

Department of Human Services (DHS)/Division of Developmental Disabilities (DDD)
Children Crisis Criteria for Funding - Effective April 16, 2008

The crisis criteria for imminent risk of abuse, neglect, or homelessness are the highest funding priorities of the Division of Developmental Disabilities (DDD) for children who are 3 to 17 years old. Each child's urgency of need must be reflected in the PUNS database. In submitting the request for crisis authorization, the Pre-Admission Screening/Independent Service Coordination (PAS/ISC) agency must share in writing with the network staff the proposed plan(s) that have been arranged and/or scheduled for service implementation. It is expected that services will be implemented generally within a 24 to 72 hour period. The local PAS/ISC agency shall report all instances of possible abuse, neglect, and/or homelessness to the appropriate entity(s) as directed by applicable state, federal, and/or local laws, rules, regulations, and policies.

The crisis criteria relate to Waiver-Funded Children's Home-Based Services (CHBS) and Children's Group Homes (CGHs - Program 17D). The emergency crisis criteria also apply to admissions to Child Care Institutions (CCIs - Program 19D). These criteria do not apply to respite and Skilled Nursing Facilities/Pediatric (SNFs/Ped). Children who are wards of the State are not eligible for funding authorized by the DDD.

The Division's decision regarding the type of service to authorize will be based on the specific needs of the child. In reviewing whether or not the child meets the crisis criteria, the DDD will consider, but not limit itself to, the following, which are presented in priority order:

1. The caregiver is unable to keep the child safe;
2. The caregiver is unable to meet the child's support needs. The family dynamics (e.g., multiple children with disabilities dependent upon the caregiver) as correlated with the medical, physical, and/or behavioral needs of the child place demands on the family that put the child and/or family member(s) at serious risk; or
3. The child's behaviors (e.g., verbal and/or physical aggression, bodily harm to self and/or others) put the child and/or family member(s) at risk of serious harm

Case 1 - Example of imminent risk of neglect:

The 8 year old child attends school for half days. The father works part time while the child is at school. The mother works full time. The family receives 2 hours per week of respite services for the child. The child resides with his parents and three younger siblings (ages range from 2 to 6 years old). The siblings are active and healthy and do not have a disability. The father is the sole caregiver for the four children.

The child requires constant monitoring and provision of physical care. Because of the child's physical needs, the caregivers must be trained and responsible for monitoring his condition. The family reports increased stress of caring for the son as they have reported to the PAS/ISC agency that they want him to remain in the family home, but are feeling overwhelmed with his care. The father recently questioned whether he can continue to keep the child home as he feels he is not able to keep up with all of the child's needs. The child does not sleep well and the father is up most of the night trying to comfort him and get him back to sleep. The father reports that, at times, he is unable to care for his son and leaves the child in bed for periods of time without attending to his needs. The father feels very guilty about this, but he reports not knowing what else to do.

The child has been diagnosed with Severe Mental Retardation, Seizure Disorder, and Severe Neurological Deficits including motor impairments. The child has cortical vision loss. He is non-verbal and non-ambulatory. The child takes multiple seizure medications but continues to have breakthrough seizures daily and some of the seizures are severe.

Case 2 - Example of imminent risk of homeless:

Two brothers are currently receiving Children Home-Based Services (CHBS). The father who was the primary caregiver for the children recently died. The mother works full time. The two children are larger in height and weight than their mother, thereby making it difficult for her to physically address their support needs. The physical stature of the boys, their overwhelming support needs, and the mother's work schedule contribute to the mother's inability to care for her children. Until residential services for the children can be identified and authorized, the local PAS/ISC agency has obtained respite services for both children. There are no other family members in/near the area to help the mother address the support needs of the children.

Both children have been diagnosed with Severe Mental Retardation and Autism. One child has a diagnosis of epilepsy with controlled seizures. The other child, if not closely monitored, attempts to run away from the home during the night. Both children exhibit pica behavior, severe tantrums, and incontinence. They use pull-up undergarments and smear feces.

Case 3 - Example of imminent risk of abuse directed toward a younger sibling and Mother:

The child is living with his mother, stepfather, and two younger sisters, ages 4 and 7. The child has been observed kicking, hitting, pushing, and biting self and others. He recently attempted to push his 4 year old sister down a flight of stairs during an episode of agitation. His 7 year old sister is frightened of him and starts to cry when he enters the room. His parents are unable to deter their son's aggressive behavior, which has been focused on his sisters and most recently on his mother.

As a result of the ongoing severity and frequency of his aggressive behaviors toward family members coupled with his size and strength, the family is unable to manage the child in the home. The child exhibits aggressive behaviors 10 to 15 times per day. The mother is seven months pregnant. The obstetrician has advised the mother that addressing her child's severe behaviors and extensive support needs is detrimental to her health and the health and welfare of the younger siblings and her unborn baby. The biological father has refused to assist with the care of the child. The family has received respite services but the respite provider has had difficulty managing his behaviors and has indicated to the family that they feel he needs more intensive services. After further discussions with the family and local PAS/ISC, it is felt that the child's aggressive outbursts toward his younger sisters and mother are putting them at risk of physical harm.

The child is 11 years old with Severe Mental Retardation, Autism, Intermittent Explosive Disorder, and Seizure Disorder.