

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
DIVISION OF SENIOR AND DISABILITIES SERVICES

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Senior and Disabilities Services Policy Memo
Suspension of Policy 3-3: *Request for Acuity Rate*
Updated August 5, 2011

Effective immediately, Senior and Disabilities Services (SDS) Policy #3-3, *Request for Acuity Rates*, is temporarily suspended. SDS is in the process developing additional policy and regulatory guidance for providers seeking the acuity rate.

All provider requests for the acuity rate must justify the need for 24-hour, one-to-one staffing (including the need for wake night staff), over and above the high degree of support normally provided through residential supported living or group home residential habilitation services and beyond the regular staffing ratio set by a home's licensing agreement.

SDS will continue to accept requests for the acuity rate under 7 AAC 45.520(m). All requests for the acuity rate will be reviewed using the following statutes and regulations:

- **7 AAC 145.520(m) - requirement for dedicated staff one-to-one on a 24 hour basis**
- 7 AAC 130.230(c) which requires contemporaneous documentation of a recipient's needs
- 7 AAC 130.230(f) and 7 AAC 130.230(g) which require the requested services prevent institutionalization and are not otherwise provided under 7 AAC 105 - 7 AAC 160
- 7 AAC 130.255 related to residential supported living services
- 7 AAC 130.265 related to residential habilitative services
- **Licensing statutes in AS 47.32 and any regulations implementing them**
- Assisted Living Home statutes in AS 47.33 and any regulations implementing them

Thank you,



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STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: 3 Waivers	Number: 3-3	Page: 1
	SUBJECT: Requests for Acuity Rates		
	APPROVED: /s/ Duane G. Mayes Duane G. Mayes, Director		DATE: 2/18/11
	<i>Replaces policy signed 7/21/09</i> <i>Effective March 1, 2011</i>		

Purpose

To clarify the circumstances for which a provider may request an acuity rate for services.
To provide a process for acuity rate requests.

Policy

Senior and Disabilities Services (SDS) will consider requests for acuity rates for Home and Community Based Waiver Services participants receiving services in residential supported living and group home residential habilitation facilities. Because the acuity rate is a coded Medicaid service, the care coordinator includes the request in the participant's *Plan of Care*.

SDS evaluates the request for consistency with the assessment, along with other services. In addition, SDS determines whether the request is justified by health, safety, and welfare considerations, and approves those that demonstrate the participant requires one-to-one staffing dedicated to his/her care 24 hours a day.

SDS may authorize the acuity rate for a limited period of less than a year or for the period covered by the *Plan of Care*. The authorization terminates if, at any time during the authorized period of coverage, the conditions or circumstances that justified the acuity rate are resolved. The care coordinator notifies SDS when one-to-one dedicated staffing 24 hours a day is no longer needed.

Authority

7 AAC 130.230 Screening, assessment, plan of care, and level of care determination;
7 AAC 130.255 Residential supported living services; 7 AAC 130.265 Residential habilitation services;
7 AAC 145.520 (k) [Reimbursement: acuity rates].

Definitions

“Acuity” means the characterization of a participant’s condition and needs as severe and requiring a high degree of attention and support.

“Acuity Add-On” means the payment approved, in addition to the regulatory base rate, for residential supported living and group home residential habilitation services for participants eligible for the acuity rate.

“Home and Community Based Waiver Services Program” means the Medicaid program that includes the Adults with Physical Disabilities program, the Children with Complex Medical Conditions program, the Intellectual and Developmental Disabilities program, and the Older Alaskans program.

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Responsibilities

1. The **provider** is responsible for
 - a. discussing acuity rates with the care coordinator,
 - b. providing justification and documentation for an acuity rate request to the care coordinator,
 - c. maintaining a daily work schedule documenting assignment of staff dedicated to the participant,
 - d. requesting renewal of the acuity rate through the care coordinator, and
 - e. ending dedicated staffing when no longer required by the participant's condition or needs.
2. The **care coordinator** is responsible for
 - a. reviewing the need for an acuity rate with the participant and/or participant's representative,
 - b. requesting and justifying acuity rates,
 - c. providing additional information to SDS upon request,
 - d. submitting requests for renewal of acuity rates, and
 - e. notifying SDS when the acuity rate is no longer justified.
3. **SDS** is responsible for
 - a. evaluating requests, and
 - b. approving and authorizing, or denying, requests for acuity rates.

Procedures

A. Timeframes.

1. Within ten business days of receipt of a *Plan of Care (POC)* or *POC Amendment*, the SDS reviewer evaluates the acuity rate request and obtains additional information, if needed.
2. Within three business days of the evaluation or the date of receipt of additional information, the SDS unit program manager forms an ad hoc committee for review and recommendations regarding the request.
3. Within three business days following the ad hoc committee discussion, the SDS program manager sends the request and recommendations the SDS waiver programs administrator.
4. Within five business days of receipt of the request and recommendation, the SDS waiver programs administrator, following consultation with the SDS Director, notifies the SDS program manager of approval/non-approval of the acuity rate.

B. Requests for acuity rates.

1. The care coordinator
 - a. discusses, with the participant/representative and the provider, the circumstances that justify a request for an acuity rate ; and
 - b. submits a request only when the participant
 - i. receives residential supported living services or group home residential habilitation services, and
 - ii. requires one-to-one staffing dedicated to his/her care 24 hours a day.

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2. The care coordinator submits to SDS
 - a. the request for an acuity rate, in the pertinent Summary of Services section of the *POC/POC Amendment* describing
 - i. the behavior or medical condition that forms the basis for the request,
 - ii. how the behavior/condition impacts the health, safety, and welfare of the participant,
 - iii. the possible consequences to the participant if services are not increased,
 - iv. interventions tried to manage or resolve the behavior/condition, and
 - vi. how the acuity add-on will be used to manage or resolve the behavior/condition; and
 - b. attachments justifying the need for on-to-one staffing dedicated to the participant's care 24 hours a day, e.g.,
 - i. case notes and/or discharge plans,
 - ii. medication logs,
 - iii. recent evaluations (e.g., functional analysis of behavior, medical/dental summary, psychological evaluation),
 - iv. 24 hour log and/or 30 day baseline of behavior/condition and needs,
 - v. behavior/support plans,
 - vi. staff training records/summary, and
 - vii. when an acuity add-on was approved for a prior period, data and progress notes indicating the outcome of interventions made possible by the supplemental payment.
3. For continuation of an acuity rate
 - a. the care coordinator includes a request with current justification in the *POC* renewal, and
 - b. the provider, upon SDS request, provides a work schedule documenting, on a daily basis, assignment of staff dedicated to one-to-one services for the participant 24 hours per day.

C. SDS Review.

1. The SDS reviewer determines whether health, safety, and welfare considerations are addressed sufficiently in the *POC/POC Amendment*.
 - a. If sufficient, the SDS reviewer refers the request to the SDS program manager.
 - b. If insufficient, the SDS reviewer may
 - i. interview the participant, the participant's representative, and care providers, and/or
 - ii. request additional documentation.
2. The SDS reviewer
 - a. evaluates whether the acuity rate request is consistent with the assessment, and
 - b. refers the POC/POC Amendment, supporting documentation, and his/her determination to the SDS unit program manager.
3. The SDS program unit manager, following the initial evaluation by the SDS reviewer, forms an ad hoc committee that includes
 - a. the Intellectual and Developmental Disabilities Unit program manager,
 - b. the Nursing Facility Level of Care Unit program manager,
 - c. the Operations Integrity Unit program manager, and
 - d. the SDS reviewer.

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4. The ad hoc committee
 - a. reviews
 - i. all documentation submitted in support of the acuity rate request,
 - ii. the adequacy of provider staffing and training,
 - iii. records of facility transfers due to difficulties in providing services to the participant,
 - iv. records of other services successfully or unsuccessfully provided to the participant, and
 - v. critical incident reports involving the participant or the provider;
 - b. evaluates whether the request for the acuity rate
 - i. is justified to protect the health, safety, and welfare of the participant, and
 - ii. demonstrates a need for one-to-one staffing dedicated to his/her care 24 hours a day; and
 - c. develops a written recommendation.
5. The SDS program manager sends the request and the recommendation to the SDS waiver programs administrator for consultation with, and approval/non-approval by, the SDS Director.
6. Upon receipt of the SDS Director's decision regarding the acuity rate request and final evaluation of the *POC/POC Amendment*, the SDS reviewer approves the services that meet the regulatory requirements of 7 AAC 130.230 or denies services which do not.

D. Approvals of requests for acuity rates.

1. Approval periods.
 - a. The effective date for the acuity add-on is the date the SDS Director approves the acuity rate.
 - b. The acuity add-on terminates on the following date, whichever comes first,
 - i. the date the prior authorization for the acuity rate ends,
 - ii. the date on which the conditions or circumstances that justified the acuity rate are resolved,
or
 - iii. the date on which the current *POC* ends.
2. Notice.
 - a. SDS sends to the care coordinator and to the participant a copy of the *POC/POC Amendment* containing notice of approval/non-approval of the acuity rate.
 - b. The care coordinator advises the provider who requested the acuity rate of approval/non-approval.

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Senior and Disabilities Services Policy Memo Suspension of Policy 3-3: *Request for Acuity Rate* August 1, 2011

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