

NIAGARA COUNTY DEPARTMENT OF MENTAL HEALTH CSPOA PROGRAM APPLICATION

Home & Community Based Waiver Eligibility Criteria

This form must be completed only if HCBS Waiver services are being requested to ensure eligibility criteria is met.

CLIENT NAME:

Check all that apply (all criteria listed must be met to be eligible for Waiver services)

- The child's age is between 5 and 21 years of age.
- The child meets the definition for Serious Emotional Disturbance.
- The child demonstrates complex health or mental health care needs (relies on Mental Health care, nursing care, monitoring, or prescribed medical or Mental Health therapy to maintain quality of life). Receives (or appears to need to receive) medical or Mental Health therapies, care or treatments: that are designed to replace or compensate for a vital functional limitation or to avert an immediate threat to life; and are expected to extend beyond 12 months.

- The child appears to be capable of being cared for in the community if provided access to, but not limited to, the following services: Individualized Care Coordination, Intensive In-Home Services, Respite Care, Skill Building Services, Family Support Services, Crisis Response Services.

- The child appears to have service and support needs that cannot be met by one agency/system.

- The child appears to have a viable and consistent living environment with parents/guardians who are able and willing to participate in the Home/Community Based Services Waiver and support the child in the home and community*.

In addition, the child:

- Currently resides in an institutional placement, including a hospital as defined in subdivision 10 of section 1.03 of MHL, and has resided in such a hospital for at least 180 consecutive days, or
- Had resided in an institutional placement, including a hospital as defined in subdivision 10 of section 1.03 of MHL, within the past 6 months and was hospitalized for at least 30 consecutive days,
or
- Is eligible for institutional placement, including a hospital as defined in subdivision 10 of section 1.03 of MHL, which provides intermediate or long-term care and treatment,
or
- Has applied for institutional placement, including a hospital as defined in subdivision 10 of section 1.03 of MHL, which provides intermediate or long-term care and treatment
or
- SPOA has determined, in the absence of HCBS waiver services, the child would require hospital level of care. (this would be determined by the SPOA committee upon full review of the referral information),*

- Please also check below if the parent/ guardian understands that this service provides multiple in-home visits per week, potentially by more than one provider, and he / she is agreeable to this level of service intensity.**