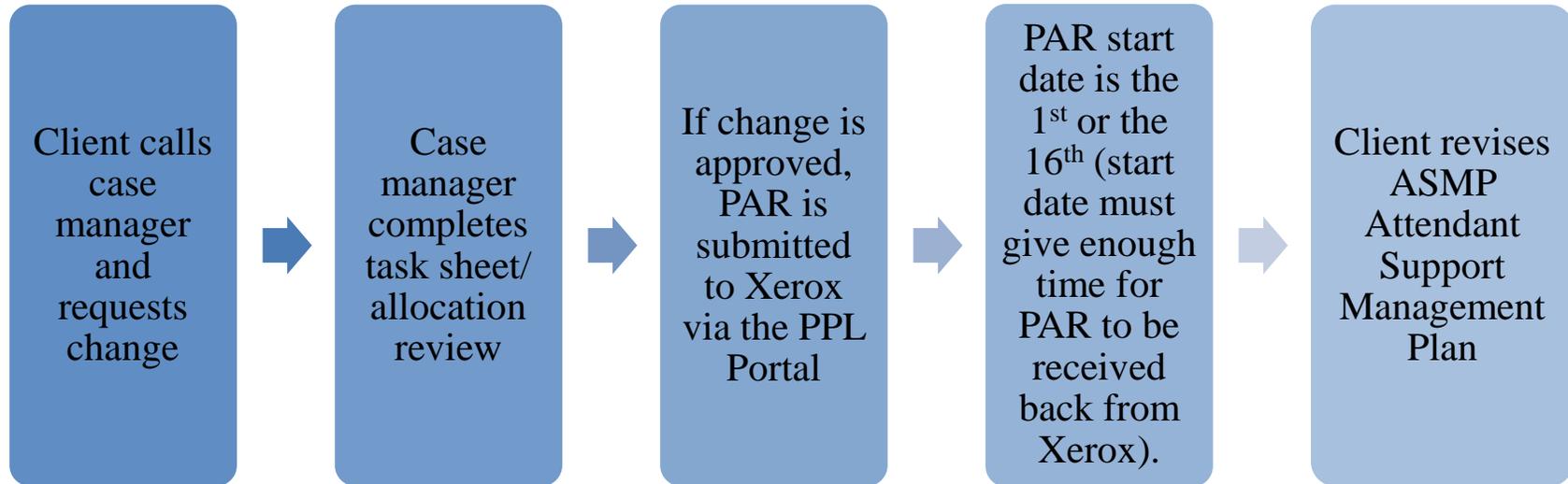


Addressing Crisis Situations Draft Recommendation
Scheduled for PDPPC Review on 1/23/13

Summary of issue as stated by the PDPPC

1. Identify the types of situations that can be addressed within the annual allocation
 - a. The process to determine an annual allocation is based on needs identified in the ULTC-100.2. Only those needs identified in the ULTC-100.2 can be factored into the allocation.
For example:
 - i. Allowable – Client has respiratory condition that historically results in pneumonia a couple of times each year. The anticipated supports necessary to meet the client’s needs throughout the year, to include the supports for times when the client has pneumonia if it results in an increase in services, can be included.
 - ii. Not allowable – Each client factors in a cushion for units for “what if” situations (season flu) that cannot be supported by the ULTC-100.2 or supplemental documentation.
2. Define crisis or emergent situations
 - a. Situations requiring immediate access to additional services
 - b. Might require client to go to the emergency room
 - c. Situation requires additional services or supports and extended time to provide services or supports
 - d. Consider using the term emergent (defined as: arising unexpectedly and calling for prompt attention) instead of crisis (defined as: a period of instability and difficulty)
3. Identify processes to address crisis situations that are not factored within the annual allocation

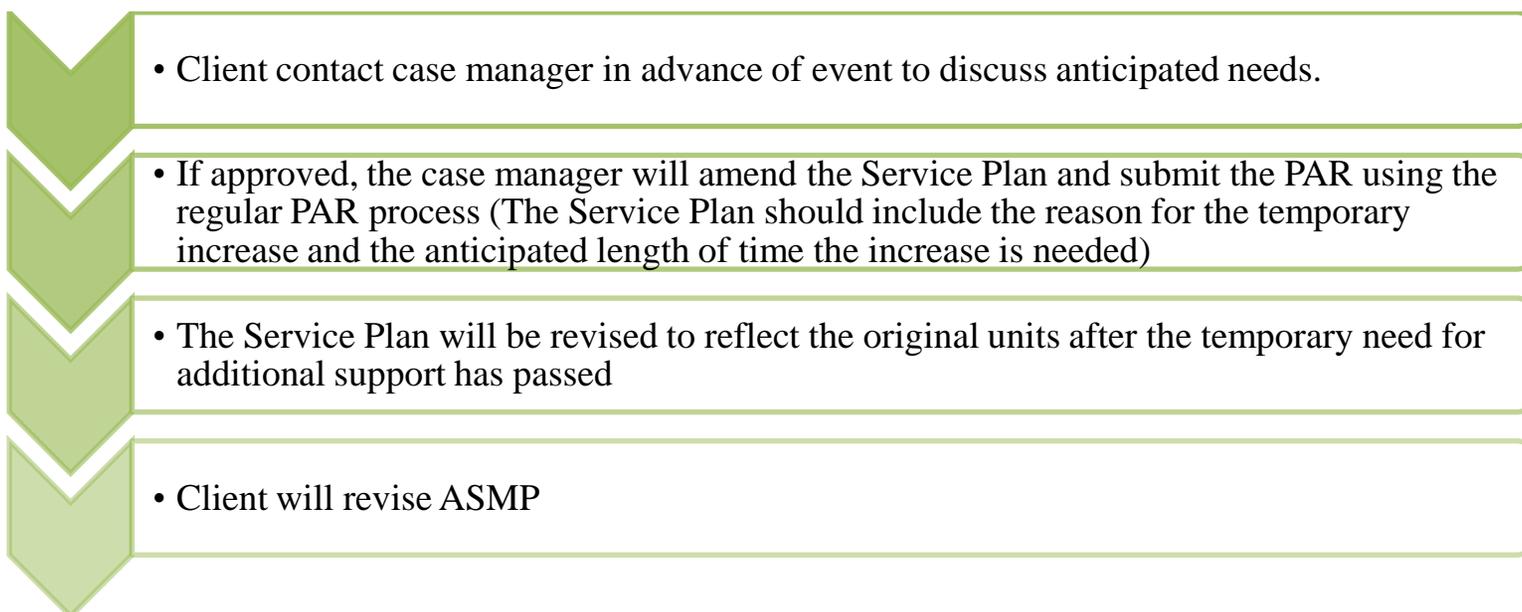
Current State



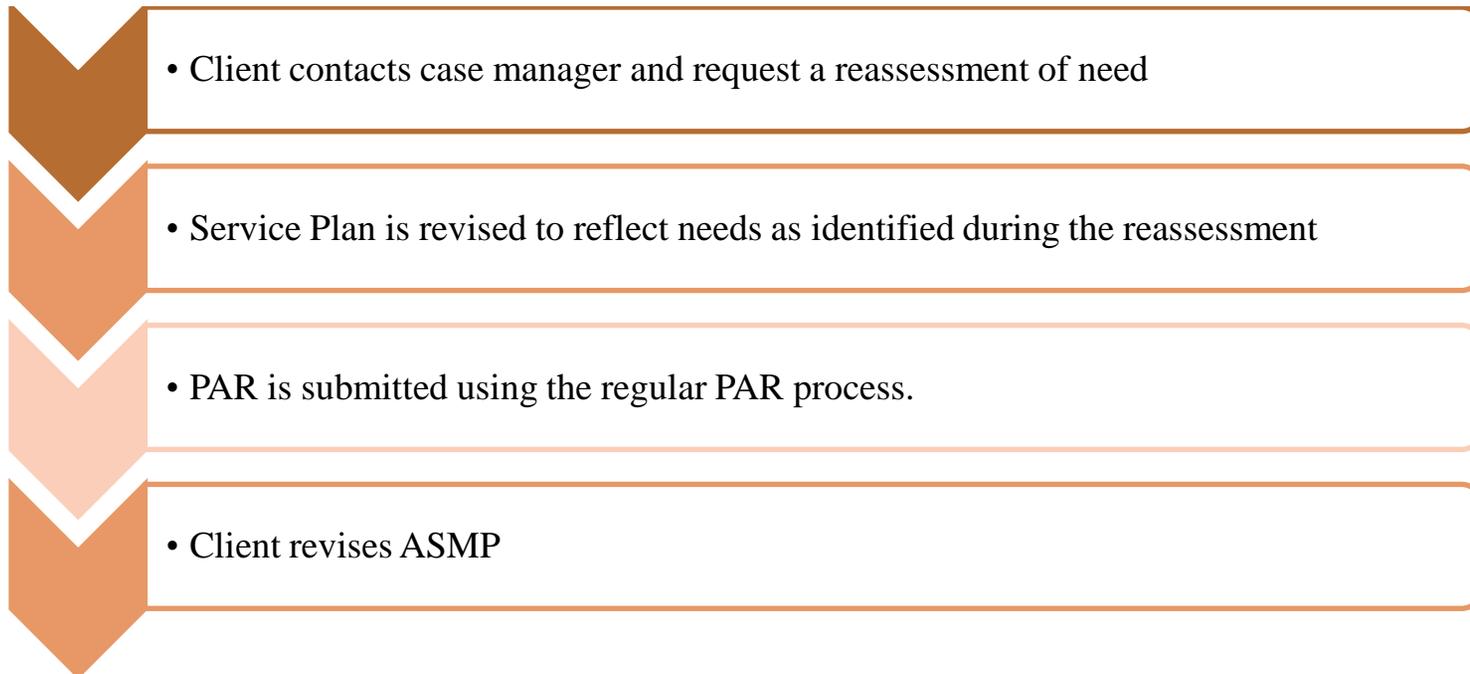
Outcome of Current State – The time between the change request and the service start date could be 20 or more days. Expedited review is available, but training has not occurred on process.

Recommended Future State

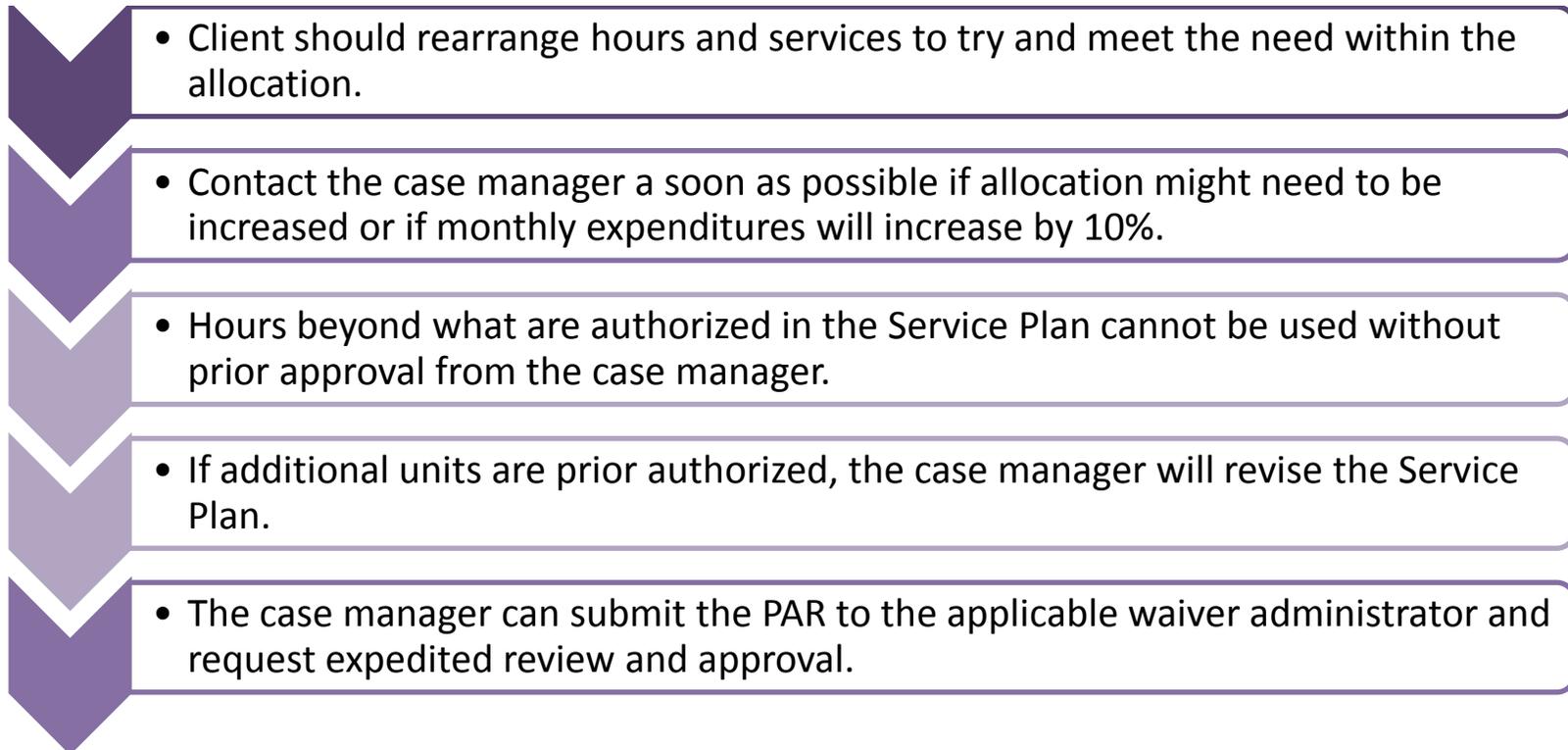
1. Identify process to address emergent situations that are not included within the annual allocation
 - a. Temporary Non-Emergent Situation (e.g., upcoming surgery that will result in temporary increase in allocation – non-acute care needs)



Long-Term Non-Emergent Situation (e.g., Client has increased needs due to progression of multiple sclerosis)



Temporary Emergent Situation (e.g., Client has the flu and attendants work extra hours to provide additional support to client)

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- Client should rearrange hours and services to try and meet the need within the allocation.
 - Contact the case manager as soon as possible if allocation might need to be increased or if monthly expenditures will increase by 10%.
 - Hours beyond what are authorized in the Service Plan cannot be used without prior approval from the case manager.
 - If additional units are prior authorized, the case manager will revise the Service Plan.
 - The case manager can submit the PAR to the applicable waiver administrator and request expedited review and approval.

Case managers, clients, and authorized representatives should explore the following when considering any allocation change:

- Applying any unutilized units toward the extra units requested
- The current attendant wages and if adjustments can be made to allow for extra hours
- Temporarily reducing other services and using those dollars to increase needed services (e.g., If client has flu he or she might not need as many homemaker services that day. Those unused hour can be shifted to Personal Care)

Recommendations

The Department should:

1. Train case managers, clients, and authorized representatives on process to adjust the allocation (increase or decrease) based on needs.
2. Review its internal process of expedited review and approval of PARs. This should include designating a back-up person should the waiver administrator be unavailable.
3. Review the CDASS Utilization Review & Allocation Management Protocol for Case Management Agencies to ensure that clients who experience a temporary emergent condition resulting in an increase in services do not have those additional expenditures counted as part of the 10% overspending. Revise protocol if necessary.
4. Review the continued necessity of PAR start dates for CDASS clients occurring only on the 1st or 16th.
5. Develop a PAR process that allows for quicker submission and approval of PARs.
6. Revisit the process for addressing emergent situations after the Department has evaluated the timelines for PAR submission and the process of PAR start dates being on the 1st or 16th.