Applicant’s Legal Name DOB Phone #

Applicant’s Home Address:

Provider Agency Name Date County

Does the applicant have “limited English proficiency”?  Yes  No Language Spoken:

Applicant is a NC resident?  Yes  No **SERVICE(S) REQUESTED:**

**Step 1: Financial Screening** (*for possible referrals*):

1. Total Household Income\*: $ monthly  individual  joint (married) *\*self-reported*

*If income is at or below* ***100% of poverty and assets are at or below set limits****, or the applicant is receiving Supplemental Security Income, refer the applicant to the county Department of Social Services* <https://www.ncdhhs.gov/divisions/social-services/local-dss-directory>*. For current federal poverty guidelines, visit* <https://aspe.hhs.gov/poverty-guidelines> *.* *For asset limits, see Appendix D or visit* [[NC Medicaid](https://medicaid.ncdhhs.gov/medicaid/get-started/learn-if-you-are-eligible-medicaid-or-health-choice/medicaid-income-and)](https://medicaid.ncdhhs.gov/medicaid/get-started/learn-if-you-are-eligible-medicaid-or-health-choice/medicaid-income-and)  *Continue to Step 2: Entitlement Screening.*

**Optional Income Worksheet:**

Social Security  Retirement  VA Pension  Supplemental Security Income  Other Income

$ /mo. $ /mo. $ /mo. $ /mo. $ /mo.

**Step 3: Eligibility Screening:**

a) Is applicant age 60 or older?  Yes  No [*If “No”, STOP SCREENING, HCCBG Clients must be 60 years old or older.*] *If Yes, and there is no waiting list for the requested service(s), complete the DAAS 101 to register the applicant to receive service(s). If Yes, but* ***there is*** *currently a waiting list for the requested service(s), proceed to Step 4: Impairments Screening.*

**Step 2: Entitlement Screening:**

**Veteran Status**:

1. Did the applicant serve in the U.S. military and was honorably discharged?  Yes  No
2. Is the applicant the spouse or surviving spouse of a veteran?  Yes  No
3. Has the applicant applied for Veterans’ Administration (VA) assistance and been denied?  Yes  No
4. Has the applicant applied for VA assistance and waiting for approval?  Yes  No

*If Yes to either questions ‘a’ or ‘b’, refer applicant to a Veteran Service Office to apply for services/supports from the VA and continue this screening. If Yes to question ‘c’ or ‘d’, continue completing this screening tool. Veteran Service Office list:* [*https://files.nc.gov/ncdmva/documents/files/dmva-guide-2019a.pdf*](https://files.nc.gov/ncdmva/documents/files/dmva-guide-2019a.pdf) *Click “Services by County”*

**Medicaid**:

* 1. Has the applicant received confirmation of eligibility from NC Medicaid?  Yes  No
  2. Is the applicant on a waiting list for any NC Medicaid waiver? Specify:

Yes  No *If Yes, skip to question “h” and continue completing this screening tool.*

* 1. Has the applicant been approved for NC Medicaid home and community-based services?  Yes  No

**Home Care and Hospice**:

h) Does the applicant currently receive Hospice services?  Yes  No

**Step 5: Priority of Service Screening**

To establish a priority score for applicants waiting for service complete the table below**. Count the points for each “Yes” reply to questions a – h.**  The score is maintained to rank the provider’s waiting list:

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority Criteria** |  |  | **Points** |
| 1. Was the applicant referred by the local DSS for service(s) as part of an Adult Protective Services (APS) plan and/or at risk of abuse, neglect and/or exploitation? | Yes  No | **10 points** |  |
| 1. Based on Step 4, does the applicant have 3 or more ADL impairments **OR** is the applicant cognitively impaired **AND** has at least 3 IADL impairments? | Yes  No | **10 points** |  |
| ***Applicants with a “Yes” to questions a and/or b, must be given priority. Skip questions c - h and enter the total points. Services must be provided immediately or as soon as funding is available.*** | | | |
| 1. Based on Step 4, does the applicant have 1 -2 IADL impairments; **AND/OR** does the applicant have 1 – 2 ADL impairments; **OR** the applicant is cognitively impaired **AND** has less than 3 IADL impairments? | Yes  No | **4 points** |  |
| 1. Does the applicant live alone? | Yes  No | **1 point** |  |
| 1. Does the applicant need assistance with IADLs/ADLs because there is no one able or willing to assist them? | Yes  No | **1 point** |  |
| 1. Has the applicant been diagnosed with Alzheimer’s disease or dementia, Traumatic Brain Injury, stroke or other condition(s) causing loss of executive function? | Yes  No | **1 point** |  |
| 1. The applicant relies on others for transportation? | Yes  No | **1 point** |  |
| 1. Based on Step 2, applicant’s income **is above** 100% of poverty but **at or below** 150% of poverty? | Yes  No | **1 point** |  |
| **To determine priority score, total points** | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Step 4: Impairments Screening:**  Check "yes" or "no" in boxes corresponding to each IADL Impairment (items a-h) and each ADL (items a – f) to indicate if the applicant can carry-out the following tasks without substantial human assistance/help. | | | | | |
| **IADL Impairments** | **Yes** | **No** | **ADL Impairments** | **Yes** | **No** |
| 1. Prepare meals |  |  | 1. Eat |  |  |
| 1. Shop for personal items |  |  | 1. Get dressed |  |  |
| 1. Manage own medications |  |  | 1. Bathe self |  |  |
| 1. Manage own money (bills) |  |  | 1. Use the toilet |  |  |
| 1. Use telephone |  |  | 1. Transfer into/out of bed/chair |  |  |
| 1. Do heavy housework |  |  | 1. Ambulate (walk without personal help) |  |  |
| 1. Do light cleaning |  |  | **Total “No” responses** | |  |
| 1. Transportation ability |  |  | **Does the applicant have significant memory loss or confusion (cognitively impaired)?  Yes  No** | | |
| **Total “No” responses** | |  |

**Step 6: Waiting for Service:**

Complete DAAS 101 section for “Waiting for Service” and register the applicant in ARMS. Provider waiting lists are strongly encouraged, and suggest ranking priority of service based on: 1) the determined priority score above and 2) the length of time on a waiting list.

**Has the applicant waiting for service been offered or referred for private-pay services?  Yes  No**

Referred to:

Agency Rep. Signature: Date: