GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department on Disability Services and Department of Health Care Finance

DHCF Transmittal No. 12-15

TO: Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities

FROM: Cathy R. Anderson
Deputy Director
Developmental Disabilities Administration
Department on Disability Services

Linda Elam, Ph.D.
Medicaid Director
Department of Health Care Finance

DATE: JUL 10 2012

SUBJECT: New acuity level determinations for individuals in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)

This Transmittal supersedes Transmittal #09-17, dated July 2, 2009.

As you know, the District of Columbia Department of Health Care Finance (DHCF), in consultation with the Department on Disability Services' Developmental Disabilities Administration (DDS/DDA), ICFs/IID, and other stakeholders has developed a Medicaid State Plan Amendment (SPA) that will, once approved by the federal Centers for Medicare and Medicaid Services, establish a new Medicaid reimbursement methodology for ICF/IID services provided on and after October 1, 2012. This new reimbursement methodology establishes new payment levels based, in part, on individual acuity levels. The initial acuity level for all individuals served in ICFs/IDD is set for payment at the base rate. Individuals who have documented needs which require a higher level of care (higher acuity) can qualify for higher reimbursement. The way the process will flow is that DDS/DDA will review and recommend acuity levels for individuals; final assignment of acuity levels will be made by DHCF.

Implementation of the new reimbursement method is scheduled for October 1, 2012. Beginning this month and through August, acuity packets must be completed and submitted for any individual who is to have a rate above the base rate effective on the October 1, 2012 implementation date. The DDS/DDA Service Coordinator(s) assigned to your agency's ICF/IID will be contacting you to establish the time frame for completion of the LON and submission of the additional supporting documentation to DDS/DDA for any individual you identify as needing an acuity level above base. Once the LON and the supporting documentation are available and complete, DDS/DDA will review and make a recommendation to DHCF on the acuity level for the individual. It is imperative that the information be submitted on or before the date requested by the DDS/DDA Service Coordinator. For individuals currently served in an ICF/IID, information submitted late or submission of incomplete information will result in a delay in setting an acuity level and the level **will not** be retroactive to

October 1, 2012. DHCF will complete the acuity reviews and post the new reimbursement rates in the Medicaid claims payment system by September 30, 2012.

Attached is a checklist of required documents and a quick guide that would be useful for the acuity package submission. This documentation must be submitted to DHCF through DDS/DDA. It is very important that DDS/DDA receive **all** specified information; incomplete packages will result in a delay in the acuity being established prior to the October 1, 2012 implementation date.

Thank you for your cooperation in making the transition to the new reimbursement rates for ICFs/IID a smooth and seamless process. Should you have any questions, please do not hesitate to contact Mary Devasia, Project Manager, Special Needs Branch, Division of Long Term Care on (202) 442-5931 or mary.devasia@dc.gov.

Attachments (2): **Acuity Level Determination Checklist**
Guide for the acuity package submission

Acuity Level Determination Checklist

	Acuity Level 2 Moderate		Acuity Level 4 Extensive Medical		Acuity Level 6 Pervasive & Skilled Nursing
❑ Level of Need Assessment ❑ Recent ISP document including medical and psychological assessment	❑ Level of Need Assessment ❑ Recent ISP document including medical and psychological assessment	❑ Level of Need Assessment ❑ Recent ISP document including medical and psychological assessment ❑ BSP addressing the targeted behaviors listed: • Assaultive, • Self-abusive, including pica or aggressive ❑ Written behavior plan based on current data and which targets the identified behaviors ❑ Evidence of need for intensive staff intervention and additional staff resources to manage targeted behaviors	❑ Level of Need Assessment ❑ Recent ISP document including medical and psychological assessment ❑ Order by the individual's Primary Care Physician or Advanced Practice Registered Nurse (APRN) for daily skilled nursing and extensive health and habilitation supports	❑ Level of Need Assessment ❑ Recent ISP document including medical and psychological assessment ❑ 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 ❑ Evidence of: • 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; • 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 ❑ BSP addressing the targeted behaviors listed (if acuity is for behavioral challenges); ❑ Job description of the 1:1 staff specific to the needs of the individual	❑ Level of need assessment ❑ Recent ISP document including medical and psychological assessment ❑ Order by a primary care physician or an APRN for skilled nursing services at minimum, on an hourly basis. ❑ A concise statement that sets forth the presenting problem that requires the 1:1 supervision and skilled nursing ❑ Job description of the 1:1specific to the need of the individual

GUIDANCE ON ACUITY LEVELS

I. ACUITY LEVEL ASSIGNMENTS

A. Reimbursement rates shall be differentiated based on the beneficiary's acuity level, as recommended by the Department on Disability Services (DDS), through the Level of Need Assessment and Risk Screening Tool (LON), and interdisciplinary teams of health and habilitation professionals, pursuant to the Individual Service Plan (ISP).

B. Acuity levels higher than Acuity Level 1 (Base) shall be approved by DHCF and shall be specific to the medical and health care needs of each qualified beneficiary.

C. Reimbursement under this chapter shall be governed according to the following acuity levels:

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;

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 of State Plan Amendment (SPA) and requires moderate levels of services in order to effectively support functional impairments, as described in Section II.G of the SPA.

   A beneficiary shall qualify for Acuity Level 2 (Moderate) when exhibiting at least one (1) of the following characteristics:

   1. *Is unable to perform two (2) or more activities of daily living (ADL);*
   2. *Is non-ambulatory;*
   3. *Is unable to evacuate self without assistance in the event of a fire and other emergency situation;*
   4. *Is assessed to lack life safety skills to ensure self-preservation;*

5. *A diagnosis of one of the following:*

    a. *Blindness;*
    b. *Deafness;*
    c. *Autism Spectrum Disorder; or*
    d. *Epilepsy.*

3. **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 of the SPA. and requires services and interventions than can address conditions associated with an extensive intellectual and developmental disability and significant behavioral challenges as described in Section II.H of the SPA:

    (a) 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:

    (i) Are assaultive, self-abusive, including pica, or aggressive;

    (ii) Require a written behavior plan which is based on current data and targets the identified behaviors; and

    (iii) Require intensive staff intervention and additional staff resources to manage the behaviors as set forth in Section II.H. of the SPA.

4. **Acuity Level 4 (Extensive – Medical)** shall represent the health, habilitation, and support needs of a beneficiary who meets the requirements of Section II.C. of the SPA and requires services and interventions that can address conditions associated with an extensive intellectual and developmental disability and significant medical and support challenges as described in Section II.I of the SPA:

    a. *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.*

5. **Acuity Level 5 (Pervasive)** shall represent the health, habilitation, and support needs of a beneficiary who meets the requirements of Section II.C.1 of the SPA 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 of the SPA:

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

b. *Exhibits behavior that is life-threatening to the beneficiary or others;*

c. *Exhibits destructive behavior that poses serious property damage, including fire-setting;*

d. *Is a sexual predator; and*

e. *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.*

6. **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 of the SPA. 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 of the SPA:

   (a) 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.

D. For purposes of reimbursement, a beneficiary admitted on or after October 1, 2012, shall be assumed to be at Acuity Level 1 (Base). An ICF/IID may request that DHCF assign a beneficiary to an enhanced level, above Acuity Level 1, if the facility provides the required documentation.

E. In order for a beneficiary to qualify at an acuity level beyond Acuity Level 1 (Base), the ICF/IID shall ensure that qualified health and habilitation practitioners assess each beneficiary using the LON.

F. Acuity level assignments shall be recertified annually.

G. A beneficiary shall qualify for Acuity Level 2 (Moderate) when exhibiting at least one (1) of the following characteristics:

1. Is unable to perform two (2) or more activities of daily living (ADL);

2. Is non-ambulatory;

3. Is unable to evacuate self without assistance in the event of a fire and other emergency situation;

4. Is assessed to lack life safety skills to ensure self-preservation;

5. A diagnosis of one of the following:

    a. Blindness;
    b. Deafness;
    c. Autism Spectrum Disorder; or
    d. Epilepsy.

H. 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:

1. Are assaultive, self-abusive, including pica, or aggressive;

2. Require a written behavior plan which is based on current data and targets the identified behaviors; and

3. Require intensive staff intervention and additional staff resources to manage the behaviors as set forth in Section II.H.1.

I. 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.

J. 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:

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

2. Exhibits behavior that is life-threatening to the beneficiary or others;

3. Exhibits destructive behavior that poses serious property damage, including fire-setting;

4. Is a sexual predator; and

5. 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.

K. 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.

L. The number of one-to-one (1:1) staffing hours shall be approved by DHCF using results from assessments conducted by ICFs/IID. Under Levels 5 and 6 (Pervasive and Pervasive Plus Skilled Nursing), DHCF's approval shall be based on having the staff member(s) assigned to the beneficiary having no other duties while assigned to the beneficiary.

M. Each ICF/IID shall have responsible direct care staff on duty and awake on a twenty-four (24) hour basis when individuals are present to ensure prompt, appropriate action in the event of injury, illness, fire, or other emergency.

N. Prior to the expiration of the current ISP, each ICF/IID shall be responsible for requesting renewal of the beneficiary's acuity level assignment by compiling the beneficiary's information in the required format(s) and ensuring the submission of supporting documentation to DDS.

O. DHCF may refuse requests for retroactive adjustments to reimbursement rates based on late renewal submissions.