

# STANDARD RESOURCE CHECKLIST

revised 05/04/2010

Use only those items below with \* when figuring score; **do not** score items on Resource (Pg 2) with O in the box.

<u>Resource (Pg. 1)</u>	Need	Currently Used	Need Met	CWS Can Meet Need	Please explain if resource is needed & available, why it is not used
<b>COUNSELING</b>					
Family Counseling Services*					
Individual Counseling Services*					
Psychologist*					
<b>HABILITATION</b>					
Adaptive Equipment*					
Assistive Technology*					
Audiological*					
Augmentative Comm.*					
Behavioral Training/Supports*					
Environmental Mod.*					
Habilitation Aide*					
Vehicle Modification*					
Hearing Aid*					
Occupational Therapy*					
Physical Therapy *					
Speech Therapy*					
Telecommunication(TDD)*					
Visual Services*					
Visual Aide/Glasses*					
Vocational Services*					
<b>FINANCIAL</b>					
Private Health Insurance*					
Medicaid*					
ESPDT/Kids Count*					
<b>MEDICAL</b>					
Allergist*					
Dental*					
Medication*					
Otolaryngology*					
Neurological*					
Nutritionist*					
Ophthalmologist*					
Orthopedic*					
Pediatrician*					
Private Duty Nurse*					
Shodair/Genetics*					

<b>Resource (Pg. 1 - continued)</b>	<b>Need</b>	<b>Currently Used</b>	<b>Need Met</b>	<b>CWS Can Meet Need</b>	<b>Please explain if resource is needed &amp; available, why it is not used</b>
<b>OTHER</b>					
Personal Care Assistant*					
Respite*					
Transportation*					
Homemaker*					
<b>PLACEMENT</b>					
Foster Home*					
<b>TOTAL</b>					

**TOTALS:**

Total number of Needs Met (\_\_\_)  
divided by total number of Needs (\_\_\_) = Current Resources/Supports (\_\_\_%).

Total number of CWS Can Meet Needs (\_\_\_)  
divided by number of Needs (\_\_\_) = Supports Offered by CWS (\_\_\_%).

**Directions for Giving Crisis Points on Montana Children’s Waiver Services Screening  
Priority Scoring:**

In order for an individual to be awarded crisis points for “Out of Home Placement” when conducting a screening for Children’s Waiver Services the following items must be present and identified in the referral application packet:

- In the Current Placement Information section the “Out of Home placement requested” box must be checked.
- In the Parent/Guardian Approval Form section the “Go into foster home” box must be checked.
- In the Additional Information section the family must submit a letter requesting out of home placement and it must be attached to the referral packet. The FSS must identify in writing current attempts to recruit an alternate placement.
- Children who need immediate placement to a children’s or adult group home will be given crisis points if the first three criterion above are met, the referral for the adult or children’s group home has been completed and the child’s name appears on the waiting list for screening to those services.

Note: Children who are placed out of home in stable environments (examples, foster or in kind placements) do not qualify for out of home crisis points in this category.

In order to get crisis points related to medical need, all three of the following criterion must be met:

- The family has no insurance, insurance will end in the next 90 days, insurance is only sometimes available (example, family income qualifies for Medicaid in some months but not others) or insurance is capped and caps have been met/will be met within the next 6 months.

AND

- The child currently shows less than 70% of identified needs are used due to lack of insurance or inadequate insurance as identified on the Resource Checklist. Used needs are identified as  
USED X 100%  
NEEDS

AND

- The child has less than 30% of his or her needs met currently due to the lack of insurance or inadequate insurance as identified on the Resource Checklist. Unmet needs will be determined by  
MET NEEDS  
NEEDS X 100%

*In calculating the above, count only the items checked on the Standard Resource Checklist that are not shaded. Specifically, environmental modifications, hab aide, vehicle modifications, TDD, vocational services, private health insurance, Medicaid, ESPDT/Kids Count, personal care, respite, transportation and homemaker are not considered for the purpose of this calculation.*

*Supports that are needed but not accessed must be clearly described in either the social history or resource checklist sections of the application. Example, if a child/family has an assessed need for counseling that is not currently used, the explanation should indicate 'family not interested at this time' or 'no insurance to meet the need'.*

*Lack of transportation to meet the child's medical needs is not generally a billable waiver allowance. Medical transportation mileage would require pre-authorization under State Plan Medicaid.*

## STANDARD RESOURCE CHECKLIST – UNSCORED PORTION ( page 2)

Use only those items above with \* when figuring score; **do not** score these items with ○ in the box.

<u>Resource (Pg. 2)</u>	Need	Currently Used	Need Met	CWS Can Meet Need	Please explain if resource is needed & available, why it is not used
<b>COUNSELING</b>					
Other	○		○	○	
<b>HABILITATION</b>					
Skill Acquisition	○		○	○	
Other	○		○	○	
<b>FINANCIAL</b>					
SSI	○		○	○	
Children's Special Health Serv.	○		○	○	
Other	○		○	○	
<b>LEGAL</b>					
Montana Advocacy	○		○	○	
Self-Sufficiency Trusts	○		○	○	
Guardianship (Legal Srvcs)	○		○	○	
Other	○		○	○	
<b>MEDICAL</b>					
Other Specialist	○		○	○	
Indian Health Services	○		○	○	
Public Health Nurse	○		○	○	
Shriner's Services	○		○	○	
<b>EDUCATION</b>					
Head Start	○		○	○	
Home School	○		○	○	
MSDB Services	○		○	○	
Private Preschool	○		○	○	
School District/Special Ed	○		○	○	
Parenting Class	○		○	○	
Other	○		○	○	
<b>PLACEMENT</b>					
Natural Home	○		○	○	