

# Health and Wellness Unit



## *Acuity Level Assignments Review* *November 19, 2015*

Presented by: Shirley Quarles-Owens & Winslow Woodland



## Acuity Level Determination Checklist

Individual Name \_\_\_\_\_

Provider \_\_\_\_\_

Completed By (Title)  
(Printed Name) \_\_\_\_\_

Acuity Level-1 Base	Acuity Level-2 Moderate	Acuity Level-3 (Extensive-Behavioral)	Acuity Level-4 Extensive-Medical	Acuity Level-5 Pervasive	Acuity Level-6 Pervasive & Skilled Nursing
<p>Level of Need Assessment</p> <p>Recent ISP document including medical and psychological assessment</p> <p>Meet requirements of DCMR 4101.3(a) for an acuity level 1 (base acuity) which represent the health, habilitation, and support needs of an individual whose level of care determination (LOC) reflects a need for ICF/IID services.</p>	<p><input type="checkbox"/> Level of Need Assessment</p> <p><input type="checkbox"/> Recent ISP document including medical and psychological assessment</p> <p><input type="checkbox"/> Meet requirements of DCMR 4101.3(a): for an acuity level 1 (base acuity) which represent the health, habilitation, and support needs of an individual whose level of care determination (LOC) reflects a need for ICF/IID services.</p> <p><input type="checkbox"/> Requires moderate levels of services in order to effectively support functional impairments, in an individual having at least one of the following characteristics:</p> <ul style="list-style-type: none"> <li>• Is unable to perform two (2) or more activities of daily living,</li> </ul>	<p><input type="checkbox"/> Level of Need Assessment</p> <p><input type="checkbox"/> Recent ISP, including medical and psychological assessment</p> <p><input type="checkbox"/> Meet requirements of DCMR 4101.3(a): for an acuity level 1 (base acuity) which represent the health, habilitation, and support needs of an individual whose level of care determination (LOC) reflects a need for ICF/IID services.</p> <p><input type="checkbox"/> Dually diagnosed with an intellectual and developmental disability</p> <p><input type="checkbox"/> Requires service and interventions that address conditions associated with an extensive intellectual and developmental disability and significant behavioral challenges</p> <p><input type="checkbox"/> A concise statement that summaries thirty (30) days of behavioral data prior to date of request and justification of the</p>	<p><input type="checkbox"/> Level of Need Assessment</p> <p><input type="checkbox"/> Recent ISP document including medical and psychological assessment</p> <p><input type="checkbox"/> Meets requirement of DCMR 4101.3(a): for an acuity level 1 (base acuity) which represent the health, habilitation, and support needs of an individual whose level of care determination (LOC) reflects a need for ICF/IID services.</p> <p><input type="checkbox"/> Requires services and intervention that can address conditions associated with a significant intellectual and developmental disability and significant medical and support challenges</p> <p><input type="checkbox"/> Requires an order for <b>daily</b> skilled nursing prescribed by the individual's Primary Care Physician or Advanced Practice Registered Nurse (APRN) prescribing the type, frequency, scope and duration of</p>	<p><input type="checkbox"/> Level of Need Assessment</p> <p><input type="checkbox"/> Recent ISP document including medical and psychological assessment</p> <p><input type="checkbox"/> Meets requirement of DCMR 4101.3(a): for an acuity level 1 (base acuity) which represent the health, habilitation, and support needs of an individual whose level of care determination (LOC) reflects a need for ICF/IID services</p> <p><input type="checkbox"/> Requires services and interventions that can address conditions associated with a significant intellectual or developmental disability</p> <p><input type="checkbox"/> Exhibits dangerous behavior or conditions that require one to one (1:1) supervision for 24 hours per day or less, evidenced by one of the following:</p> <ul style="list-style-type: none"> <li>• A history of, or high risk for, elopement resulting in risk to the beneficiary or others;</li> <li>• Behavior that is life threatening to self and others;</li> <li>• Destructive behavior causing serious property damage,</li> </ul>	<p><input type="checkbox"/> Level of Need Assessment</p> <p><input type="checkbox"/> Recent ISP document including medical and psychological assessment</p> <p><input type="checkbox"/> Meets requirement of DCMR 4101.3(a): for an acuity level 1 (base acuity) which represent the health, habilitation, and support needs of an individual whose level of care determination (LOC) reflects a need for ICF/IID services</p> <p><input type="checkbox"/> Requires services and interventions that address conditions associated with a pervasive level of care to accommodate individuals with dangerous behavior or medical conditions that requires at least <b>one</b> type of skilled nursing, one to one (1:1) care, provided , at a minimum, on an <b>hourly</b> basis;</p> <p><input type="checkbox"/> Requires an order for skilled nursing prescribed by the individual's primary care physician or Advanced Practice Nurse (APRN), prescribing the type, frequency, scope and duration of the skilled nursing and health and habilitation support services.</p>

DATE PACKET RECEIVED BY DDA STAFF \_\_\_\_\_

DDA STAFF RECEIVING SIGNATURE \_\_\_\_\_

\* \_\_\_\_\_ Documentation reviewed supports Provider's recommendation for Acuity Level \_\_\_\_\_

\* \_\_\_\_\_ Documentation reviewed does not support recommendation. Documentation supports recommendation for Acuity Level \_\_\_\_\_

DDA Staff Signature/Title \_\_\_\_\_ Date \_\_\_\_\_





Acuity Level-1 Base	Acuity Level-2 Moderate	Acuity Level-3 (Extensive-Behavioral)	Acuity Level-4 Extensive-Medical	Acuity Level-5 Pervasive	Acuity Level-6 Pervasive & Skilled Nursing
	<ul style="list-style-type: none"> <li>• Is non-ambulatory,</li> <li>• Is unable to evacuate self without assistance in the event of a fire or other emergency situation,</li> <li>• Is assessed to lack life safety skills to ensure self-preservation,</li> <li>• Has a diagnosis of one of the following conditions:               <ol style="list-style-type: none"> <li>1. Blindness</li> <li>2. deafness</li> <li>3. autism spectrum disorder or</li> <li>4. epilepsy</li> </ol> </li> </ul>	<p>need for intensive staff intervention and additional staff resources to manage targeted behavior</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> BSP addresses the targeted behaviors listed:           <ul style="list-style-type: none"> <li>• Assaultive,</li> <li>• Self-abusive, including pica or</li> <li>• Aggressive</li> </ul> </li> <li><input type="checkbox"/> Written behavior plan based on current data and which targets the identified behaviors</li> </ul>	<p>the skilled nursing and extensive health and habilitation support services.</p>	<p>including fire setting;</p> <ul style="list-style-type: none"> <li>• Sexually predatory behavior; or</li> <li>• A history of, or high risk for, falls with injury, AND a primary care physician or APRN order for 1:1 supervision</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> A concise statement that sets forth the presenting problem that requires the 1:1 supervision and the requested hours for the one-to-one service.</li> <li><input type="checkbox"/> BSP addressing the targeted behaviors listed (if acuity is for behavioral challenges);           <ul style="list-style-type: none"> <li>• Thirty (30) days of behavioral data prior to the date of the request in support of the targeted behavior</li> </ul> </li> <li>• Job description of the 1:1 staff specific to the needs of the individual.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A concise statement that sets forth the presenting problem that requires the 1:1 supervision and skilled nursing</li> <li><input type="checkbox"/> Job description of the 1:1 specific to the need of the individual</li> </ul>

\* \_\_\_\_\_ Documentation reviewed supports Provider's recommendation for Acuity Level \_\_\_\_\_

\* \_\_\_\_\_ Documentation reviewed does not support recommendation. Documentation supports recommendation for Acuity Level \_\_\_\_\_

DDA Staff Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

# General Requirements

- All packets have requirements that must accompany each. These documents must be current (outdated medical evaluations, LONs, physician or APRN orders, and/or behavior data). Outdated documents can delay plan being forwarded to DHCF.
- All packets should be completed and in hand of SC at the ISP meeting. SC should sign for packet and date receipt.
- LON scores must support requested rate.

# General Requirements



- Reviews of 1, 2, and 3 level acuities are conducted by Supervisory Service Coordinators.
- These are then submitted to Staff assistant for Service Planning and Coordination Division who logs receipt time/date.
- Incomplete packets returned to provider.
- Packet is then scanned and emailed to DHCF

# General Requirements



- SCs submit packet to Health and Wellness staff assistant who logs date/time of receipt from SC
- Level 4, 5, and 6 are reviewed by RNs in Health and Wellness
- RNs have Staff Assistant forward to DHCF via email or return to SPCD. (process pending to work with RN staff of provider assigned)

# Level Descriptions

- 1 Base
- 2 Moderate
- 3 Extensive – Behavioral
- 4 Extensive – Medical
- 5 Pervasive
- 6 Pervasive Plus Skilled Nursing

# Level 1

- Acuity Level 1 (Base) shall represent the health, habilitation, and support needs of a beneficiary whose **level of care determination (LOC) reflects a need for ICF/IID services**. Acuity Level 1 shall be the base acuity level;

# Acuity Level- 1 Base

- Level of Need Assessment

- Located in MCIS



- Recent ISP document including medical and psychological assessment

Individual:  
 Service Coordinator:  
 Date of ISP Meeting:  
 Effective Date:                      To:  
 Evans Class Member:  
 Court Number:  
 Type of ISP:  
 Date Created:



- Meet requirements of DCMR 4101.3(a) for an acuity level 1 (base acuity) which represent the health, habilitation, and support needs of an individual whose level of care determination (LOC) reflects a need for ICF/IID services.

# Level 2

- ❑ Acuity Level 2 (Moderate) shall represent the health, habilitation, and support needs of a beneficiary who meets the requirements of Section II.C.1. and **requires moderate levels** of services in order to effectively support functional impairments, as described in Section II.G.;

# Acuity Level –2 Continued

- A beneficiary shall qualify for Acuity Level 2 (Moderate) when exhibiting at least one (1) of the following characteristics:
  - Is unable to perform two (2) or more activities of daily living (ADL);
  - Is non-ambulatory;
  - Is unable to evacuate self without assistance in the event of a fire and other emergency situation;
  - Is assessed to lack life safety skills to ensure self-preservation;
  - A diagnosis of one of the following:
    - **Blindness;**
    - **Deafness;**
    - **Autism Spectrum Disorder; or**
    - **Epilepsy.**

# Acuity Level –2 Continued

- Level of Need Assessment
- Recent ISP document including medical and psychological assessment
- Meet requirements of DCMR 4101.3(a): for an acuity level 1 (base acuity) which represent the health, habilitation, and support needs of an individual whose level of care determination (LOC) reflects a need for ICF/IID services.
- Requires moderate levels of services in order to effectively support functional impairments, in an individual having at least one of the following characteristics:
  - Is unable to perform two (2) or more activities of daily living,

# Acuity Level –2

## Moderate

- Is non-ambulatory,
- Is unable to evacuate self without assistance in the event of a fire or other emergency situation,
- Is assessed to lack life safety skills to ensure self-preservation,
- Has a diagnosis of one of the following conditions:
  1. Blindness
  2. deafness
  3. autism spectrum disorder or
  4. epilepsy

# Acuity Level –3

## Extensive-Medical

- Acuity Level 3 (Extensive – Behavioral) shall represent the health, habilitation, and support needs of a beneficiary who meets the requirements of Section II.C.1. and requires services and interventions that can address conditions associated with an **extensive intellectual and developmental disability and significant behavioral challenges** as described in Section II.H.;

# Acuity Level – 3

- A beneficiary shall qualify for Acuity Level 3 (Extensive – Behavioral) when he or she is dually diagnosed with an intellectual and developmental disability and with one or more behavioral disorders that:
  - Are assaultive, self-abusive, including pica, or aggressive;
  - Require a written behavior plan which is based on current data and targets the identified behaviors; and
  - Require intensive staff intervention and additional staff resources to manage the behaviors as set forth in Section II.H.1.

# Acuity Level – 3

- Level of Need Assessment
  
- Recent ISP, including medical and psychological assessment.
  
- Meet requirements of DCMR 4101.3(a): for an acuity level 1 (base acuity) which represent the health, habilitation, and support needs of an individual whose level of care determination (LOC) reflects a need for ICF/IID services.
  
- Dually diagnosed with an intellectual and developmental disability .
  
- Requires service and interventions that address conditions associated with an extensive intellectual and developmental disability and significant behavioral challenges.
  
- A concise statement that summaries thirty (30) days of behavioral data prior to date of request and justification of the need for intensive staff intervention and additional staff resources to manage targeted behavior.

# Acuity Level – 3

- BSP addresses the targeted behaviors listed:
  - Assaultive,
  - Self-abusive, including pica or
  - Aggressive
  
- Written behavior plan based on current data and which targets the identified behaviors

# Acuity Level – 4

## Extensive-Medical

- A beneficiary shall qualify for Acuity Level 4 (Extensive – Medical) when he or she requires skilled nursing and extensive health and habilitation supports on a daily basis. Skilled nursing and extensive health and habilitation supports shall be prescribed by the individual’s primary care physician or advanced practice registered nurse.

# Definition of Skilled Nursing

Skilled nursing is a term that refers to a person's need of care or treatment that can only be done by licensed nurses. Examples of skilled nursing needs include:

- Wound dressings
- Tube feedings
- Suctioning

# Acuity Level – 4

- Level of Need Assessment
- Recent ISP document including medical and psychological assessments
- Meets requirement of DCMR 4101.3(a): for an acuity level 1 (base acuity) which represent the health, habilitation, and support needs of an individual whose level of care determination (LOC) reflects a need for ICF/IID services.
- Requires services and intervention that can address conditions associated with a significant intellectual and developmental disability and significant medical and support challenges
- Requires an order for daily skilled nursing prescribed by the individual's Primary Care Physician or Advanced Practice Registered Nurse (APRN) prescribing the type, frequency, scope and duration of the skilled nursing and extensive health and habilitation support services.

# Acuity Level – 5 Pervasive

- Acuity Level 5 (Pervasive) shall represent the health, habilitation, and support needs of a beneficiary who meets the requirements of Section II.C.1. and requires services and interventions that can address conditions associated with a pervasive intellectual and developmental disability and who exhibits dangerous behaviors and/or conditions that require one-to-one (1:1) supervision for twenty-four (24) hours per day or less, as described in Section II.J.; and

# Acuity Level – 5

A beneficiary shall qualify for Acuity Level 5 (Pervasive) when he or she requires one-to-one (1:1) staffing and exhibits one (1) or more of the following characteristics:

A history of, or is at high risk for, elopement resulting in risk to beneficiary or others;

- Exhibits behavior that is life-threatening to the beneficiary or others;
- Exhibits destructive behavior that poses serious property damage, including fire-setting;
- Is a sexual predator; and
- A history of, or **is at high risk for, falls with injury**, and a primary care physician or advanced practice registered nurse order for one-to-one (1:1) supervision.

# Acuity Level – 5

- Level of Need Assessment
- Recent ISP document including medical and psychological assessment
- Meets requirement of DCMR 4101.3(a): for an acuity level 1 (base acuity) which represent the health, habilitation, and support needs of an individual whose level of care determination (LOC) reflects a need for ICF/IID services
- Requires services and interventions that can address conditions associated with a significant intellectual or developmental disability
- Exhibits dangerous behavior or conditions that require one to one (1:1) supervision for 24 hours per day or less, evidenced by one of the following:
  - A history of, or high risk for, elopement resulting in risk to the beneficiary or others;
  - Behavior that is life threatening to self and others;
  - Destructive behavior causing serious property damage, including fire setting;

# Acuity Level – 5

- Sexually predatory behavior; or
- A history of, or high risk for, falls with injury, AND a primary care physician or APRN order for 1:1 supervision
  - A concise statement that sets forth the presenting problem that requires the 1:1 supervision and the requested hours for the one-to-one service.
  - BSP addressing the targeted behaviors listed (if acuity is for behavioral challenges);
- Thirty (30) days of behavioral data prior to the date of the request in support of the targeted behavior
- Job description of the 1:1 staff specific to the needs of the individual.

# Acuity Level – 6

## Pervasive & Skilled Nursing

- Acuity Level 6 (Pervasive Plus Skilled Nursing) shall represent the health, habilitation, and support needs of a beneficiary who meets the requirements of Section II.C.1. and requires services and interventions that can address conditions associated with a pervasive level of care to accommodate individuals with dangerous behaviors and/or conditions that require one-to-one (1:1) supervision twenty-four (24) hours per day and those individuals who are in need of extensive skilled nursing service as described in Section II.K.

# Acuity Level – 6

- A beneficiary shall qualify for Level 6 (Pervasive Plus Skilled Nursing) if the beneficiary requires at least one (1) type of **skilled nursing** that shall be **ordered** by a primary care physician or advanced practice registered nurse and provided, **at minimum, on an hourly basis.**

# Acuity Level – 6

- Level of Need Assessment
- Recent ISP document including medical and psychological assessment
- Meets requirement of DCMR 4101.3(a): for an acuity level 1 (base acuity) which represent the health, habilitation, and support needs of an individual whose level of care determination (LOC) reflects a need for ICF/IID services
- Requires services and interventions that address conditions associated with a pervasive level of care to accommodate individuals with dangerous behavior or medical conditions that requires at least one type of skilled nursing, one to one (1:1) care, provided , at a minimum, on an hourly basis;
- Requires an order for skilled nursing prescribed by the individual's primary care physician or Advanced Practice Nurse (APRN), prescribing the type, frequency, scope and duration of the skilled nursing and health and habilitation support services.

# Acuity Level – 6

- A concise statement that sets forth the presenting problem that requires the 1:1 supervision and skilled nursing
- Job description of the 1:1 specific to the need of the individual

# Incomplete Acuity Packets

- Providers with incomplete acuity packets will receive an email from the Health and Wellness Unit.
- The requested information will need to be submitted to Health and Wellness within 24 hours of initial email notifying you of needed documentation in order to prevent further delay in sending the packet over to DHCF.