

**Delaware Health and Social Services
Division of Developmental Disabilities Services
Dover, Delaware**

Title: DDDS Registry
Written/Revised By: Policy Records & Review
Committee
Revision Date: July, 2011

Approved By: 

Division Director

Date of Origin: February, 2002

- I. **Purpose**
To establish standardized practice and protocol that enhance the utilization of the registry.
- II. **Policy**
All individuals determined eligible for DDDS shall be entered into the Registry database.
- III. **Application**
DDDS Staff
- IV. **Definitions**
 - A. **Change of Status (COS)**- An electronic notification sent to all staff who have a need to know any change in an individual's status and the effective date of such. Reportable notifications via the COS include change of address, phone number, hospitalization, residential or day services and/or team member(s).
 - B. **Crisis Indicators**- Evaluation criteria used to score an individual's risk for needing residential and other critical services and assign a priority ranking level.
 - C. **Priority Ranking Levels (in order beginning with the greatest need) –**
 1. **Emergency**: Individuals and/or caregivers who are at risk for abuse or neglect, caregiver deceased, homelessness. Individuals in this category may be considered "emergencies."
 2. **High Risk**: Individuals with an overall score of 33 or higher.
 3. **Intermediate Risk**: Individuals with an overall score of 22 through 32.
 4. **Low Risk**: Individuals with an overall score of 21 or less. If case conditions remain unchanged it is possible that the case could remain in this priority status level indefinitely.
 - D. **Registry Database** – A compilation of an individual's demographics, service needs, services being provided and assigned crisis indicators.
- V. **Standards**
 - A. The Registry shall delineate the priority ranking level to which individuals are assigned, for purposes of service planning in conjunction with State of Delaware budget appropriations.
 - B. Residents of Stockley Center who choose to move from the institution to a community living option shall be afforded priority consideration for placement irrespective of their ranking level. The assignment of a priority consideration coincides with the federal Money Follows the Person and community based services initiatives.
 - C. The Director of Applicant Services/Designee shall enter each eligible applicant's information in

- the Registry, at the time eligibility is determined.
- D. The Health Information Management (HIM) Department shall create a Master File for each eligible applicant. A duplicate file shall be created by HIM and forwarded to the appropriate region for Case Manager/Family Support Specialist assignment.
 - E. Case Managers/Family Support Specialists shall complete the Crisis Indicators at the time of his/her initial home visit with the individual and his/her family.
 - F. Case Managers/Family Support Specialists shall submit completed Crisis Indicators to the respective Regional Supervisor for review.
 - G. Health Information Management (H.I.M.) shall generate a Monthly Executive Activity Report that includes census activity and registry activity.
 - H. DDDS shall have a mode of review for the registry status report.
 - I. Consideration for placement shall be given to those in non-emergency priority categories according to level (the higher the score the higher the risk level) and availability of resources. The placement needs of those in the emergency category shall be given priority consideration.
 - J. Case Managers/Family Support Specialists shall review the Crisis Indicators form with the respondent, whenever it is completed or revised. Notation of the review with the respondent shall be documented via the respondent's signature, at the bottom of the form.
 - K. Case Managers/Family Support Specialists shall update the Crisis Indicators form and demographic information, via the Change of Status form, as soon as notified of the change(s).
 - L. DDDS Case Manager/Family Support Specialist's supervisor forwards approved Crisis Indicator to the Office of Budgets, Contracts and Business Service (OBCBS) Designee.
 - M. If an individual no longer needs/wants a residential placement, the DDDS Case Manager/Family Support Specialist shall revise the crisis indicators and forward to his/her supervisor for approval.
 - N. The existing Registry information shall minimally be reviewed on an annual basis.

VI. Procedures

Responsibility

Director of Applicant
Services/Designee

Case Manager/Family Support
Specialist
Regional Supervisor

OBCBS Designee

Case Manager/Family Support
Specialist

Action

1. Obtains/creates MCI number, upon determining eligibility of an applicant.
2. Enters demographic and other information in the Client Information screens of the Registry.
3. Sends applicant's file to the HIM.
4. Completes Crisis Indicators during initial home visit and forwards to the regional supervisor for review.
5. Reviews Crisis Indicators form for accuracy and completeness, signs and forwards to the OBCBS Designee.
6. Enters data from the Crisis Indicators into the Registry database within one (1) calendar week of receipt.
7. Completes on-line Change of Status form within the Registry to report any changes in status, address, residential or day program status and or team member changes, within one (1) working day of the change.
8. Updates Crisis Indicators whenever a change occurs that effects an individual's need for placement. Sends updated form to the OBCBS Designee.
9. Updates/reviews the Registry form on an annual basis

(minimally), with the input of the individual and his/her family/advocate.

10. Informs individuals and/or their family/advocate of their priority ranking in the Registry.

11. Maintains and updates Registry database as notified.

OBCBS Designee

References

A. Policy Memorandum #7- Client Waiting List

VI. Exhibits

A. Crisis Indicators



Individual & MCI#: _____

Date of Birth: _____

Case Manager: _____

Date: _____

CRISIS INDICATORS

- * Signs of possible abuse or neglect of caregiver Yes No
 - * Caregiver deceased Yes No
 - * Special school grad/needs residential placement Yes No
- (Note: Graduating from residential/educational program. Not a regular special education program. CI should be changed to reflect this 12 months prior to graduation).**

I. Caregiver Health Status

(If the individual lives independently, use the same scores you are using for individual health status in each category).

A.) Physical

- 1. Healthy (no significant health problems)
- 2. Slightly Impaired (minor health problem not impacting on ability to provide care)
- 3. Moderate Impairment (significant health problem occasional impact on ability to provide care)
- 4. Significant Impairment (constant medical condition – unable to provide care for others without supervision and/or assistance)

Score: _____

B.) Emotional

- 1. Healthy (no significant health problems)
- 2. Slightly Impaired (minor health problem not impacting on ability to provide care)
- 3. Moderate Impairment (significant health problem occasional impact on ability to provide care)
- 4. Significant Impairment (constant medical condition – unable to provide care for others without supervision and/or assistance)

Score: _____

C.) Cognitive (Ability to make sound decisions)

- 1. Healthy (no significant health problems)
- 2. Slightly Impaired (minor health problem not impacting on ability to provide care)
- 3. Moderate Impairment (significant health problem occasional impact on ability to provide care)
- 4. Significant Impairment (constant medical condition – unable to provide care for others without supervision and/or assistance)

Score: _____

Individual: _____

III. Environmental Conditions of Household

- 1 – Owns/rents own residence
- 2 – Lives permanently with relatives
- 3 – Stable alternative living arrangements
- 4 – In custody of the state (jail, juvenile detention, child foster care)
- 5 – Unstable living arrangement (living conditions are temporary, emerging crisis threatens current placement)
- 6 – Homeless (dependent on shelters, DDDS ETLA, short-term living situation)

Select the most appropriate description and place the assigned number here: _____

Total of Section III: _____

A score of 5 will automatically place the individual in High Risk status.

A score of 6 will automatically place the individual in Emergency status.

(Score of 5): **YES – High Risk**

(Score of 6): **YES – Emergency Status**

IV. Economic Conditions of Household

- 1 – Stable, predictable income; able to meet ongoing financial obligations.
- 2 – Some variation in income on a monthly basis, but does not affect ability to maintain home or apartment, pay monthly expenses.
- 3 – Ongoing instability on a month to month basis which jeopardizes health, safety and/or well-being.
- 4 – Unstable; unable to financially survive without intervention

Select the most appropriate description and place the assigned number here: _____

Total of Section IV: _____

A score of 4 will automatically place the individual in the High Risk Status.

(Check box is score is 4).

YES – High Risk

V. Composition of Household

- 1 - Two parent/adult caregivers (relatives/friends) in good health, able to provide care needed.
- 2 – Single parent/adult caregiver (relatives/friends) in good health, able to provide care needed – **OR** – individual is living independently and is stable.
- 3 – Two parent/adult caregivers (relatives/friends), one in declining health, still able to provide care needed with intermittent DDDS assistance.
- 4 – Single parent/adult caregiver (relative/friend) in declining health still able to provide care needed with intermittent DDDS assistance - **OR** – individual living independently and is unstable, but still able to remain independent with intermittent DDDS assistance.
- 5 – Caregiver(s)/Individual temporarily unable to provide care, relatives/friends available or temporary in-home services are adequate to meet needs.
- 6 – Caregivers(s)/Individual permanently unable to provide care needed and no other relatives/friends/temporary assistance adequate to meet needs.

Select the most appropriate description and place the assigned number here: _____

Individual: _____

Total of Section V: _____

A score of 5 or 6 will automatically place the individual in High Risk status.

(Check box if score is 5 or 6).

YES - High Risk

Total of all Sections: I _____

II _____

III _____

IV _____

V _____

TOTAL SCORE _____

Check the yes box if a High Risk status check box was checked in 1 or more sections above.

YES

Identify services needed to reduce or eliminate High Risk status:

Residential (specify type) _____

Case Management _____

Clinical Support _____

Respite _____

Day Support _____

Day Rehabilitation _____

Day Prevocational _____

Supported Employment _____

Status Categories:

Emergency = Individuals and/or caregivers who are at risk for abuse or neglect, caregiver deceased, homelessness.

High Risk = Individuals with an overall score of 33 or higher.

Intermediate Risk = Individuals with an overall score of 22 through 32.

Low Risk = Individuals with an overall score of 21 or less.

The Registry Crisis Indicators have been reviewed with me. I understand that my status is

_____.

Signature of Individual/Family/Advocate

Date

Signature of Family Support Specialist

Date

Signature of Supervisor

Date