

**State of Montana**  
**Developmental Disabilities Program**  
**PRIORITY RATING SCORE SHEET 12-27-2011**

Priority scoring sheet is to be updated at the time of the screening

NAME: \_\_\_\_\_

Date of screening: \_\_\_\_\_

MONA ALLOCATION: \_\_\_\_\_

Date of most current referral/update: \_\_\_\_\_

SERVICES WANTED: \_\_\_\_\_

QIS completing score sheet: \_\_\_\_\_

CITY/LOCATION PREFERRED: \_\_\_\_\_

QIS (s) completing screening: \_\_\_\_\_

MEDICAID ELIGIBLE? circle Yes or No  
 (if No, STOP here and do not consider person)

Answer questions A, B, C, & D. If any are answered "no", the priority rating score is zero.  
 If all are answered "yes", score questions 1 through 7 for a total priority rating score. There must be a rationale written for the answer to each question to help explain the scoring.  
 If this is for a congregate setting, question 8 will be answered for the person having the highest score.

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| A. Is the individual/family willing to accept services that meet their total needs at the present time?   | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has the referral information been updated within the previous 365 days?<br>This does not apply to the original core referral, but only whether the annual update is on file at each of the three cities the person is referred for; if this is a NO, screening committee MUST notify referring QIS and attach that notification/email document to the rating sheet in case of appeal | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Can this resource allocation meet all of the individual's current needs?<br>Mark "C" NO if the allocation can't meet the need or if the person doesn't want service/provider offered   | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Can the person's ancillary support needs be met in this community?   | <input type="checkbox"/> | <input type="checkbox"/> |

**1. Safety of individual or others is at risk due to medical issues, lack of supervision, aggression by individual or alleged abuse by caregivers or others**

- |   |            |   |
|---|------------|---|
| 0 --no safety issues noted  | Score here | <input style="width: 50px; height: 20px;" type="text"/> |
| 1 --minor safety issues, not life threatening, may be issues of vulnerability in the absence of general supervision                         |            |   |
| 2 --safety is at risk due to individual decision making, alleged abuse or neglect by caregivers, lack of supervision in current environment |            |   |
| 3 --documented police, APS, or CPS involvement or there are no other services or supports available to provide protection to the individual |            |   |

Rationale:

**2. How would placement impact the individual's skill acquisition and independence?**

- |   |            |   |
|---|------------|---|
| 0 --placement would not impact skills and abilities   | Score here | <input style="width: 50px; height: 20px;" type="text"/> |
| 1 --placement would assist the person in learning new skills  |            |   |
| 2 --the person needs increased but infrequent assistance in order to gain or maintain skills and independence                   |            |   |
| 3 --the person requires ongoing additional support or specialized supports in order to gain or maintain skills and independence |            |   |

Rationale:

**3. Resource will enhance choices and opportunities**

- |  |            |   |
|--|------------|---|
| 0 --person is relatively independent in accessing their community. Points to consider: independence in the ability to use public transportation independently or with limited or no supervision or assistance, requires limited or no onsite supervision for activities in the community | Score here | <input style="width: 50px; height: 20px;" type="text"/> |
| 1 --person is considered semi-independent. Points to consider: supervision and assistance is limited to a few hours a week of support for transportation or access to community integration functions, similar to base rate Supported Living individuals up to 30 hours a month          |            |   |
| 2 --person needs staff assistance in order to access their community. Points to consider: person is unable to use public transit without supervision and support, requires staff assistance at community functions in order to be successful   |            |   |
| 3 --person is in need of total assistance/supervision due to medical issues, lack of skills, abilities or behavioral issues that require ongoing support/intervention. Staff presence required at all times. <b>(MDC individuals with behavioral support needs score here)</b>           |            |   |

Rationale:

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**4. Skill level**

- 0 --the person's skill levels meet their needs in their current environment. Points to consider: the person requires little to no assistance with hygiene or daily living Score here
- 1 --the person has some skill deficits that are currently unmet. Points to consider: person needs assistance with basic menu planning, grocery shopping, budgeting or paying bills. Similar to base rate Supported Living individuals.
- 2 --the person needs assistance through some portions of daily living. Points to consider: person needs daily support in order to meet basic needs of cooking, hygiene, laundry, medications that are not met through other funding sources (eg. PCA)
- 3 --this person needs total assistance and supervision due to medical issues, lack of skills, abilities or behavioral issues. Consider: person cannot be left unsupervised due to care or behavioral needs. Staff presence required at all times to assure safety.

**Rationale:**

**5. Current services**

- 0 --person has services currently meeting needs. Points to consider: a person looking for additional resources based on their MONA but does not have supporting referral documentation that there are unmet needs Score here
- 1 --person currently has no services, OR has graduated in the last year, OR person's current services are inadequate to meet overall needs, OR, will graduate in the next 6 months, OR, there is a need for out of home or alternate placement
- 2 --person is at imminent risk of harm without additional supports, family can no longer manage due to person's care or behaviors, risk of more restrictive setting or is receiving services in a restrictive setting and does not require that level of care

**Rationale:**

**6. Is this individual currently utilizing money from the crisis/discretionary pool?**

- 0 --no crisis/discretionary funds being used or requested Score here
- 1 --currently receiving crisis/discretionary funds

**Rationale:**

**7. Time on waiting list (as evidenced in column AN on Master Waiting List)**

- 0 --person has been referred less than one year Score here
- 1 --person has been referred less than three years but greater than one year
- 2 --person has been referred longer than three years
- 3 --person requires immediate placement out of a nursing facility, institution or correctional facility as evidenced by their referral

Date of referral  (as evidenced in column AN of Master Waiting List)

**Rationale:**

**Total Score**

.....  
**\*The following question applies only to screenings for congregate settings. Health and safety concerns should be the primary reasons for compatibility/non compatibility. Answer for the person having the highest priority rating score.**

**8. Compatibility: Check Yes or No**

<input type="checkbox"/>	<b>No</b>	<b>person does not display similar needs as the other individuals in the setting (check all that apply and include rationale)</b>
		<input type="radio"/> the person requires barrier free and the site is not barrier free
		<input type="radio"/> transportation is not available to meet this person's needs
		<input type="radio"/> the person would not have an appropriate social peer group, people to communicate with
		<input type="radio"/> the person's needs or behaviors create undue risk to others in the site
<input type="checkbox"/>	<b>Yes</b>	<b>--person displays similar needs to the others in the setting (check all that apply and include rationale)</b>
		<input type="radio"/> the person requires barrier free and the site is barrier free
		<input type="radio"/> transportation needs can be met
		<input type="radio"/> the person would fit well socially and be able to communicate with others in the home
		<input type="radio"/> the person's needs or behaviors are similar to others in the site

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Information on compatibility regarding the congregate setting:

Location of vacancy: (provider and name of group home)	Home is accessible <input type="checkbox"/> not accessible <input type="checkbox"/>		
	Vehicle is accessible <input type="checkbox"/> not accessible <input type="checkbox"/>		
Ages of all persons living in the home:		*if this is a compatibility issue, state reason why:	
Gender requirement:	F <input type="checkbox"/>	M <input type="checkbox"/>	<input type="checkbox"/> Either
*if this is a compatibility issue, state reason why:			
Functioning level of others in the home:	cognitively	physically	*if this is a compatibility issue, state reason why:
Behaviors:		*if this is a compatibility issue, state reason why:	
Other information:			

\*Attach supporting written documentation for health & safety compatibility concerns

Compatibility information submitted by: (check all that apply)

- Provider  Quality Improvement Specialist  Regional Manager  Other (please specify) \_\_\_\_\_