

**HOME AND COMMUNITY BASED SERVICES  
WAITING LIST CRITERIA TOOL**

Individual Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Review date: \_\_\_\_\_

Initial Date (Within 45 days)	Update (90 days)	Date (90 days)
_____	_____	_____

1. Is the individual at risk of medical deterioration without services?	No	Yes	1 2 3	1 2 3	1 2 3
2. Is the individual at risk of psychiatric deterioration without services?	No	Yes	1 2 3	1 2 3	1 2 3
3. Does the individual have cognitive Impairment?	No	Yes	1 2 3	1 2 3	1 2 3
4. Is individual currently in a nursing facility or at risk of institutional placement?	No	Yes	1 2 3	1 2 3	1 2 3
5. Is there a need for services in order to obtain or maintain a stable residence?	No	Yes	1 2 3	1 2 3	1 2 3
5a. Individual cannot discharge from a psychiatric facility due to homelessness.	No	Yes	1 2 3	1 2 3	1 2 3
5b. Individual is unable to maintain a safe housing situation.	No	Yes	1 2 3	1 2 3	1 2 3
5c. Services are necessary to prevent breakdown of current housing situation.	No	Yes	1 2 3	1 2 3	1 2 3
6. Is there a need for more formal (paid) services?	No	Yes	1 2 3	1 2 3	1 2 3
7. Are the existing supports (informal) sufficient at this time?	No	Yes	1 2 3	1 2 3	1 2 3
8. Does the primary caregiver need relief?	No	Yes	1 2 3	1 2 3	1 2 3
9. Is there a need for adaptive aids (within the scope provided through the waiver)?	No	Yes	1 2 3	1 2 3	1 2 3
10. Are there other health and safety issues (Not identified in 1-9) that place the individual at risk? Please explain below in comments.	No	Yes	1 2 3	1 2 3	1 2 3
11. Does the individual have progressive Dementia?	No	Yes			

Total Score: \_\_\_\_\_

