

Critical Needs Summary Step 1 Review

CSB/BHA: Individual's Name:

Individual's Medicaid Number:

Criteria for Rating	Scoring Key	Individual's Score
1. An immediate jeopardy exists to the health and safety of the individual due to the unpaid primary caregiver having a chronic or long-term physical or psychiatric condition or conditions that significantly limit the ability of the primary caregiver or caregivers to care for the individual; there are no other unpaid caregivers available to provide supports	5	
2. Primary caregiver can no longer provide care	3	
3. Clear risk of abuse, neglect, exploitation of the individual	5	
4. The individual lives in an institutional setting and has a viable discharge plan	18	
5. Currently homeless (i.e., does not have a home)	10	
6. Facing imminent (within the next 90 days) homelessness (e.g., terminally ill caregiver)	5	
7. Immediate risk to the health or safety of the individual, primary caregiver, or other person living in the home due to either of the following conditions:	<p>A. Behaviors HIGH: Serious safety risk to self/others = 5 MODERATE: Moderate/occasional risk to self/other = 3 LOW: minimal risk to self/others = 1</p> <p>B. Physical care needs or medical needs HIGH: Must address serious or life threatening concerns and/or individual cannot</p>	

	perform ADLs without physical assistance = 5 MODERATE: Medical, physical care needs that require active support = 3 LOW: Medical, physical care needs that require occasional assistance = 1	
8. The individual is a young adult who is no longer eligible for IDEA services and is transitioning to independent living. After individuals attain 27 years of age, this criterion shall no longer apply.	5	
Number of caregivers	No caregiver = 5 1 caregiver = 3	
Number of areas met on VIDES (Note there are now <i>two scales</i> for assigning points for VIDES, one for Adults and a separate one for Infants/Children)	Adults	Infants & Children through 17
	3 = 1 4 = 2 5-6 = 3 7-8 = 4	2-3 = 1 4 = 2 5-6 = 3 7-8 = 4
Environmental concerns (e.g., poor condition of the current living situation, primary caregiver has ongoing caretaking responsibilities for other dependents)	3	
Total score		

Individual's Name:

Name of Support Coordinator/Case Manager completing this form:

Signature of Support Coordinator/Case Manager

Date

