Department of Human Services (DHS)/Division of Developmental Disabilities (DDD)
Adult 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 adults who are 18 years or older. Each individual'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 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 apply to Waiver-Funded Adult Home-Based Support Services (AHBS) and Community Integrated Living Arrangements (CILAs). These criteria do not apply to Respite, Community Living Facilities (CLFs), privately operated Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD), and Supported Living Arrangements (SLAs).

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

1) The death of the caregiver(s);

2) The caregiver is unable to address the support needs of the individual, thereby jeopardizing the individual's health, well-being, and/or safety needs;

3) The physical and/or mental injury and/or sexual abuse inflicted on the individual;

4) The status as a homeless/undomiciled individual;

5) The individual's behaviors [e.g., verbal and/or physical aggression, bodily harm to self and/or others] that put the individual and/or family member(s) at risk of serious harm.

Case 1 - Example of neglect:

The individual remains at home without any support services. Her physician referred her to a nutritionist who recommends a high protein diet. She is 4' 8" and weighs 62 pounds, which is down from 82 pounds within a two-year period. It is unknown whether the mother has placed the individual on the recommended diet.

The individual's communication is basically echolalic. The local PAS/ISC agency reports that she pulls her hair, scratches her face, bangs her head against objects, hits self and others, and screams. She has also been observed remaining in a fetal position for extended periods of time. While the mother is at work during the day, the younger brother (19 years old) serves as her caregiver. The mother reported to the local PAS/ISC agency that there have been instances in which she has returned home early from work to find her daughter alone in the home, meals not prepared for her, all lights turned off, and the whereabouts of the son unknown. The mother does not have any other family members and/or friends to help support her daughter's needs while she is at work. The mother wants her daughter to remain at home. The individual is 21-years-old with Severe Mental Retardation, Pervasive Developmental Disorder, Borderline Diabetes, and Sensitive Bowel Condition.

Case 2 – Example of homelessness and neglect:

The individual is currently homeless. While the mother was hospitalized, an eviction notice was served for nonpayment of rent. Since the mother's recent discharge from the hospital, she has not been in contact with her children and they are uncertain about her whereabouts. A brother and sister who had been staying at the house moved into a one-bedroom apartment. They are unable to care for their sister with a developmental disability because of their work schedules and limited space in the apartment. On average, the sister and brother work 10-12 hours per day.

The individual has been staying at the house alone without support and supervision. The house is not clean (e.g., several bags of garbage in the kitchen, dirty clothes piled on bed and in hallway, and dirty dishes and cooking utensils are on the counter top and stove and in the sink). She invites strangers in the home. After such visits the individual ends up missing money, food, and belongings. An elderly aunt and uncle, who are concerned, check on her periodically. They report that the individual is not consistently taking her medications. The individual is her own guardian. The proposed service provider is attempting to arrange temporary in-home support services; however, the individual has been uncooperative because she believes that "Mom will be home soon." The individual does not have a telephone. In her current setting she lacks the necessary skills to make sound choices that assure her safety and well-being.

The individual is 30 years old with Moderate Mental Retardation and Bipolar Disorder.

Case 3 - Example of abuse of an elderly caregiver:

The individual lives with his mother who is 75 years old. He has been terminated from two supported employment opportunities due to threatening other co-workers if they did not complete his work task(s) for him. The mother is a single caregiver. The father died three years ago. There are no other adults in the home and/or other family members in/near the area to help address the support needs of the individual.

The neighbors have observed the individual screaming at, pushing, and hitting his mother when she does not respond to his demands in a timely manner. He is 5' 9" and weighs 215 pounds. His mother is 5' 1" and weighs 120 pounds. She is physically unable to manage his aggressive behaviors toward her, thereby jeopardizing her own safety and well-being. On numerous occasions the police have been called in response to the individual's aggressive behaviors toward his mother.

The individual is 40 years old with Moderate Mental Retardation and Depression.