

Extenuating Circumstances

Participant Name:

MID #:

Plan Start Date:

Primary Categories and prompts (check all that apply)

<p>1. Behavioral Health/ Psychiatric:</p> <p><input type="checkbox"/> The behavior is of such intensity it poses danger</p> <p><input type="checkbox"/> There is risk of victimization to others</p> <p><input type="checkbox"/> There is a risk of inappropriate sexual behavior</p> <p><input type="checkbox"/> There is a risk of violent or self injurious behavior</p> <p><input type="checkbox"/> Symptom management difficulties (ability to manage psychiatric symptoms in their environment)</p> <p><input type="checkbox"/> Other behavioral management problem in the community</p> <p><input type="checkbox"/> Recent hospitalization/risk of hospitalization.</p>	<p>2. Safety:</p> <p><input type="checkbox"/> Lack of ability to respond to emergencies</p> <p><input type="checkbox"/> Structural, physical, or environmental barriers present concerns for well being of consumer</p> <p><input type="checkbox"/> Requires life support</p> <p><input type="checkbox"/> Requires a personal emergency response system</p> <p><input type="checkbox"/> Victimization</p> <p><input type="checkbox"/> Other</p>	<p>3. Residential Services for Adults With Developmental Disabilities:</p> <p><input type="checkbox"/> The participant requires 24 hour support in their home</p> <p><input type="checkbox"/> Lower cost alternatives to the frequency and type are not available</p> <p><input type="checkbox"/> Alternatives that would allow the participant to function with reduced or no supports for part of the day have been exhausted</p> <p><input type="checkbox"/> Other</p> <p>Supported Living Requests:</p> <p><input type="checkbox"/> Safety plan for persons meeting intense criteria that do not require 1-1 for twenty-four (24) hours.</p> <p><input type="checkbox"/> Safety plan to maintain participant with high support (can be authorized following completion of the Transition Plan)</p>
<p>4. Risk for Deterioration/ Loss of Skills:</p> <p><input type="checkbox"/> Reduction of services would result in reduced independence or loss of skills</p> <p><input type="checkbox"/> Reduction of services would result in symptoms or conditions worsening</p> <p><input type="checkbox"/> Reduction of services may lead to a more restrictive environment</p> <p><input type="checkbox"/> Validate how this deterioration or loss of skills has been shown.</p> <p><input type="checkbox"/> Other</p>	<p>5. Functional Limitations:</p> <p><input type="checkbox"/> Self Care – Basic living skills</p> <p><input type="checkbox"/> Ability to understand</p> <p><input type="checkbox"/> Ability to communicate</p> <p><input type="checkbox"/> Learning</p> <p><input type="checkbox"/> Mobility</p> <p><input type="checkbox"/> Self-Direction</p> <p><input type="checkbox"/> Economic Self – Sufficiency</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Employment</p> <p><input type="checkbox"/> Other</p>	<p>6. Medical/ Physical Conditions:</p> <p><input type="checkbox"/> Confirm that the medical or physical condition requires continued treatment or follow-up and has significant impact on the individuals functioning.</p> <p><input type="checkbox"/> Confirm that the ability to function at a normal level is decreased because of frequent exacerbations of medical or physical conditions.</p> <p><input type="checkbox"/> Confirm that the functioning level of the individual is lower than the cognitive level would indicate because of the physical or medical condition.</p> <p><input type="checkbox"/> Other</p>
<p>7. Significant Co-Occurring Disorders: DD/MH/Substance Abuse/TBI</p> <p><input type="checkbox"/> Confirm that the co-occurring disorder would indicate a higher level of care than either one alone.</p> <p><input type="checkbox"/> Other</p>	<p>8. Court Ordered Treatment:</p> <p><input type="checkbox"/> Court ordered treatment.</p> <p><input type="checkbox"/> Outpatient commitment</p> <p><input type="checkbox"/> Treatment necessary to meet other conditions stipulated by the court.</p>	<p>9. Homelessness:</p> <p><input type="checkbox"/> History of evictions</p> <p><input type="checkbox"/> Unable to maintain housing</p> <p><input type="checkbox"/> Other</p>
<p>10. Transportation</p> <p><input type="checkbox"/> Closer services are not available</p> <p><input type="checkbox"/> Less expensive forms of transportation are not available</p>	<p>What options were considered to stay within budget?</p>	
<p>Narrative: Concisely describe how the participant’s situation requires more paid services than has already been identified through assessment information.</p>		