

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Director

DHCF Transmittal No. 09-17

TO: Intermediate Care Facilities for Persons with  
Mental Retardation

FROM: Julie Hudman, Ph.D. *Julie M. Hudman/for*  
Director  
Department of Health Care Finance

DATE July 2, 2009

SUBJECT: **Process for Submitting ICF/MR Recertifications, Acuity Reviews and One-to-One Initial Requests and Renewals**

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**This Transmittal supersedes Transmittal #00-24, dated August 1, 2000.** The District of Columbia, Department of Health Care Finance (DHCF) has established the following procedures to ensure that intermediate care facilities for persons with mental retardation (ICFs/MR) provider requests for recertifications, acuity reviews, and one-to-one initial requests and renewals are promptly and properly processed by the DHCF Office of Chronic & Long-Term Care (OCLTC). For each of the ICF/MR reviews, DHCF has developed a checklist. The checklist associated with the review type must accompany the packet, be completed, and the supporting documentation associated with the review request must all be present in the order enumerated on the relevant checklist.

**The following procedures must be followed and the attached checklists must be used in order for DHCF to process any ICF/MR requests. If the procedures below are not followed, ICF/MR recertifications and acuity review requests will be returned to the provider and one-to-one services initial and renewal requests will be returned to DDS unprocessed.**

**Recertification**

Pursuant to 42 C.F.R. § 456.360, all ICF/MR residents must be recertified at least every twelve months after the initial Level of Care certification. For recertification, the following documentation must be submitted:

1. The Continued Stay Recertification Form - completed in its entirety;
2. The Physician's Certification and Recertification for Skilled and Intermediate Care Form - dated with the physician's original signature; the date of certification/recertification cannot exceed one year from the date of the physician's signature;
3. 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;
4. A copy of the annual physical examination, PPD or Chest X-ray report;

5. A copy of emergency room visit reports and/or hospitalizations, if any;
6. Any other routine documentation necessary to evaluate the status of an individual who has experienced adverse events; and
7. A copy of any Unusual Incident Reports that involve the beneficiary.

The documentation submitted for ICF/MR recertification must be complete and follow the order as outlined above in #1 through #7 and in accord with the Recertification Checklist (Attachment A). Incomplete submissions, submissions without a completed checklist and/or that are missing necessary documentation will be returned to the provider unprocessed. When the missing documentation is compiled and/or a completed checklist is prepared, the packet can be resubmitted to DHCF for review.

### **Acuity Reviews**

§ 969.7 of Title 29 District of Columbia Municipal Regulations (DCMR) provides that an ICF/MR may apply for one of two types of special acuity categories for its healthcare-related cost per diem if they provide services to one or more customers with specialized needs. The categories are as follows:

1. **Acuity Category One** – Individual with moderate to profound mental retardation who have all of the following characteristics:
  - a. are medically fragile;
  - b. have clearly documented multiple medical concerns; and
  - c. require specialized medical services such as incontinence care, tracheotomies or G-tubes.
2. **Acuity Category Two** – Individuals with mental retardation who are dually diagnosed with a mental illness and have all of the following characteristics:
  - a. a mental health diagnosis;
  - b. exhibit assaultive, self-abusive or aggressive behaviors; and
  - c. require a behavior management program.

In the absence of a provider initiated acuity review, ICF/MR services are reimbursed at each facility's base rate.

**Recertification and Acuity Submissions.** As in the past, ICF/MR providers will continue to submit acuity review and recertification packets to DHCF. However, DHCF is now requiring ICF/MR providers to include in the packet a completed ICF/MR packet checklist coversheet (see **Attachment A – Recertification Review Request** and **Attachment B – Acuity Review Request**) to ensure the following:

- All needed documentation is present; and
- Documentation follows the order of the checklist.

As ICF/MR staff prepare the acuity review and recertification request packets, the staff will complete the checklists and verify that all needed documentation is complete and recent, included in the packet, and filed in the order of the checklist. Packets that do not include a completed checklist coversheet, are missing documentation, and/or are not organized following the checklist will be returned to the provider without review. ICF/MR **acuity review** and **recertification** packets should be addressed to:

D.C. Department of Health Care Finance  
Office of Chronic & Long-Term Care  
**ATTENTION: ICF/MR Review Team**  
Room 5135  
825 North Capitol Street, NE  
Washington, DC 20002  
(202) 442-5988

### **One-to-One Service Requests**

As noted above, DHCF is also responsible for review/approval of one-to-one staffing ratios requests. Because DHCF is required to take action on one-to-one service requests within forty-eight hours of receiving one-to-one service request packets from the Department on Disability Services (DDS), DHCF also is making changes to the one-to-one service submission process.

**One-To-One Staffing Services Overview<sup>1</sup>.** The section below provides an overview of ICF/MR one-to-one staffing services and processing. One-to-One staffing services constitute an altered staffing pattern that allows one person to provide services to one resident exclusively, for a pre-authorized length of time. Services are provided by a paraprofessional, a registered nurse or practical nurse, as appropriate. As with acuity reviews, one-to-one service requests may be made on the basis of behavioral challenges or medical issues. For medical one-to-one service requests, providers also must include and/or stipulate whether paraprofessional one-to-one staffing or professional one-to-one staffing is being requested.

To be eligible for **paraprofessional behavior-related** one-to-one services, the person must have a behavioral support plan and meet at least one of the following characteristics:

- Exhibit elopement behaviors, placing 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 physically fragile or have physical needs that does not require professional nursing staff but requires intensive staffing;
- Be a sexual predator; or
- Have any other intense behavioral problem that has been deemed to require one-to-one supervision.

To be eligible for **professional medically-related** one-to-one services, the person must meet at least one of the following characteristics:

- 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 require turning and repositioning at least once every hour as ordered by the physician;
- Require wound care as ordered by the physician four or more times a day;

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<sup>1</sup> RULES: One-to-One Service authorizations are determined pursuant to § 979 of Title 29 DCMR.

- Require constant observation of urine, blood, or body orifices for bleeding tendencies; or
- Have any other intense medical condition that requires monitoring or care at least every hour or less.

**One-to-One Service Submission Process.** The one-to-one service submission process differs from acuity review and recertification requests because initial and renewals of one-to-one service packets must be reviewed and finalized by DDS service coordinators before submission to DHCF.

For one-to-one service requests, DDS service coordinators serve as the liaison and/or advocate between the resident, provider, interdisciplinary team and DHCF. They determine the appropriateness of the request for one-to-one services and submit the initial request for services. The service coordinator must review renewal documents to ensure sufficiency in accordance with § 979 of Title 29 DCMR. Additionally, the service coordinator must immediately notify DHCF when services are no longer needed or if the provider fails to submit the required status reports or monthly summaries.

Prior to submission of the one-to-one service request to the DDS service coordinators, providers must prepare a one-to-one service packet using the appropriate ICF/MR packet checklist coversheet (see *Attachments C, D, E and F – One-to-One Requests*) to ensure the following:

- All needed documentation is present; and
- Documentation follows the order of the checklist.

Packets submitted to DDS without the appropriate, completed one-to-one service checklist and/or that are not organized following the checklist will result in delayed processing. As DDS service coordinators review, the service coordinators will ensure that a completed and signed checklist accompanies all needed documentation. Once DDS service coordinators have verified packet completeness, s/he will initial the checklist coversheet and forward the complete one-to-one service request packets to DHCF for review.

Packets submitted to DHCF that do not include a completed and signed checklist, are missing documentation or do not follow the checklist order will be returned to the DDS service coordinator without review. To ensure DDS service coordinators are able to review and process packets for timely DHCF review, the ICF/MR provider must use the one-to-one service checklists and ensure packet completeness.

One-to-one service ICF/MR review packets should be addressed to:

D.C. Department on Disability Services  
Developmental Disabilities Administration  
**ATTENTION: Name of Service Coordinator**  
1125 15<sup>th</sup> Street, NW  
Washington, DC 20005

Thank you for your valuable time and consideration. If you or members of your staff have questions or concerns about DHCF's enhanced ICF/MR review process, please contact Michael Cheek, Associate Director for Chronic & Long-Term Care, DHCF, on (202) 442-5817 or [michael.cheek@dc.gov](mailto:michael.cheek@dc.gov).