

MM

CADI Priority Determination**Worker:** _____ **Date:** _____**CADI Prioritizing Team: Supervisors:** _____**Agency Staff:** _____**Person Prioritized for CADI Services:****Name****Date of Birth****Age****Parent(s)/Legal Guardian:** *(If Child)***Name(s)****Address****Medical Assistance Status:** currently on _____ referred for application _____ pending _____**PMAP:** _____ **Private Insurance:** _____ **Plan:** _____**Can needs be met through straight M.A. services? Y / N****If No, what services/resources are needed beyond straight M.A. ?** _____**Type of Services Requested:**

Foster _____ Supported Employment _____ Independent Living Skills _____ Transportation _____

Respite _____ Supplies/Equipment _____ Modifications _____ Family Therapy _____

PCA _____ Skilled Nursing _____ Home Health _____ Case Management _____

Other (specify) _____

Purpose of Services: *(Risk Factors to Person, Community &/or Family; Family Supports)***DSM IV Diagnosis:** _____**CAFAS****score(s) & Date(s):** (children only) _____ Date: _____ ; _____ Date: _____**Medications:** _____**Services &/or Community Resources Implemented /Recommended:***(P-Past; C-Current; R-Recommended)*

Day Treatment _____ Family Therapy _____ Office / In-home FBS _____ Family Skills _____

Support Group _____ Church _____ Respite Care _____ V.A. / C.P. Reports _____

PCA _____ Other (specify) _____

Counseling _____ Individual / Group _____

Psychological/Psychiatric Assessment and/or Treatment _____ Medications _____

Chemical Dependency Assessment and/or Treatment _____ Random UA's _____

Prior Placements Y / N Number of Prior Placements _____

Shelter Care _____ Foster Care _____ Group Home _____ Residential _____ Holdover _____

Correctional _____ Secure / Non-Secure _____

Recommendations of CADI Prioritizing Team: _____

DRAFT

1. Crisis situation *

☐ Immediate danger to self or others

(1 point)

☐ Imminent Out-of-Home placement due to care giver inability/behavior of recipient

(1 point)

☐ At risk of Institutional Placement {ICF/MR, SNF, RTC, Hospital, Rule 5 ; 8}

(1 point)

☐ All community resources exhausted or not available.

(1 point)

*Scored from behavior criteria on CADI screening document.

2. Housing with Services Needed (Foster Care: Board & Lodging: Assisted Living)

☐ Needs not being met in present situation

(1 point)

☐ Out-of-Home placement (with or without permanency).

(1 point)

3. Presently in a Placement: in need of Community Services

(1 point)

Person is in:

☐ RTC (Regional Treatment Center)

☐ IMD (Institute for Mental Disease)

☐ Rule 36 (Adult Mental Health Residential Treatment Facility)

☐ ICF/MR (Intermediate Care Facility-Mental Retardation)

☐ Rule 5 (Children's Mental Health Residential Treatment Facility)

☐ Rule 8 (Children's Group Home-DHS) or OT1(Children's Group Home-Corrections)

☐ Corporate Foster Care

☐ Family Foster Care

☐ NF (Nursing Facility) for person who does not meet conversion criteria

☐ Hospital for person who does not meet conversion criteria

☐ Correctional Facility (adult or juvenile)

☐ Other: _____

4. Amount of time on Waiting List:

☐ (1 point for each year on waiting list)

5. Currently receiving straight M.A. services (eg. PCA); Needs marginally being met; place on CADI Waiting List (0.5 point)

☐

_____ Total Points

Community Alternatives for Disabled Individuals Program (CADI)/Mental Health (MH) Waiver

POLICY: Persons who have a mental illness who are eligible for the CADI Waiver and Rule 79 shall be placed on the waiver and assigned both a Public Health Nurse and Social Worker case manager.

INITIAL CADI/MH PROTOCOLS

COMMUNITY HEALTH & ENVIRONMENTAL SERVICES AND COMMUNITY SOCIAL SERVICES AND MENTAL HEALTH

- 1) Adult Mental Health Services will verify the eligibility of every referral to the CADI program: certified disabled, MA eligible, under age 65, and willingness to participate in the program, and document on the referral form.
- 2) The CADI/Mental Health Social Workers prior to submission to CADI intake will review all referrals from Adult Mental Health Services for the CADI program.
- 3) Public Health Nursing Intake will record date referral received. An assessment shall be conducted within two weeks of the referral date with consideration given to scheduling, coordination or other issues, which might extend the date of assessment.
- 4) Case Managers referring clients for CADI will screen with Public Health. CADI Social Workers will be used for backup to Mental Health Case Managers when unavailable.
- 5) Either the Public Health Nurse or Social Worker shall be designated as the primary case manager for the client depending on the primary needs.
- 6) More than 2 hours for the CADI Adult Mental Health case management portion of the service agreement can be authorized based on individual clients needs and funding availability.
- 7) For CADI/MH referrals, case mix and/or level of care can be determined from a "worst day" case scenario; based on the most symptomatic day.
- 8) Monthly CADI/MH Team meetings will be held to assure appropriate coordination and communication and include the following personnel: Pat Hontos, MaryAnn Swanson, Nancy Hanson, Joel Johnson, Peggy Heaver and appropriate Public Health Nursing staff. CADI/MH management meetings will occur as needed.
- 9) A CADI/MH client referral and tracking form will be developed and reviewed at monthly team meetings.

Has Voucher	Needs On Wait List	N/A None	Service Options	Comments
			Housing:	
			• ARCH (includes ILS and money management)	
			• Bridges	
			• GRH Supportive Housing	
			• Section 8	
			• Shelter Plus Care	
			• Other	
Yes	No	N.A.*	Waivers:	
			• TBI	
			• CAC	
			• AC/EW (age 65+)	
			• MR/RC	
			Other Services:	
			• Adult Day Care	
			• Assisted Living Services	
			• Home Delivered Meals	
			• Home Maker Services	
			• Home Modifications Made	
			• Prevocational Services	
			• Residential Care Services	
			• Respite Care	
			• Supplies & Equipment	
			• Supported Employment	
			• Transportation	

*Needs Additional

To be completed after screening and submitted with "Request to Open Recipient to CADI or TBIW"

2. Check appropriate category:

- ☐ Placement needed due to need for 24-hour support or supervision (corporate foster case, family foster care, assisted living, board and lodge)
- ☐ Lives in own home but will need placement if not on CADI or TBI
- ☐ Quality of life would be improved if on a waiver, i.e., supported employment, etc.
- ☐ Has a one-time only need, i.e., equipment, adaptation, modifications
- ☐ Will need to "Request to Exceed Waiver Limits" for this client

3. Without CADI funding, client will likely

PHN Signature _____ SW

CADI and TBI Worksheet

Date: _____ Service Coordinator/Case Manager: _____

Client: _____ Case Mix: _____

CFR: _____

Diagnosis: _____

1. Service Option Considerations:

Has	Needs	N.A.*	Service Options	Comments
			<u>MA Mental Health Services:</u>	
			• Case Management	
			• Diagnostic Assessment (by Mental Health Professional)	
			• Day Treatment	
			• Partial Hospitalization	
			• Crisis Assistance (child)	
			• Medication Management	
			• Outpatient Services	
			• Psychotherapy/Psychiatrist	
			• Residential Treatment (Rule 36 or Rule 5)	
			• Therapeutic Foster Care	
			• Independent Living Skills (CSP/ARMHS)	
			• Foster Care	
			<u>ARMHS</u>	
			• ILS	
			• Supported Employment	
			• Prevocational	
			<u>MA Home Health Care:</u>	
			• HHA	
			• Nursing	
			• PCA	
			• PCA Choice	
			• Special PCA rating: i.e. MT Home Care Rating (Bulletin #02-56-07) is a category assessed and assigned to consumers determined to be at the level of care provided in a regional treatment center. The expected outcome for the consumer will be to stabilize the medical and mental health condition, improve functioning and strengthen family and community support. This rating can be authorized for consumers upon discharge from a RTC or who are residing in the community.	
			<u>MnDHO</u> (Minnesota Disability Health Options)	

*Needs Additional

WCADI Waiver			
County Name	<i>Children</i> ≤17 ✓	County Name	<i>Adults</i> >17 ✓
AITKIN	4	AITKIN	40
ANOKA	8	ANOKA	242
BECKER	17	BECKER	49
BELTRAMI		BELTRAMI	85
BENTON	4	BENTON	86
BIG STONE		BIG STONE	18
BLUE EARTH	6	BLUE EARTH	83
BROWN	8	BROWN	42
CARLTON	10	CARLTON	68
CARVER	3	CARVER	57
CASS	1	CASS	44
CHIPPEWA	2	CHIPPEWA	26
CHISAGO	48	CHISAGO	40
CLAY	34	CLAY	226
CLEARWATER	8	CLEARWATER	14
COOK	1	COOK	2
COTTONWOOD	1	COTTONWOOD	16
CROW WING	2	CROW WING	105
DAKOTA	17	DAKOTA	390
DODGE	2	DODGE	27
DOUGLAS	5	DOUGLAS	62
FARIBAULT	1	FARIBAULT	5
FILLMORE	8	FILLMORE	37
FREEBORN		FREEBORN	29
GOODHUE	3	GOODHUE	59
GRANT	2	GRANT	10
HENNEPIN	32	HENNEPIN	1,352
HOUSTON	9	HOUSTON	21
HUBBARD	11	HUBBARD	22
ISANTI	3	ISANTI	53
ITASCA	12	ITASCA	108
JACKSON	4	JACKSON	14
KANABEC	1	KANABEC	23
KANDIYOHI	7	KANDIYOHI	55
KITTSO		KITTSO	13
KOOCHICHING	6	KOOCHICHING	18
LAC QUI PARLE	2	LAC QUI PARLE	21
LAKE		LAKE	18
LAKE OF THE WOODS	1	LAKE OF THE WOODS	10
LE SUEUR	2	LE SUEUR	45
LINCOLN		LINCOLN	13
LYON	6	LYON	87
MAHNOMEN		MAHNOMEN	19
MARSHALL		MARSHALL	16
MARTIN	4	MARTIN	25
MCLEOD	4	MCLEOD	37
MEEKER		MEEKER	31
MILLE LACS	4	MILLE LACS	24

OVER

MORRISON	1	MORRISON	41
MOWER	4	MOWER	72
MURRAY	3	MURRAY	19
NICOLLET	3	NICOLLET	34
NORLES	3	NOBLES	61
NORMAN	1	NORMAN	33
OLMSTED	25	OLMSTED	206
OTTER TAIL	13	OTTER TAIL	96
PENNINGTON	<u>11</u>	PENNINGTON	47
PINE	<u>3</u>	PINE	30
PIPESTONE	1	PIPESTONE	19
POLK	4	POLK	107
POPE	1	POPE	27
RAMSEY	51	RAMSEY	730
RED LAKE	1	RED LAKE	4
REDWOOD		REDWOOD	26
RENVILLE	5	RENVILLE	19
RICE	8	RICE	65
ROCK	5	ROCK	17
ROSEAU	3	ROSEAU	21
SCOTT	<u>13</u>	SCOTT	50
SHERBURNE	8	SHERBURNE	56
SIBLEY	2	SIBLEY	29
ST. LOUIS	21	ST. LOUIS	477
STEARNS	<u>12</u>	STEARNS	201
STEELE	<u>10</u>	STEELE	33
STEVENS	4	STEVENS	15
SWIFT	1	SWIFT	24
TODD		TODD	78
TRAVERSE	1	TRAVERSE	5
WABASHA	5	WABASHA	28
WADENA	4	WADENA	26
WASECA	<u>9</u>	WASECA	20
WASHINGTON	10	WASHINGTON	117
WATONWAN	1	WATONWAN	20
WILKIN	2	WILKIN	13
WINONA	12	WINONA	147
WRIGHT	<u>48</u>	WRIGHT	137
YELLOW MEDICINE	2	YELLOW MEDICINE	16
	614		7053