

Senior In-Home Services  
**Eligibility Determination Worksheet for Adults under the Age of 60**  
*~Must be completed & submitted by the Individual's SIH Case Manager~*

- Individuals with ADRD of any age do not require this eligibility determination.
- All other individuals must have a SIH Case Management Assessment, receive a combined total score of 20 or higher, must receive SIH Case Management, all other service options must be exhausted, and the individual must not be eligible for Behavioral Health Services.

Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Grantee Provider: \_\_\_\_\_

Client Name: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

Services Requested:  Case Management  Respite  Chore (when no able bodied person lives in home)

A. IADL Criteria	Supervision – Encouragement, cueing, minimal assistance (2 points)	Extensive assistance – weight bearing support (3 points)	Total dependence (4 points)	How does client currently manage?
Preparing Meals				
Doing Housework				
Doing Laundry				
Doing Shopping				
<b>Column totals</b>				<b>IADL Total =</b>

**Chore service eligibility = IADL score of 10 or higher required** and there is no able bodied person living in the home.

B. Medical and Social Criteria		Criteria Score	Score Received
1	APS /GR/Homeless/Needs ALH urgently/Family is going to place in nursing home if no relief	3	
2	Referral from hospital needs in-home supports in order to be released	3	
3	Deterioration from chronic physical disease	3	
4	Safety concerns - suspected or documented neglect/abuse, or self neglect	3	
5	Client lives alone	3	
6	No family or friend involvement	3	
7	Has dependent spouse/partner/child/other older individual at home needing care	3	
8	Unable to perform 1 or more ADL independently	2	
9	Mobility challenges – must use walker or wheelchair	2	
10	Home/living situation does not promote optimum level of health due to poor sanitation	2	
11	Cognitive functioning (1 = mild/ 2=moderate/ 3=severe)	1/2/3	
12	Evidence of family/caregiver burnout (1 = mild/ 2=moderate/ 3=severe)	1/2/3	
13	Indications/diagnosis of mental illness	2	
14	History of substance abuse	1	
15	Medication Management (1 = compliant 80% of the time/ 2 = Rarely or never Compliant/ 3 = Requires monitoring due to severe or disabling illness.	1/2/3	
16	Fall Risk (1 =mild/ 2 = moderate / 3 = severe)	1/2/3	
		<b>Medical &amp; Social Score</b>	
		<b>IADL Score</b>	
		<b>TOTAL Score (must be 20 or higher)</b>	

The following three items must be completed:

1. Referred to PCA? If not, why?  2. Referred to waiver? If not, why?	3. <b>Transition plan from SIH grant</b> (must be reviewed and updated quarterly):  <b>Follow-up status of transition plan:</b>
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