

Local Authorities (LA)
Request for Targeted Diversion HCS Slot

Date of Request	
LA Name	LA Comp Code
LA Contact	Area Code and Telephone No.

Individual Name	CARE ID
Date of Birth	Age at Time of Request
Name of Legally Authorized Representative (LAR) <input type="checkbox"/> Not Applicable	

The individual/LAR is requesting access to Home and Community-based Services (HCS) as an alternative to admission to a state supported living center (SSLC). The reason(s) the individual is at imminent risk of admission to an SSLC are indicated below. (Mark all that apply.)

- Loss or incapacity of the primary caregiver, including a paid caregiver in a community residential facility.
- Exhibits repeated and severe behavior disturbances that jeopardize the individual's safety and current living arrangement, but do not necessitate state hospital commitment.
- For a child – recommended for discharge from a state hospital, but unable to return to family or community-based care; therefore, being considered for admission to an SSLC.

Attach the SSLC application and interdisciplinary team report documenting:

- the individual is at imminent risk of admission to an SSLC as described above;
- community-based services and supports that have been attempted, including psychiatric and/or behavioral interventions, if any, and a description of the effectiveness of those services and supports;
- unavailability of other adequate and appropriate community resources;
- the individual:
 - meets diagnostic eligibility for admission to an SSLC and is expected to be eligible for HCS;
 - represents a substantial risk of physical injury to self or others;
 - cannot be adequately and appropriately habilitated in an available, less restrictive community setting; and
 - for an adult – is unable to provide for and is not providing for his or her most basic personal physical needs;
- for a child – the service options presented and considered through the local Community Resource Coordination Group (CRCG) deliberations process.

For DADS use only

LA Section

Packet is complete and individual is recommended for a Diversion HCS slot.

Signature – Reviewer	Date
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SSLC Division

Diversion HCS Slot Authorized on:	Comments
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