

South Carolina Department of Disabilities and Special Needs

REVIEW OF THE REQUEST FOR DETERMINATION

Name: _____

DOB: _____

Service Division: ID/RD Autism HASCI Gender: Female Male Current County: _____

Contact Name: _____

Contact Phone No: _____

DISPOSITION

Approved for Critical Needs Waiting List

- Abuse, Neglect, Exploitation
- Health & Safety of Consumer in Serious Jeopardy
- Health & Safety of Others in Serious Jeopardy
- Homelessness
- Recently lost primary caregiver
- Imminent risk of losing a primary caregiver
- Judicial admission to DDSN
- Primary caregiver age 80 or over with diminished capacity
- Other: _____

Approved for Priority I Waiting List

- Behavioral Challenges that cannot be effectively met
- Medical Challenges that cannot be effectively met
- Other

Service Level (if approved for CNWL or PIWL):

- HCBS Waiver/In-home CTH-II CTH-I ECTH-I CRCF ICF/IID – Community Alternative Placement
- SLP-I SLP-II

Supports Intensity Scale (SIS Interview): Pre-service Post service

Support Needs (if approved for CNWL or PIWL)

- Exhibits Frequent/Intense Physical Aggression Requires 24 hour nursing/intense nursing Uses Wheelchair

Services Currently Receiving (if approved for CNWL or PIWL)

- ID/RD Waiver CS Waiver HASCI Waiver CLTC Waiver RBHS SFCS RC STA CRCF/Non-DDSN
- Nursing Facility PRTF Hospital Detention Center Other Declined

Denied for Critical Needs Waiting List

- Risk factors present, but in-home services not attempted
- Risk factors present, but not sufficiently serious
- Non-DDSN service options not attempted
- No risk factors present
- Other: _____

Denied for Priority I Waiting List

- Risk factors present, but in-home services not attempted
- Risk factors present, but not sufficiently serious
- Non-DDSN service options not attempted
- No risk factors present
- Other: _____

ON-SITE FOLLOW UP REQUIRED

- Approved: More Preventive Efforts Should Have Been Taken
- Not Approved: Confirm Alternative Services Are Provided

District Crisis Coordinator-Signature

Date: _____

District Director-Signature

Date: _____