

Attachment A -- ICF/MR Resident Recertification Checklist

Note: For the Department of Health Care Finance to process a recertification request, all information below must be included in the order of the checklist. Submissions without a completed and signed checklist and/or that do not include the required information will not be reviewed. Incomplete submissions will be returned to the ICF/MR provider agency for finalization and submission.

- Continued Stay Recertification Form completed in its entirety
- The Physician's Certification and Recertification for Skilled and Intermediate Care form signed and dated with the physician's original signature. [The date of certification/recertification cannot exceed one year from the date of the physician's signature]
- A copy of the most recent physician's order sheet and laboratory results including psychotropic and/or therapeutic drug levels and Hepatitis B status. The results should coincide with the physician's orders
- A copy of the annual physical examination, PPD or Chest X-ray report
- A copy of emergency room visit reports and/or hospitalizations, if any
- Any other routine documentation necessary to evaluate the status of an individual who has experienced adverse events
- A copy of any Unusual Incident Reports that involve the beneficiary

Name and Signature of Preparer:	Phone Number:
	Email:

DHCF Use

Date Received:

Date Response Due:

Attachment B -- ICF/MR Resident Acuity Adjustment Checklist

Note: For the Department of Health Care Finance to process a submission, all information below must be included and in the order of the checklist. Submissions without a completed and signed checklist and/or that do not include needed information will not be reviewed. Incomplete submissions will be returned to the ICF/MR provider for finalization and submission.

Acuity Category I - Medical

- A concise statement that sets forth the presenting problem(s)
- Current ISP document
- Current history and physical examination
- Comprehensive nursing assessment
- Current physician's orders
- Current laboratory reports per physician's orders
- Discharge summary from hospital admission(s), medical follow up summaries and consultant specialist(s) documentation
- Documentation related to specialized medical service requirements
- Any other documentation not listed above to justify the need for added services

Acuity Category II- Behavioral

- A concise statement that sets forth the presenting problem(s)
- Check all that apply:
 - Exhibit elopement which places the resident at risk
 - Exhibit behavior that poses serious bodily harm to self or others
 - Exhibit destructive behavior that poses serious property damage, including fire-setting
 - Be a sexual predator
 - Be physically fragile or have physical needs that do not require professional nursing staff but require intensive staffing
 - Have any other intense behavioral problems that have been deemed to require one to one supervision
- Current ISP document
- Psychiatric evaluation
- Psychological evaluation
- Psychotropic medication monitoring reports for 90 days prior to request
- Behavior Support Plan
- Behavior data for 30 days prior to request
- Current history and physical examination
- Nursing assessment
- Current physician's orders
- Current laboratory reports per physician's orders
- Any other documentation not listed above to justify the need for added services

Required documents list pursuant to § 969.7 of Title 29 District of Columbia Municipal Regulations (DCMR).

Note: The acuity adjustment is an add-on to the Base Level of Care. The needs of the customer must be clearly documented prior to approval of an acuity adjustment. The failure to submit required supporting documentation for the acuity adjustment request will result in the customer remaining at the Base Level of Care.

Name and Signature of Preparer:	Phone Number:
	Email:

CHCF Use

Date Received:

Date Response Due:

Attachment C -- Initial ICF/MR Paraprofessional Behavioral One-to-One Service Request Checklist

Note: For the Department of Health Care Finance to process a submission, all information below must be included and in the order of the checklist. Submissions without a completed and signed checklist and/or that do not include needed information will not be reviewed. Incomplete submissions will be returned to the Developmental Disabilities Administration service coordinator for finalization and resubmission.

- A concise statement that sets forth the presenting challenge(s)
- Behavior management plans (in use for prior approval and current plan) that delineate the particular constellation of challenges. (The plan shall be reviewed and updated at the time of each request. The plan shall also reflect goals towards eliminating behaviors and methods to be used in all environments including day programming or day habilitation.)
- Behavior data tracking sheet, reflecting data within thirty (30) days prior to the request
- A summary of any incident reports involving the resident that are related to the need for the paraprofessional service request
- A copy of any court orders regarding one-to-one services (as needed)
- A copy of any deficiency reports issued by the Department of Health, Health Regulation and Licensing Administration, which indicate that one-to-one services are required and are not being provided
- Documentation that the resident meets the requirements set forth in § 979.12 of Title 29 District of Columbia Municipal Regulations (DCMR)
 - To be eligible for reimbursement for paraprofessional one-to-one services the resident shall have a behavior support plan and meet at least one of the following characteristics (check all that apply):
 - Exhibit elopement which places the resident at risk
 - Exhibit behavior that poses serious bodily harm to self or others
 - Exhibit destructive behavior that poses serious property damage, including fire-setting
 - Be a sexual predator
 - Be physically fragile or have physical needs that do not require professional nursing staff but require intensive staffing
 - Have any other intense behavioral problems that have been deemed to require one-to-one supervision
- A copy of the most recent IHP or ISP which shall include the following:
 1. A signed statement by the members of the interdisciplinary team (IDT) testifying to the fact that the IDT has met and agreed to the need for one-to-one services, including the number of hours per day and the number of days per week that services are needed;
 2. An explanation of less restrictive methods that have been attempted and failed;
 3. The specific justification for the one-to-one services; and
 4. Delineation of the specific duties and responsibilities of the staff with respect to this resident and the presenting problem and supports to be provided (Job description specific to the resident).
- Job description of the person who shall provide the one-to-one services (Agency Job description)
- Any other information deemed necessary to support the need for one-to-one services

Name and Signature of Preparer:	Phone Number:
	Email:
DDS Service Coordinator Signature:	Date:

DHCF Use

ate Received:

Date Response Due:

Attachment D – Renewal Request ICF/MR Paraprofessional Behavioral One-to-One Service Request Checklist

Note: For the Department of Health Care Finance to process a renewal request, all information below must be included in the order of the checklist. Submissions without a completed and signed checklist and/or that do not include the required information will not be reviewed. Incomplete submissions will be returned to Developmental Disabilities Administration service coordinator for finalization and resubmission.

After the initiation of paraprofessional behavioral one-to-one services, the provider should submit the following documentation:

- ❑ Six (6) Monthly Time Summaries
Each provider shall submit to the case manager, on a monthly basis, a summary of the total number of hours of one-to-one services provided by each staff person. Submit six (6) monthly time summaries with each renewal request. The summaries shall be signed and dated by the provider.
- ❑ Two (2) Quarterly Status reports
Following the initiation of paraprofessional one to one services, the provider shall submit, on a quarterly basis, a status report to the case manager for review. Each status report shall indicate the resident's current condition, changes in the resident's condition since the last reporting period, interventions used and the resident's response to the interventions. The provider also shall submit documentation that reflects the need for continued one-to-one services and efforts made by the provider to eliminate the need for one-to-one services. Documentation may include progress reports from the resident's monitoring psychologist or other clinical staff.

TO BE COMPLETED BY DDS SERVICE COORDINATOR

- ❑ Service Coordinator's six (6) month service documentation
Following the initiation of services, the case manager shall report to DHCF, at least once every 6 months, the appropriateness and need for continued one-to-one services. The case manager shall also report any efforts that were undertaken to eliminate the need for services.
- ❑ The case manager shall immediately notify DHCF when services are no longer needed or if the provider fails to submit the required status reports or monthly summary of services provided.

Required documents list pursuant to § 979 Title 29 District of Columbia Municipal Regulations (DCMR).

Name and Signature of Preparer:	Phone Number:
	Email:
DDS Service Coordinator Signature:	Date:

DHCF Use

Date Received:

Date Response Due:

Attachment E -- Initial ICF/MR Professional Medical One-to-One Service Request Checklist

Note: For the Department of Health Care Finance to process a submission, all information below must be included and in the order of the checklist. Submissions without a completed and signed checklist and/or that do not include needed information will not be reviewed. Incomplete submissions will be returned to the Developmental Disabilities Administration supports coordinator for finalization and resubmission.

- A concise statement that sets forth the presenting problem(s)
- A summary of any incident report[s] involving the resident that are related to the need for one-to-one services
- Most recent laboratory or diagnostic results
- A current physician's order, as required in § 979.7 of Title 29 District of Columbia Municipal Regulations (DCMR), which specifies the need for professional one-to-one services and the treatment regime to be provided
- A copy of any court orders regarding one-to-one services
- A copy of any deficiency reports issued by the Department of Health, Health Regulation and Licensing Administration, which indicates that one-to-one services are required and are not being provided
- Documentation that the client meets the requirements set forth in §979.13 of Title 29 DCMR
 To be eligible for reimbursement for professional one-to-one services the resident shall have at least one of the following characteristics (check all that apply):
 - Be at risk of cardio-pulmonary failure
 - Require monitoring and care of circulatory functions at least once every hour
 - Require constant monitoring and care of gastro-intestinal complications
 - Require constant monitoring and care of neurological functions
 - Require monitoring and care of skeletal functions that requires turning and repositioning at least once every hour as ordered by the physician
 - Wound care as ordered by the physician four (4) or more times a day
 - Require constant observation of urine, blood or body orifices for bleeding tendencies
 - Have any other intense medical condition that requires monitoring or care at least every hour or less
- A copy of the most recent IHP or ISP which shall include the following information:
 1. A statement signed by the members of the interdisciplinary team (IDT) testifying to the fact that the IDT has met and agreed to the need for one-to-one services, including the number of hours per day and the number of days per week that services are needed;
 2. The specific justification for the one-to-one services;
 3. The specific treatment regimen to be provided; and
 4. Delineation of the specific duties and responsibilities of the staff with respect to this resident and the presenting problem and supports to be provided
- Job description of the person who shall provide the services [Agency job description]
- Any other information deemed necessary to support the need for one-to-one services

Name and Signature of Preparer:	Phone Number:
	Email:
DDS Service Coordinator Signature:	Date:

HCF Use
Date Received:

Date Response Due:

Attachment F – Renewal ICF/MR Professional Medical One-to-One Service Request Checklist

Note: For the Department of Health Care Finance to process a submission, all information below must be included and in the order of the checklist. Submissions without a completed and signed checklist and/or that do not include needed information will not be reviewed. Incomplete submissions will be returned to the Developmental Disabilities Administration supports coordinator for finalization and resubmission.

After the initiation of professional medical one-to-one services, the provider should submit the following documentation:

- ❑ Six (6) Monthly Time Summaries
Each provider shall submit to the case manager, on a monthly basis, a summary of the total number of hours of one-to-one services provided by each staff person. Submit six (6) monthly time summaries with each renewal request. The summaries shall be signed and dated by the provider.

- ❑ Six (6) Monthly Status Reports
Following the initiation of professional one-to-one services, the provider shall submit, on a monthly basis, a status report to the case manager for review. Each status report shall indicate the resident's current condition, changes in the resident's condition since the last reporting period, interventions used and the resident's response to the interventions. The provider also shall submit documentation that reflects the need for continued one-to-one services and discussions regarding the appropriateness of alternatives to one-to-one services, such as temporary hospitalization or nursing facility placement.

TO BE COMPLETED BY DDS SERVICE COORDINATOR

- ❑ Support Coordinator's six (6) month service documentation
Following the initiation of services, the case manager shall report to DHCF, at least once every 6 months, the appropriateness and need for continued one-to-one services. The case manager shall also report any efforts that were undertaken to eliminate the need for services.

- ❑ The case manager shall immediately notify DHCF when services are no longer needed or if the provider fails to submit the required status reports or monthly summary of services provided.

Required documents list pursuant to § 979 of Title 29 District of Columbia Municipal Regulations (DCMR).

Name and Signature of Preparer:	Phone Number:
	Email:
DDS Service Coordinator Signature:	Date:

DHCF Use

Date Received:

Date Response Due: