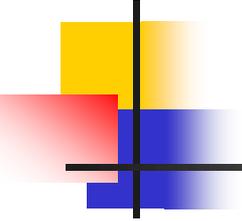# DDS
Utilization Resource Review (URR) Training 2014
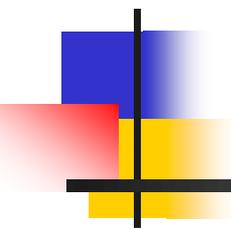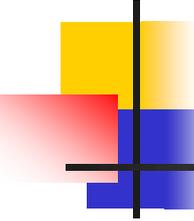
URR Seminar Goals

- Provide a context for discussion of the process of URR

- Answer questions regarding expected content of URR packages

- DDS URR team members will learn more about the issues of those involved in presenting packages to the URR committee

- Find ways to streamline and improve the process

URR

Process
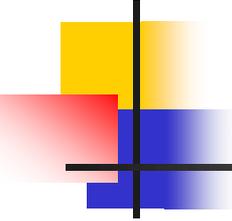
Purpose OF URR

The URR process provides a <u>structure</u> and <u>standards</u> for DDS to ensure that:
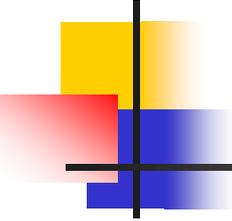
1. Intensive staffing support for individuals is appropriate and necessary.

2. All individual funding allocations that exceed the DDS funding caps are reasonable.

3. Budgets that exceed the LON based allocation are reviewed

4. CMS waiver requirements are met.

Applicability of URR

URR procedures (I.C.PR.001) apply to all intensive staffing situations in DDS funded, operated, or licensed settings.

Intensive Staffing

Intensive Staffing is defined as arm's length or line of sight (LOS) service provision where staff implement active habilitation programs and provide supports and services as defined by the person's individual plan.
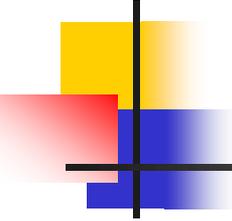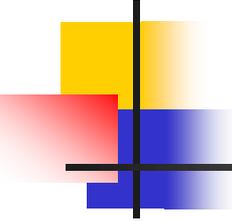
The Regional URR Committee

Membership is at least the following:

- Private ARD
- IFS ARD
- Public ARD or designee
- PRAT Manager = Chairperson
- Director of Clinical Services
- Director of Health Services
- Self Determination Director

# The Regional URR Committee Functions

1. Review all initial requests for intensive
    staffing, including forensic.

2. Monitors all intensive staffing situations that are
    medically required.

3.   URR makes recommendations to the Regional
    Director who makes the decision to:

    - approve

    - disapprove
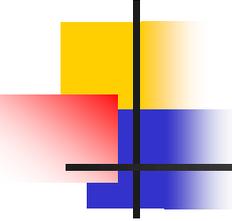
How Often Are Individuals Reviewed by Regional URR

1. Annually, unless otherwise specified, or if an individual has a medical condition that is not expected to improve.

2. Approvals can be granted up to three years.

3. For waivered individuals, all decisions to deny or reduce a waivered service, (not a budget) are forwarded to the CO Waiver Policy Unit for Medicaid appeal notification.
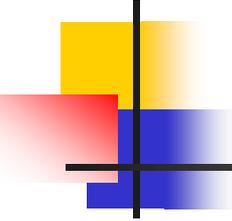
When is URR conducted?

- URR is held monthly
- Providers and Support Team Members are encouraged, not mandated to attend.
- Family members may attend
- Each review is allocated twenty to thirty minutes (approximately).
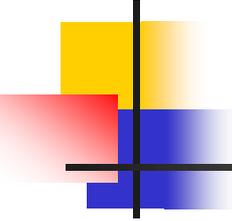
Package Submittal Process

- Case Management Supervisors should review packets for completeness before submitting to prevent delays in scheduling

- Packets are considered complete if the check list is complete

- Completed materials are submitted at least 10 days before the scheduled URR date. Individuals are not given a time for their review until their URR packet is received.

- When packets are received they are put on the next URR schedule, whenever possible.
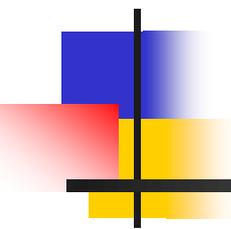
URR

Documentation
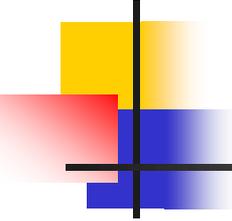
Documentation Required

Checklist

- Intensive Staffing Additional Information Form
- PRAT Request for Services Form (if applicable)
- Requested Individual Budget Amount
- Level of Needs Assessment (LON)
- Individual Plan Document Including Safety Risks
- Current Behavioral Support Plan (when applicable)
- PRC/HRC Data (analyzed data – not raw notes/data)
- Data should be current – 1-2 years is usually sufficient
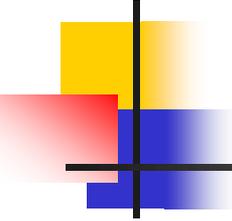
# Documentation Required - Continued

- Description of Individual Arms Length/Line of Sight Staffing

- Schedule of Staff Duties (not client schedule) with Enhanced Staffing Information Highlighted

- Plan for reducing the enhanced staffing should be developed as soon as intensive staffing is being planned
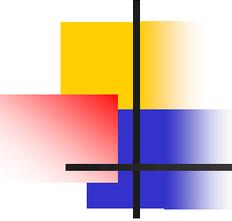
Intensive Staffing Additional Information Form

- This form is designed for you to elaborate on the specifics related to
  - Medical, health, behavior concerns
  - The environment
  - Factors that create stressors for the person
  - Legal involvement and/or hospitalization history
  - A summary of how services needed address the problem and promote habilitation
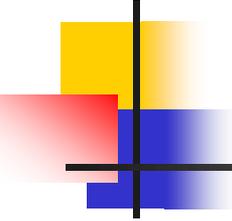
# Intensive Staffing Additional Information Form - continued

- Be specific – give details
- Describe relevant information regarding the person's medical or behavioral presentation that supports the need for intensive staffing
- Be descriptive about the environment – peers as well as physical layout
- Most importantly – What will this level of staffing provide for and how will it support the person in a way that regular staffing does not
- Provide an intensive staffing reduction plan
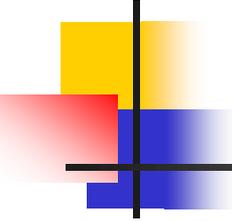
# PRAT Request for Services Form (if applicable)

- Form needs to be complete

- Include funding information

- Reason for Request – be specific – how will this level of funding be utilized to provide for this individual
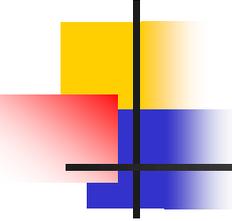
# Requested Individual Budget Amount (IP.6 Amount)

- Include all necessary budget items
- Print Out the IP.6 budget page for individual budgets
- You may be requested to provide additional budget information if the budget is based on a master contract
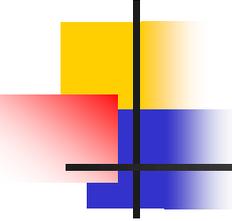
Level of Needs Assessment

- Should be current and up-to-date
- There should be written comments at the end of each section where need is extraordinary
- LON documents do not always reflect what is currently being requested
- Should be reviewed and updated before submitting packet
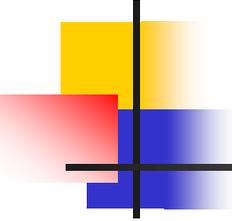
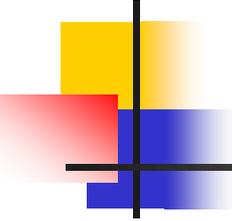# Individual Plan Document Including Safety Risks

- Needs to be complete

- Needs to be current

- Intensive staffing needs should be mentioned in Desired Outcomes and Action Steps in Action Plan and should directly relate to issues/needs
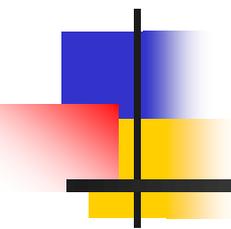
URR
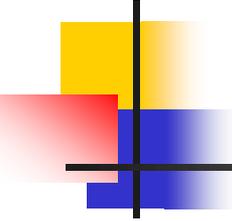
Behavior Programs

# Behavior Support Plans – Home and Work

- A Behavior Support Plan (BSP) should be developed for the intensive staffing environment (not applicable to medical only requests)

- Residential BSP's can be modified for day environments but must take into consideration intensive staffing objective(s) for the day program

Behavior Support Plan Structure

- Psychological Assessments are not necessary but Functional Assessment is required (but not for medical requests that are medical, only)
- Functional Assessment is a formal examination of conditions that contribute to or cause behaviors of concern
- Goals for managing and treating the behavioral disorder must be specific and designed to be quantified (measured) with data
- Goals must be habilitative or rehabilitative – not just "…health and safety…"
- What the staff do, how they do it, when they do it and how they document what they have done, has to be part of the plan
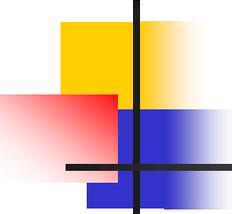
Documenting the Problem

- Data, data, data ………

- Saying that someone is a problem or that they have problems does not make it so

- Recent data (within the last 6 months) must be submitted that shows the intensity, duration and frequency of behavior(s) compared to baseline

- The need for intensive staffing should be directly proportional to the magnitude of the behavioral issue being addressed (adaptive or maladaptive)

- **<u>Do not provide raw data</u>** – use graphs or tables to show trends.
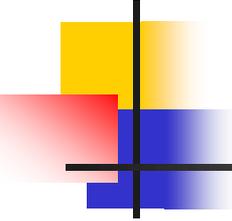
# Staffing: Documenting what the staff do and when they do it

- Need **specific** activities on an hour by hour basis outlining what the staff will do with the person they are supporting

- Activities must relate to the outcomes in the persons individual plan and be habilitative.

- Provide an interpretion of your data and explain what appear to be effective interventions
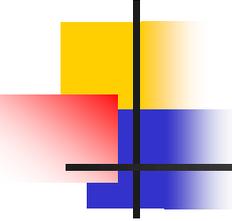
Continued Funding and Approval

- Initial approvals of behaviorally based URR requests are re-reviewed annually or as required by the URR committee

- Re-review materials must show the change in behavior over the intervening time

- Reviews of previously reviewed budgets/programs, must contain responses to the conditions mentioned in the last review
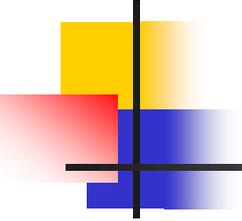
Documenting the Solution

- Intensive staffing for behavioral problems must have a defined period of use

- It is assumed that through teaching and learning, each individual will be able to live a more normal life without intensive staff supervision and interventions

- Improvements in coping and other positive skills building must be part of the plan and must be measurable.
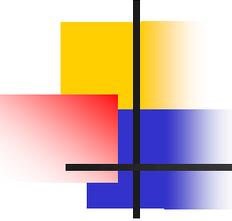
Intensive Staffing Reduction Plan

- Each URR package must contain a realistic plan for reducing intensive staffing

- Support Teams have the expert knowledge necessary to design such plans

- If previous valid attempts have been made to reduce staffing, provide data describing those attempts

- The URR committee does not provide staff reduction plans but will review the submitted plan for realism
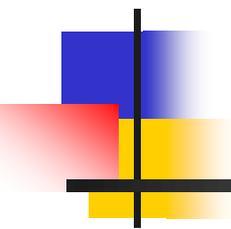
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Medical Requests
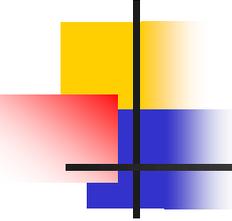
Medical URR Requests

- Provide a list of all active medical diagnoses
- Be specific and include any new diagnoses
- Include a list of current medications and indications for use
- Routine care needs and assistance with ADL's will not be considered to be medical necessity
- Be specific with regard to how the individual's health and safety will be negatively impacted by not receiving the requested support
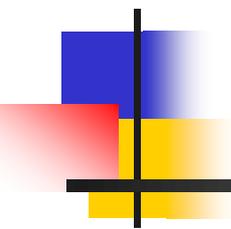
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Budget
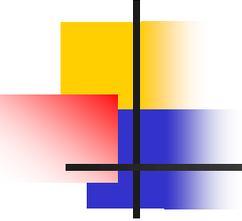
BUDGET INFORMATION

- <u>Day Requests</u>
  - Require URR reviews
    - 1:1 or 2:1 – full time
  - Enhanced staffing for periods during the day are covered within the LON based rate
  - Individuals who receive funding greater than their LON rate and are not appropriate for 1:1, will be reduced to their LON level over the LON transition (former staff modifier)
  - Individuals who receive 1:1 funding (i.e. grads/day age-outs) and are not approved to continue this funding, will be reduced to their LON immediately.
  - When an individual's intensive staffing has been reduced to a small group or other less intensive setting, their funding will be reduced to their LON level of funding within a stipulated period of time (usually 1-2 months)
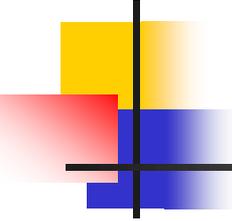
Residential Requests

- Currently, there is not a 1:1 or 2:1 rate for residential services (for discussion with residential rate committee)
- Requests for enhanced staffing above LON rates should include
    - Number of hours of support per day
    - Cost per staff hour
    - A&G
    - Etc.
- If additional funding for enhanced staffing is denied - funding would be reduced to LON level over LON transition
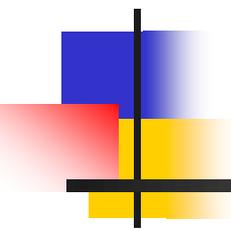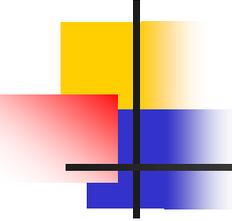
URR

Summary

Review Outcomes and Process Summary

❏ URR Committee reviews all documentation submitted as well as the information gathered during face-to-face reviews with teams

❏ The committee summarizes their recommendations on the Regional URR Form.

❏ Regional Director reviews the URR Committee's recommendations for approval or disapproval. If the regional director does not agree with the committee's recommendation, he/she will return the packet to the committee with written comments for further review and modifications.

❏ Regional director returns the Regional URR Form to the regional PRAT if additional funding is needed to support the request

❏ After the Regional Director's review, the summary is sent to the Case Manager and Resource Management who then send it to the agency.