

Adair County SB40 Developmental Disability Board

INDIVIDUAL REQUEST FOR FUNDING

Date of Request: _____ County: _____

Name of Recipient: _____ DOB: _____

Primary Diagnosis: _____ ISP Start Date: _____

Address: _____ Phone: _____

Parent/Guardian (circle one): _____

Address: _____ Phone: _____

Name of ACSDDDB Service Coordinator: _____

Please describe the service, support or item(s) for which funding is requested and how it maximizes the human potential of the person with developmental disability:

Please check one: One-time request Ongoing request through: _____

Amount Requested: _____ (Please show detailed calculations below if necessary.)

Please describe how the service, support or item(s) requested will enable the individual with developmental disability to progress toward normal living or to develop his or her capacity, performance or relationships with other persons, or which provide services related to a place of residence or social centers for eligible persons? (attach additional page as needed):

What portion of the cost is the individual/family able to contribute? Please explain.

List other funding sources explored and results?

If the individual has a Payee account, what is the account balance?

"I certify that the funds requested are not covered through the service recipient's current provider of insurance and have not been nor will be reimbursed through other means; and that the funds requested are necessary to enhance skill development of the service recipient in areas of Vocational, Prevocational, Social, or Independent Living. I understand that if approved for funding, I am responsible for obtaining services as outlined in this document. I agree to hold harmless and indemnify all employees, board members, and assigns of Adair County SB40 Developmental Disability Board from any acts or omissions on the part of agencies or individuals providing services per this document."

(Individual/Parent/Guardian Signature)

(Date)

NOTE: All requests for funding and information regarding persons served shall be kept strictly confidential by the Adair County SB40 DD Board.

- All other potential funding streams, including natural home and community supports, should be accessed prior to application for ACSDDDB funding.
- All requests are reviewed by a Utilization Review Committee and are evaluated based upon priority of need; additional documentation may be requested to verify level of need.
- Multiple bids/quotes from vendors/suppliers required for items over \$1,000.

**Mail or Deliver Form To:
(or give to your service coordinator)**

**Adair County SB40 DD Board
314 E McPherson
Kirksville, MO 63501
(660)665-9400 office (660)665-9404 fax**

For Office Use Only

Date Application Received: _____

Request Number: _____

Date Reviewed by UR Committee: _____

Date Reviewed by Board (if applicable): _____ (circle one) Meeting Email Vote Board Denied

Date Approved: _____ Amount: \$ _____ Through: _____

Date Denied: _____ Letter sent _____

Reason for Denial: _____

Revised 07/20

Prioritization of Need for ACSDDB Funding Requests

Name: _____	ISP dates: _____ to _____	PON category/score: <input style="width: 50px;" type="text"/>
Service coordinator signature: _____		Date scored: _____

In order to be on the prioritized waiting list for services/supports, the service/support *must be*:

- identified as a need in a person-centered plan;
- specifically related to the person's disability (i.e. would not be needed if person had no disability);
- unavailable through natural supports or other funding sources such as waivers or other organizations.

Points	CATEGORY: E Emergency (12 points) <input style="width: 50px;" type="text"/> 12 pts. This service/support is necessary due to the person's emergency situation, which typically means immediate severe health/safety issues. (Emergency should be clearly described on application.)
Points	CATEGORY: H Health and Safety (5 to 12 points) <input style="width: 50px;" type="text"/> 5 pts. The service/support is necessary to ensure the health and safety of the person or others, i.e., not providing the service/support will place the person or others at risk of illness, injury, or harm. <input style="width: 50px;" type="text"/> Add 1 point (+1 pt.) if degree of risk is imminent—definite and immediate. <input style="width: 50px;" type="text"/> Add 2 points (+2 pt.) if person has no permanent residence. <input style="width: 50px;" type="text"/> Add points (maximum of 4) based on Physical/Behavioral Support Checklists. (reverse side of this page) <input style="width: 50px;" type="text"/> TOTAL for this category
Points	CATEGORY: F Family Support (4 to 11 points) <input style="width: 50px;" type="text"/> 4 pts. The service/support is necessary to help the family care for their family member in their home or family support is not available. <input style="width: 50px;" type="text"/> Add points (maximum of 4) based on Physical/Behavioral Support Checklists. (reverse side of this page) <input style="width: 50px;" type="text"/> Add points (maximum of 3) for other family circumstances (list below). Mark as many as applicable to get a full picture of the family need, however, only add 3 points to column at left. <div style="font-size: small;"> <input style="width: 50px;" type="text"/> + 3 pts. Death of primary caregiver. <input style="width: 50px;" type="text"/> + 3 pts. Primary caregiver has a terminal diagnosis. <input style="width: 50px;" type="text"/> + 2 pts. Primary caregiver has other chronic health conditions that significantly impact his/her ability to provide needed supports for the person. <input style="width: 50px;" type="text"/> + 2 pts. Primary caregiver over age 75 <input style="width: 50px;" type="text"/> + 1 pt. Primary caregiver over age 65 <input style="width: 50px;" type="text"/> + 1 pt. Single parent family <input style="width: 50px;" type="text"/> + 1 pt. Recent (within past 6 mos.) divorce or separation <input style="width: 50px;" type="text"/> + 1 pt. More than one family member eligible for DD services <input style="width: 50px;" type="text"/> + 1 pt. At least 3 children under the age of 10 living in the home <input style="width: 50px;" type="text"/> + 1 pt. Recent (within past 6 mos.), unplanned loss of employment <input style="width: 50px;" type="text"/> + 1 pt. Primary caregiver at risk of job loss to provide care for the person in the home. </div> <input style="width: 50px;" type="text"/> TOTAL for this category
Points	CATEGORY: D Daily Living Supports (4 to 6 points) <input style="width: 50px;" type="text"/> 4 pts. The service/support is necessary to help the person perform activities of daily living , e.g., communication, mobility, self-care, etc. or to assist an individual with independent living or developing the skills necessary to do so. Examples include personal assistance, supported employment, habilitation training, therapy services (including Applied Behavior Analysis), specialized medical equipment and supplies, and environmental accessibility adaptations. <input style="width: 50px;" type="text"/> Add points if the person currently lives independently (i.e., is not receiving residential services, including ISL), and is at risk of moving to a more restrictive setting or of losing a degree of independence without the service/support requested. <input style="width: 50px;" type="text"/> + 2 pts. Immediate (within 30 days) <input style="width: 50px;" type="text"/> + 1 pt. Prospective (likely within 1 year) <input style="width: 50px;" type="text"/> TOTAL for this category
Points	CATEGORY: I Inclusion or Recreational Supports (2 or 4 points) <input style="width: 50px;" type="text"/> 4 pts. Service/support is necessary to address barriers that might keep the person from fully participating in his/her community and/or building social capital in his/her community. <input style="width: 50px;" type="text"/> 2 pts. Service/support is purely recreational in nature (e.g. camp, trips/events outside of the community).

Maximum 3 points total from list----->

Points	BEHAVIORAL SUPPORTS CHECKLIST (checked items documented in ISP or elsewhere in record)
4 pt max.	<input type="checkbox"/> +1 pt. Made threats verbally and/or physically (with reasonable threat of physical harm)
	<input type="checkbox"/> +1 pt. Destroyed property
	<input type="checkbox"/> +1 pt. Ran away (elopement) or leaves area of safety and supervision
	<input type="checkbox"/> +1 pt. Abused alcohol and/or substances
	<input type="checkbox"/> +1 pt. 2 or more medications used to treat mental illness and/or for behavioral control
	<input type="checkbox"/> +1 pt. Compulsive/Ritualistic behavior that significantly interferes with the person's/family's routines
	<input type="checkbox"/> +2 pts. Harmed him or herself
	<input type="checkbox"/> +2 pts. Harmed others (includes animals)
	<input type="checkbox"/> +2 pts. Ingested toxic and/or non-food substances or dangerous food/liquid quantities
	<input type="checkbox"/> +2 pts. Made a suicide attempt or threat
	<input type="checkbox"/> +2 pts. Set fires
	<input type="checkbox"/> +2 pts. Been sexually aggressive.
<input type="checkbox"/> +2 pts. Physical restraint used in last 6 months	
<input type="checkbox"/> +2 pts. Awake overnight	

Points	PHYSICAL SUPPORTS CHECKLIST
4 pt max.	<input type="checkbox"/> +1 pt. Chronic pain
	<input type="checkbox"/> +1 pt. Significant weight loss or gain--5% of body weight within last 30 days or 10% within last 6 mos.
	<input type="checkbox"/> +1 pt. Legally blind requiring assistive measures even in familiar settings
	<input type="checkbox"/> +1 pt. Legally deaf making interactive communication difficult or requiring special equipment
	<input type="checkbox"/> +2 pts. Frequent illnesses that interfere with the person and family's daily routines
	<input type="checkbox"/> +2 pts. Frequent injuries and/or falls that require medical attention
	<input type="checkbox"/> +2 pts. Seizures—frequent and uncontrolled or requiring emergency hospitalization within last 12 mos.
	<input type="checkbox"/> +2 pts. Suctioning, tracheotomy, oxygen therapy, ventilator
	<input type="checkbox"/> +2 pts. Choking/choking precautions
	<input type="checkbox"/> +2 pts. Tube feeding and/or spoon feeding by caregiver
	<input type="checkbox"/> +2 pts. Incontinence; daily catheterization and/or bowel care
	<input type="checkbox"/> +2 pts. Person requires lifting for transfer that is difficult for caregiver(s)
<input type="checkbox"/> +2 pts. Orthopedic conditions—scoliosis, hip dysplasia, contractures, etc.	
<input type="checkbox"/> +2 pts. Skin breakdowns	

Total points of both categories that can be allocated to chosen category on reverse side. **May not exceed 4.**

For UR Committee Use Only:

- Eligibility is confirmed
- Residence is confirmed: County of residence: Adair Putnam Schuyler Scotland Sullivan
- Request is for a need related to disability-- confirmed by: _____
- PON score is consistent with ISP/other documentation: _____
- SB40 funding does not supplant other funding/sources: _____
- Other funding streams have been attempted/tapped: _____
- Support is not billable to waiver: Not eligible for a waiver Waiver does not cover this support

Signatures of UR committee members present and voting in favor of action checked above:

