



## ATTACHMENT B

State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

### DDRR STANDARDIZED CRITERIA

Included information should be provided in full sentence form. Information should be current, and relevant to each section. Descriptive information should be provided so that the reviewer clearly understands the individual's situation. Please note that credit may not be given in multiple sections for a single concern.

#### ***Community Participation Concerns***

- 1) *Behavior which causes physical harm to self or others. Injures self (scratches, bites, etc.) or physically assaults others.*
  - a) This section relates to intentional assaultive or self-injurious behaviors. Behaviors considered are those that are outside of the developmental norm for the individual's age and which cause physical harm to self or others.
- 2) *Behavior which interferes with home and/or community life. Frequent, challenging behavior resistant to interventions.*
  - a) This section relates to the impact of an individual's behavior on their ability to engage in their home and community. A description of the behavior's impact on their home and community life should be included. The information provided here should include behaviors in which formal interventions have been tried and been found unsuccessful at mitigating the behavior. Information should be provided regarding what professional level interventions have been tried to address the behavior and why those interventions have been determined ineffective.
- 3) *Behavior leading to justice system involvement. Within the last five years, arrested, charged, jailed, or placed on probation; continues to engage in behaviors likely to result in further involvement in the juvenile or adult justice system.*
  - a) This section refers only to those individuals that have been arrested, charged, jailed or are on probation for a crime. Please provide detail regarding the individual's current behaviors which are likely to lead to further involvement with the criminal justice system. Please provide the date of the most recent contact with the justice system, and the current status of the applicant.
- 4) *Victim of psychological, physical, sexual, and/or financial abuse.*
  - a) The section is for individuals who are victims of definite abuse. Information should demonstrate how the applicant was a victim of abuse.
- 5) *Complex, chronic medical condition. Requires on-going care and frequent attention by medical professionals, and routine supervision regarding medical needs.*
  - a) This section is for individuals who experience a complex and chronic medical condition. Examples of such medical conditions include uncontrollable seizure disorder, serious heart and lung disorders and medical conditions which require life sustaining medical equipment and technologies such as a ventilator.

- 6) *Applicant is caring for children or will be parent within eight months.*
- a) This section should thoroughly describe the circumstances, include names and ages of children, and/or estimated due date:

### ***Living Situation Concerns***

- 7) *Death of primary caregiver within the past 12 months.*
- a) This section should include the name of caregiver and the date of their death. Information provided should also include the current status of the applicant.
- 8) *No long-term caregiver available to assist with daily care needs.*
- a) Information provided, should include the name of temporary caregiver, their relationship to the applicant and the projected end date of the temporary care. In this section a parent is considered to be the long term caregiver of a minor child. If this is not the case comments should be provided. The Office of Children's Services is also considered to be the long term caregiver for children in their custody and are required to provide the applicant with adequate care.
- 9) *Homeless. No fixed, regular and adequate night-time residence. Spends nights at a supervised shelter providing temporary living, or at a public or private place not intended to be used as a night-time residence for humans; or is facing discharge from an institution within one week, but has no residence or resources to obtain shelter.*
- a) This section is for individuals who are homeless, not those individuals who are staying with friends or family, but do not rent or own their own home. Please provide the last known location of applicant's night time residence and the length of time applicant has been homeless. If applicant is facing discharge from an institution within one week, please provide the date of discharge.
- 10) *Discharge from foster care/Office of Children's Services within a year. Living in foster care, but will be 18 within a year, and is at risk of being homeless because no caregiver has been identified.*
- a) Please provide any additional information as it relates to this section.
- 11) *Current residence is a nursing home, psychiatric treatment facility/hospital or intermediate care facility for the mentally retarded (ICF/MR).*
- a) Please include the name of the treatment facility and the date of admission.
- 12) *Caregiver unable to provide adequate care. Age, health, physical or psychological condition affects ability to continue providing care.*
- a) This section applies to individuals who have an unpaid caregiver, not adults who are capable of providing their own care, or children in foster care who have a paid primary caregiver. Information provided should describe how the caregiver is unable to provide adequate care. Please include information regarding the age, health, physical or psychological condition which impacts the caregiver's ability to continue to provide care.
- 13) *Caregiver unable to meet behavior or health needs of applicant. Supports, skills or training insufficient to meet applicant level of need.*

a) This section should discuss what professional supports have been explored and exhausted as well as any training the caregiver has received to meet the applicant's level of need. Please describe why supports are no longer sufficient to meet the applicant's needs. Please note that grant funds, school services, EPSDT funded support, as well as professional level support should be explored to help the applicant and their family meet their needs.

**14)** *Caregiver unable to get or hold a job. Needs of applicant interfere with caregiver ability to find or keep employment; resources and options for applicant care during work day have been exhausted.*

a) This section refers to the needs of the applicant being the sole factor preventing the primary unpaid caregiver(s) from working. It does not apply to the probability of the parent(s) losing their job but rather the reality of being unemployed as a result of the applicant's needs.