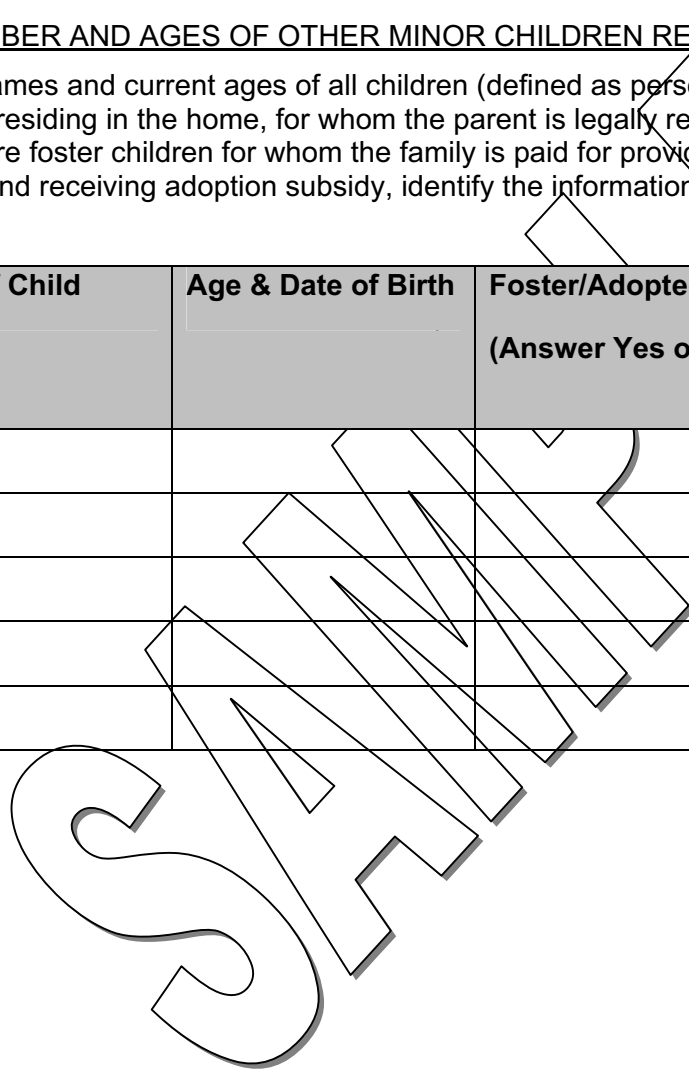
If the CMHSP places the child, the planned length of placement is (check one):

- |                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| Respite only        | <input type="checkbox"/> | Three to six months  | <input type="checkbox"/> |
| Less than one month | <input type="checkbox"/> | Six to twelve months | <input type="checkbox"/> |
| One to three months | <input type="checkbox"/> | Over twelve months   | <input type="checkbox"/> |

13. THE NUMBER AND AGES OF OTHER MINOR CHILDREN RESIDING IN THE HOME

List the names and current ages of all children (defined as persons under the age of 18 presently residing in the home, for whom the parent is legally responsible. If any of the children are foster children for whom the family is paid for providing care, or the child is adopted and receiving adoption subsidy, identify the information in the appropriate column.

Name of Child	Age & Date of Birth	Foster/Adopted (Answer Yes or No)	If "Yes", monthly amount of Adoption Subsidy



14. OTHER CHILDREN WITH SPECIAL NEEDS:

If any of the children named above are children with special needs, identify the child and describe the special needs. If the child is receiving special education services, please specify the Special Education classification:

---

---

---

---

---

15. FAMILY STRESS AND/OR PHYSICAL HEALTH PROBLEMS:

List the names of all adults living in the home and their relationship to the child. Identify any employed adults, including hours and days worked.

---

---

---

---

---

---

---

---

Are any of the above-listed individuals physically disabled or chronically ill? If so, describe any limitations affecting the ability to care for the child:

---

---

---

---

---

---

---

---

Are the caregiver(s) presently in counseling? When did counseling begin? State frequency, with dates for the last three months. What type of counselor is seen?

---

---

Are there any other special stresses presently impacting the family? \_\_\_\_\_

---

---

---

---

16. IS THIS CHILD PRESENTLY IN A NURSING HOME?  Yes  No

17. IS THIS CHILD PRESENTLY IN AN ICF/MR?  Yes  No

18. HOME CARE SUPPORTS OTHER THAN THE CHILDREN'S WAIVER PROGRAM  
(ALL questions must be answered to complete scoring)

Private insurance:

Primary: Name of carrier: \_\_\_\_\_

Home care currently provided: \_\_\_\_\_

Is this an HMO or PPO?  Yes  No

Secondary: Name of carrier: \_\_\_\_\_

Home care currently provided: \_\_\_\_\_

Is the child currently Medicaid eligible?  Yes  No

If yes, give Medicaid ID number: \_\_\_\_\_

Does the child have a trust fund?  Yes  No

If yes, what amount is available monthly? \_\_\_\_\_

Does the child have assets in excess of \$2000.00, such as stocks, saving bonds or trust funds?  Yes  No

Does the family receive adoption subsidy for this child?  Yes  No:

If yes, amount per month? \_\_\_\_\_

Does the family receive Family Support Subsidy?  Yes  No

If yes, amount per month: \_\_\_\_\_

Is the child enrolled in CSHCS?  Yes  No

Has the family been approved for emergency nursing respite by CSHCS?

Yes  No

If yes, how many hours? \_\_\_\_\_

Is the child presently receiving SSI?  Yes  No

Does the family presently receive Home Help, Personal Care or Chore Services through county FIA?  Yes  No

If yes, describe monthly amount and type: \_\_\_\_\_

Is the child presently receiving Private Duty Nursing Services (PDN) through Medicaid?  Yes  No

Is the child enrolled in Hospice?  Yes  No

If yes, describe what services are being provided: \_\_\_\_\_

Describe all supports currently provided to this family by CMHSP including respite, case management and any hourly services: \_\_\_\_\_

19. PLEASE LIST ANY OTHER SIGNIFICANT FACTORS NOT COVERED ABOVE: \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ have been informed of the services and supports available through the Children's Waiver Program and would choose waiver services over out-of-home placement.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

The CMHSP is responsible for notifying the Children's Waiver Program in writing, of any changes in the above information that would affect the waiting list score of the child.

I certify that the above information is presently correct and that I am responsible for notifying the MDCH of any relevant changes in the status of the child or the child's family. I will maintain a copy of this pre-screen in the child's record.

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_  
Date Signed

DATE:

CASE MANAGER:

CMHSP:

NAME OF CHILD:

(cc: )

PRE-SCREEN SCORE:

Attached is a copy of the pre-screen results identified above. Based on a review of the information you submitted, the following resources may also be available to serve the family. Please follow up with the family in accessing the additional resources checked below:

\_\_\_\_\_ The child is Medicaid eligible in his/her own right in the proposed setting and may meet eligibility requirements for personal care or home health services. The family may wish to apply for these services through their county FIA.

\_\_\_\_\_ The child may meet eligibility requirements for CSHCS Hourly Nursing Benefit. Please contact Matt Richardson's secretary at (517) 335-8535 for application information.

\_\_\_\_\_ Other.

If any of the above-identified possibilities are not available to this individual, please indicate this in an updated pre-screen and/or memo. The Children's Waiver Program team will then redetermine the child's score. If you have any questions please call your permanency planning specialist or Children's Waiver Program support staff at (517) 241-5768.

Sincerely,

Beverly Tosh, R.N.  
Children's Waiver Program

## CHILDREN'S WAIVER PROGRAM PRIORITY WEIGHING SCORE

Name: \_\_\_\_\_ CMHSP: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Date Preliminary Pre-screen Received: \_\_\_\_\_ Date of Most Recent Pre-screen Update: \_\_\_\_\_

FACTOR	SCORE	TOTAL	REASON FOR SCORE
10 Home Care Support	x _____	= _____	
9 Health & Safety Medical/Behavioral	x _____	= _____	
8 Risk of Out-of-Home	x _____	= _____	
7 # of Minor Children	x _____	= _____	
6 Family Stress, Therapy, Disability, Physical Health	x _____	= _____	
5 Other Special Needs Children	x _____	= _____	
4 Child in Nursing Home	x _____	= _____	
3 Child in ICF/MR	x _____	= _____	
2 Future Use	x _____	= _____	
1 Child in Foster Care	x _____	= _____	

TOTAL NUMERIC SCORE = \_\_\_\_\_

Scored by 1. \_\_\_\_\_ Date: \_\_\_\_\_  
Kathryn Neville

2. \_\_\_\_\_ Date: \_\_\_\_\_  
Beverly Tosh, R.N.

## **CHILDREN'S WAIVER PROGRAM Priority Weighing Criteria**

### **Purpose**

The purpose of this document is to outline the procedure used for decision-making by the Michigan Department of Community Health (MDCH) to determine the priority status for application to the Children's Waiver Program (CWP) for those potentially eligible children.

### **Procedure**

In order to be considered for priority status to apply for any available openings under the Children's Waiver Program, the Community Mental Health Service Program (CMHSP) case manager must complete a CWP pre-screen form and forward it to the MDCH CWP director.

1. Each pre-screen form submitted by CMHSP is date stamped on arrival at MDCH and after scoring the child's name is placed on the CWP Priority Weighing List. A copy of the pre-screen must also be kept in the CMHSP child's record.
2. Within fourteen (14) days of receipt of the pre-screen, a scoring form is completed. A numeric score is determined based on the information contained in the pre-screen and the Priority Weighing criteria identified below. Only the information contained in the pre-screen form will be considered in the scoring process. Additional space may be added to the form as needed. However, additional documents (e.g., assessments, IEPC, hospital records) should not be submitted, and will not be considered. The case manager should summarize relevant information in the pre-screen. If information is incomplete or ambiguous, the lowest appropriate score will be given. Any questions about the information provided would be detailed in the cover letter that is mailed to the case manager with the scoring form.
3. A copy of the completed scoring form is mailed to the identified CMHSP case manager within seven (7) days after the scoring has been completed. The case manager is responsible for reviewing the information with the family.
4. If the CMHSP or family disagrees with any score on the scoring form, the CMHSP and family may request a review of the numeric score as follows:
  - A. The CMHSP case manager is responsible for:
    - 1) Identifying in writing the contested score
    - 2) Identifying the proposed correct score from the CMHSP perspective
    - 3) Providing supportive documentation and descriptive material to support the proposed alternative scoring for the factor
    - 4) Informing the family of the scores given and discussing any proposals for correction

- B. Upon receipt of the CMHSP documentation, the scoring team will review the material.
    - 1) If the scoring team agrees with the revised score proposed by the CMHSP, a copy of the revised scoring form, reflecting the new composite score, will be forwarded to the CMHSP within fourteen (14) days.
    - 2) In the event that the team disagrees with the proposed revised score, the CMHSP case manager will be notified in writing of the score given and the reasons within fourteen (14) days.
  - C. Scoring of updated pre-screen forms will be conducted in the same manner described above for initial pre-screens.
  - D. Ranking of numeric scores will be based on the information that has been received at MDCH on the date the opening becomes available. Materials received subsequent to that date would be considered when selecting for the next opening.
5. When a CWP opening becomes available, all children for whom a pre-screen form has been received as of the date that the opening becomes available will be considered for that waiver slot based upon the numeric score that has been assigned. If the pre-screen at the top of the list is based on information that is more than 30 days old at the time the slot would be given, a phone contact with the case manager will be initiated by a staff person assigned by the CWP director. The purpose of the phone contact will be to verify whether or not the information contained in the pre-screen accurately reflects the current family situation. If changes have occurred, the pre-screen will be re-scored based on accurate current information.
  6. The child and family with the highest numeric score, representing the most severity of need, are offered the opportunity to submit an application to enroll in CWP. In the event that more than one opening is available, children are enrolled in order of their numeric score on that date. In the event that more than one child has the same score, the child with the earlier initial pre-screen date will be entitled to apply.
  7. CMHSP case manager is responsible for updating the pre-screen by providing written notice to the MDCH CWP director whenever there are significant changes in the condition of the child, status of the family or a residential placement occurs. Updates may be submitted in letterform. A new pre-screen form is not required for updates unless there are several significant changes or the initial pre-screen form is obsolete. Scoring of updated pre-screens will be conducted in the same manner as described above for initial pre-screens.
  8. If the child's family and CMHSP case manager determine that the child no longer needs CWP services, CMHSP must provide written notification to the MDCH CWP director and request that the child's name be removed from the Priority Weighing List. The written notification must verify the concurrence of the family.

9. Inactive Status for Children's Waiver Program Pre-screens

- A. CMHSP is encouraged to submit a pre-screen to the CWP whenever a child is potentially eligible for services under the program and would benefit from waiver services. Early submission of a pre-screen preserves the date of the initial pre-screen even if the child's name is placed on the inactive status list.
- B. Under the following circumstances, a pre-screen for CWP services will be scored and placed on the "inactive status" list. The CMHSP will be advised of the inactive status determination as part of the scoring form. "Inactive status" is defined as a list, which includes the names of all children who have submitted a pre-screen form for CWP services, and whose needs for hourly care are met to the following extent by another resource at the time the pre-screen form is submitted:
  - 1) When hourly care is provided to the child, at the time the pre-screen form is submitted, by another state Medicaid program which is a regular State Plan coverage, the child will be deemed to have current hourly care needs met and the pre-screen will be considered to have been submitted for purposes of identifying future rather than present needs for hourly care. Examples would include current recipients of CSHCS-Private Duty Nursing, Habilitation/Support Waiver, the FIA Home Help Program, or any similar hourly care program subsequently available.
  - 2) When eight or more hours per day of hourly care are provided to the child by insurance or another resource at the time the pre-screen is submitted, the child will be deemed to have current hourly care needs met and the pre-screen will be considered to have been submitted for identifying future rather than present needs for hourly care. In order to rebut this presumption, CMHSP must make a written request that the child's name be placed on the active list and must submit with the pre-screen form the following documentation identifying the presently unmet needs:
    - a) A statement of the needs presently unmet by the insurance, trust, or other resource;
    - b) A statement by the primary physician that the child has a level of need for hourly care or other services that exceeds the hourly care or other service benefits available under the child's insurance and the physician's statement of the actual services needed; and
    - c) The steps taken by CMHSP to achieve funding of those services through the insurance coverage.

If the supporting documentation described in a, b, and c above shows significant, present, unmet needs, the child's name will be placed on the active Priority Weighing List.

- C. If a child whose name is presently on the inactive Priority Weighing List experiences a change in eligibility for an existing service or is approaching exhaustion of benefits under insurance, the CMHSP is responsible for making a written request for transfer of the child's name from the inactive to the active list not more than sixty days before the anticipated change. The written request must identify the change in resources and the anticipated effective date of those changes. Please note that under rating factor 10, number three, the change in services will affect the score of the individual for Priority Weighing List purposes.

### **Priority Weighing Criteria**

All pre-screen forms are reviewed by MDCH on the basis of the criteria listed below. Each element of the criteria is related to the health and safety of the child, factors which impact the family's capacity to provide for the child at home, or the necessity for provision of services to maintain the child in the least restrictive alternative in which the needs of the child can be met. The following criteria are listed in order of importance from most important, factor 10, to least important, factor 1. A score is given for each factor. The highest score for each factor is a (five) 5, the lowest a (one) 1. A total score for each factor is achieved by multiplying the importance factor by the rating for each criterion. The totals for each criteria are added together to give the child a total numeric score on which rank is determined. Simultaneous ratings by two staff persons designated by MDCH are conducted.

### **Numerical Scoring Criteria**

#### Factor 10. Home Care Supports Other Than the CWP.

In determining availability of other resources, the following parameters apply:

- The hours needed should reflect care needs requiring support at home during non-school hours. If any other request is being made, the specifics must be noted on the pre-screen form.
- All hours or financing resources currently used or available to the family must be listed in number 16 of the pre-screen form.
- MDCH staff may request a copy of private insurance policy for review.
- Respite care resources which are ordinarily available to children served by the CMHSP, will be counted toward the requested level of service.
- Extraordinary levels of hourly care paid for by the CMHSP to maintain the child at home where the funding for the hourly care is not Medicaid matched, will not be counted as meeting the needs of the child/family. The CMHSP case manager is asked to document the type of funding.

1. Score five (5) points if all of the following apply:
  - A. The child is not eligible for hourly services under any regular State Plan Medicaid coverage.
  - B. The child is not Medicaid eligible in his/her own right in the proposed setting AND there is no capacity to create Medicaid eligibility under TEFRA.
  - C. The child has no insurance with home care benefits (based on a policy review by MDCH staff), or the home care benefit under the insurance plan has been exhausted.
  - D. The child does not have trust funds available for four or more hours per day of hourly care.
  - E. The child presently receives less than four hours of hourly care services per day from any resource.
2. Score four (4) points if the child currently receives four hours or more of hourly care services at home and would otherwise score "1" under this factor AND the family has received written notification that these current hourly services will terminate within 30 days.
3. Score three (3) points if the child currently receives four hours or more of hourly care services at home and would otherwise score "1" under this factor AND has received written notification that these current hourly services will terminate within 60 days.
4. Score two (2) points if the child currently receives four or more hours of hourly care at home and would otherwise score "1" under this factor AND the pre-screen identifies that the child needs specific waiver services not available through a resource other than CWP, in addition to hourly care services.
5. Score one (1) point if any one or more of the following apply:
  - A. The child is or would be eligible for hourly services under any regular or optional Medicaid State Plan coverage AND the child is, or could be made, Medicaid eligible under regular or TEFRA requirements.
  - B. The child presently receives four or more hours per day of hourly care through any other resource.
  - C. Trust funds are available which are sufficient to provide four or more hours per day of hourly care.

The maximum possible score for this factor is fifty (50) points.

## Factor 9. Health and Safety of the Child

The child receives a score under one of the two categories, medical or behavioral, based on the primary identified needs. Where a child has both medical and behavioral concerns, any interactive burden of care will be considered in determining final score for degree of risk to health and safety. The age of the child is considered in evaluating the identified risks (e.g., a two or three year old would be expected to be ADL dependent and not have safety skills). Include dates and summarize details of hospitalizations, injuries or property destruction within the last six months, as applicable, when describing the child's medical or behavioral needs.

### 1. Medical

- A. Score five (5) points if the child is dependent daily on technologically sophisticated medical equipment to sustain life and requires continuous observations and judgments to maintain or improve health status. "Continuous" observations and judgments mean more than once hourly throughout a 24-hour period. Delayed interventions may result in further deterioration of the child's health status, in loss of function, or in death. Examples of care needs include: 1) ventilator dependence, 2) peritoneal dialysis, and 3) total parenteral nutrition in association with complex medical problems and extreme medical fragility.
- B. Score four (4) points if the child is dependent daily on medical equipment to sustain life and requires frequent observations and judgments to maintain or improve health status. "Frequent" observations and judgments mean less often than once hourly and not less than once every three hours throughout the 24-hour period. Delayed interventions may result in an acceleration of the chronic condition, or in a preventable acute episode. Examples of care needs include: 1) managing unstable airway problems, in association with suctioning, oral or tracheostomy care, 2) managing nasogastric tube feedings or medications, 3) adjusting oxygen level several times a day related to documented desaturations and pulse oximeter readings.
- C. Score three (3) points if the child has a medical condition that routinely requires hourly care or support on a daily basis in order to maintain or improve health status. Clinical observations may be intermittent. Medical interventions typically are associated with minimal risk to health status and delayed interventions usually are not associated with imminent risk to health status. Examples of care needs include a combination of: 1) chest physiotherapy, 2) special skin care, 3) ostomy care, 4) range of motion exercises, 5) cast care, 6) positioning and transferring, 7) gastrostomy tube feedings, or 8) PRN oxygen, or continuous oxygen with infrequent adjustments or documented desaturations.

- D. Score two (2) points if the child has a medical condition and requires significant amounts of assistance or guidance on a daily basis due to dependence in activities of daily living. In addition, the child's medical condition is stable and medical interventions and observations are infrequently required. Interventions are associated with minimal or no risk to health status. Examples of care include: 1) assistance or guidance because the child is dependent in activities of daily living, including eating, toileting, bathing, grooming, dressing, mobility (ambulation and transferring), 2) assistance or guidance with physical transfer (e.g., bed to chair), 3) assistance or guidance with therapeutic positioning (physical therapy), including changing positions while in bed, 4) assistance for the primary care giver because the child is too large (over 80 pounds) for one person to move safely and the child is unable to assist the care giver.
- E. Score one (1) point if the child requires the types of assistance described in item (d) and weighs less than 80 pounds.

OR

## 2. Behavioral

- A. Score five (5) points if the child demonstrates a pattern of severe self-injurious, physically aggressive or assaultive behavior or life-threatening property destruction which has occurred one or more times in the past six months. In addition, documented evidence of additional behavioral problems on a frequent basis each day would support a need for one-to-one intensive behavioral treatment. Severe behavior” is that behavior which poses a very significant risk of serious injury or death to self, a family member or others in the immediate environment. Examples of severe behavior include: intentional fire setting with significant resulting property damage and/or physical assault or self-abuse resulting in injuries to self or others requiring inpatient hospital admission for treatment.
- B. Score four (4) points if the child demonstrates a daily pattern of moderate, self-injurious, physically aggressive or assaultive behavioral when specific medical intervention or emergency room treatment (as contrasted with diagnostic testing) has been required but is not life threatening or if there is documented frequent, significant property destruction. “Moderate behavior” includes behaviors, which pose a significant risk of injury to self or others in the immediate environment. Examples of moderate behavior include: physical assault or self-abuse resulting in injuries requiring hospital emergency room treatment (not merely assessment) without hospital admission in the past year, biting that breaks the skin, hair pulling resulting in removal of clumps of hair from the scalp, multiple daily episodes of smearing feces with associated PICA, head banging resulting in documented concussion or detached retina, or a daily combination of multiple high intensity, high risk behavior. An example of “significant property destruction” would be four broken windows in three different incidents in the last three months or repeated incidences of breaking furniture and other items in the last six months.

- C. Score three (3) points if the child demonstrates a daily pattern of medium level behaviors including self-injurious, physically aggressive or assaultive behaviors which have not resulted in hospitalization or emergency room treatment for injuries in the past year, or the child has engaged in occasional, significant property destruction which is not life-threatening. A "pattern of behavior" means that in addition to a single serious episode in the last year, significant daily behaviors are documented. "Medium behavior" includes behaviors similar to those defined in 2.B. (moderate behavior) that have not required specific medical intervention or emergency room treatment. Examples include: head banging resulting in bleeding and bruising without concussion or detached retina, hair pulling without removing hair from the scalp, smearing feces without PICA, biting without drawing blood. "Occasional significant property destruction" means property destruction that occurs with a frequency not greater than one time per week.
- D. Score two (2) points if the child demonstrates mild self-injurious, aggressive or assaultive behavior on a daily basis or up to 4 days per week, or has engaged in intermittent or limited property destruction. Examples of "mild behavior" include: pinching, hitting, slapping, kicking, head banging and/or elopement without careful supervision when there is evidence of lack of judgment regarding danger, or an extremely high activity level requiring extensive supervision and redirection. Examples of "limited property destruction" would be tearing clothing, carpeting or tipping furniture.
- E. Score one (1) point if the child demonstrates intermittent or infrequent mild self-injurious, aggressive or assaultive behaviors, or limited property destruction as described in 2.D. and this occurs three or fewer times a week.

The maximum possible score for this factor is forty-five (45) points.

Factor 8. At Risk of Out-of-Home Placement

- 1. Score five (5) points if all of the following apply:
  - A. The family has specifically requested out-of-home placement in the past three months.
  - B. CMHSP has identified a specific placement and a date for placement is set which is within 14 days OR the child is currently in an out-of-home placement (medical hospitalization or psychiatric hospitalization does not constitute placement for this factor).
  - C. CMHSP certifies that the planned length of placement is six months or more.
  - D. CMHSP certifies that the family is unable to provide care due to severe medical or emotional conditions.

2. Score four (4) points if all of the following apply:
  - A. The family has specifically requested out-of-home placement in the past three months.
  - B. CMHSP has identified a specific placement and a planned date for placement has been set more than 14 days but within 30 days of date of pre-screen form.
  - C. CMHSP certifies that the planned length of placement is six months or more.
  - D. CMHSP certifies that the family is unable to provide care due to severe medical or emotional conditions.
  
3. Score three (3) points if all of the following apply:
  - A. The family has specifically requested out-of-home placement in the last three months.
  - B. CMHSP has not identified a placement at this time but plans to support the family's request by placing and is actively working to identify an out-of-home location, OR CMHSP has identified a placement and the planned date of placement is 30 days or more from the date of pre-screen form.
  - C. CMHSP certifies that the planned length of placement is three months or more.
  - D. CMHSP certifies that the family is unable to provide care due to severe medical or emotional conditions.
  
4. Score two (2) points if the family has not specifically requested out-of-home placement in the last three months but the worker believes that there is a realistic likelihood that the family will request placement and in fact would place the child in the next three months if a placement was identified.
  
5. Score one (1) point if any one of the following applies:
  - A. The family has not specifically requested out-of-home placement.
  - B. The family is requesting a short-term or respite placement of less than three months.
  - C. The family has requested placement but CMHSP does not intend to facilitate or offer placement.
  - D. The request for placement occurred more than three months ago and the child has been at home since the request (other than periods of time when the child was hospitalized or in respite).

The maximum possible score for this factor is forty (40) points.

Factor 7. The Number and Ages of Other Minor Children Residing in the Home

A "child" is defined as an individual under 18 years of age, in addition to the waiver candidate, for whom the parent is legally responsible. For purposes of scoring this factor, foster children or children for whom the primary care giver is reimbursed for care (including adoption subsidy) are not considered to be "children residing in the home." Children of other adults or children residing in the home part-time are also not considered in this factor.

1. Score five (5) points if the total number of children in the home not including the child is either:  
a) four or more; or b) three or more of the children are under the age of five.
2. Score four (4) points if the total number of children in the home not including the child is either:  
a) three; or b) two children in the family are under the age of five.
3. Score three (3) points if the total number of children in the home not including the child is either:  
a) a total of two; or b) one child under the age of five resides in the home.
4. Score two (2) points if one other child resides in the home.
5. Score one (1) point if no other children reside in the home.

The maximum possible score for this factor is thirty-five (35) points.

Factor 6. Family Stress and/or Physical Health Problems

This factor measures family-related stress of a physical or emotional nature. Include dates for any identified relevant health problems, disabilities or hospitalizations

1. Score five (5) points if any of the following apply:
  - A. Two parents reside in the home and the parent who is the primary care giver is physically or emotionally disabled and unable to provide care because of the disability; or
  - B. The family is a one-parent family and the parent who resides with the child is physically or emotionally disabled; or
  - C. In a two-parent family, one of the two parents is either terminally ill and hospitalized or is permanently institutionalized.
2. Score four (4) points if any of the following apply:
  - A. The family is experiencing acute long-term stress due to the physical or emotional condition of the parent or primary care giver living in the home and that condition is expected to last more than six (6) months; or
  - B. The family is participating in family counseling at least three times per month; or
  - C. The primary care giver is a single parent with no extended family support and the severity of the child's condition requires constant "eyes-on" supervision.

3. Score three (3) points if any of the following apply:
  - A. The family is experiencing situational or temporary stress related to a specific event that is expected to be resolved within three (3) to six (6) months. (Examples: divorce, separation, loss of job, move, loss of extended family support, death of a child within past three months); or
  - B. One parent has a long-term disability that does not prevent the parent from providing care to the child. (Example: diagnosis of alcoholism, depression, or other mental or physical problems which may interfere with but do not prevent the parent from providing care, as distinguished from a physical disability which would prevent provision of care such as being wheelchair-bound).
  - C. There is a referral/recommendation for intensive counseling by a psychologist/MSW and an intake is scheduled within 30 days or the family is participating in counseling two or fewer times per month.
  - D. The primary care giver is a single parent with no extended family support and severity of the child's condition requires less than constant "eyes-on" supervision.
4. Score two (2) points if the family is experiencing temporary or situational stress which is expected to be resolved in one (1) to three (3) months. (Examples: recent death of a parent or automobile accident not producing severe, long-term disability).
5. Score one (1) point if the family is experiencing or identifying normal levels of stress associated with care giving for a child with special needs.

The maximum possible score for this factor is thirty (30) points.

#### Factor 5. The Family Has More Than One Child with Special Needs at Home

For purposes of this factor, the term child or sibling refers to an individual under age 18 years, considered to be residing in the home (as defined in Factor 7). NOTE: Any disabled sibling who has been approved to apply for the CWP, or currently receives hourly care funded through CWP, state plan Private Duty Nursing, private insurance or other program does not count towards the total for this factor.

1. Score five (5) points if three (3) or more of the waiver candidate's siblings have long-term special needs (i.e., developmental disability, emotional or physical/health problems requiring special education or treatment) or two (2) siblings have severe/intense special needs.
2. Score four (4) points if two (2) siblings have long-term special needs.
3. Score three (3) points if one sibling has long-term special needs.
4. Score two (2) points if one sibling has short-term special needs, or one or more siblings have ADHD and are receiving special education services.
5. Score one (1) point if no sibling has special needs.

The maximum possible score for this factor is twenty-five (25) points.

Factor 4. Child Presently in a Nursing Home

1. Score five (5) points if the child presently resides in a nursing home and has a plan that states the child could go home with appropriate supports; and the family has expressed interest in caring for their child at home.
2. Score one (1) point if the child is not presently in a nursing home.

The maximum possible score for this factor is twenty (20) points.

Factor 3. Child Presently Resides in an ICF/MR Facility

1. Score five (5) points if the child presently resides in an ICF/MR facility and has a plan that states the child could go home with appropriate support; and the family is expressing an interest in caring for their child at home.
2. Score one (1) point if the child does not presently reside in an ICF/MR facility.

The maximum possible score for this factor is fifteen (15) points.

Factor 2. Reserved for Future Use

Factor 1. The Child is Presently in Foster Care and Needs Support

1. Score five (5) points for any child residing at home or for whom the immediate proposed placement is to return home from foster care.
2. Score one (1) point if the child presently resides in foster care and needs support to be maintained in that setting.

The maximum possible score for this factor is five (5) points.

The total maximum score for the nine (9) factors listed above is 265 points