



Clinical Criteria Changes Related to Supported Living

Objectives

- Clinical Criteria for each Rate Category
- Guidelines on demonstration of need and suggested documentation with case examples
- What the staffing grid demonstrates and what it does not- (i. e. not sufficient as a standalone document)

Supported Living

Criteria for Supported Living in general is the same

Each Rate Category has additional criteria to meet



Additional Criteria for Supported Living

Category 1 Basic Support

Category 2 Moderate Support

Category 3 Extensive Support

IIB-SL

Non Ambulatory Stipend



IIBS-SL Reminders

- The IDT first decides on the category of SL that best fits the individual's needs
- Must meet criteria for **SL Category 3 Extensive Support** and need more than 28 weekly hours of individualized staff attention apart from shared staffing (that is, support provided by a second staff person) to apply for this service
- Request can be made on the same BWS as the SL but cannot be approved if SL-Category 3 is not approved

Reviews

If clinical criteria is not met for a higher rate category, the Outside Reviewer has the authority to lower the category on the Budget Worksheet and approve if justified

The denial of the higher rate category will be detailed in a letter from the OR and Fair Hearing rights will be retained for this denial

RFI procedures remain in tact for all new submissions

The Revised Staffing Grid : What it is and is NOT

- provides a snapshot of needs through a typical week
- Calculates total of 1:1 hours typically needed (rate categories are built on assumptions related to 1:1 hours within a group model)
- does not demonstrate need as a stand alone document
- documentation that demonstrates need is also required
- Is NOT a compliance document for DHI that obligates a provider to an exact daily staffing ratio, but must be submitted to the OR when requesting IIB-SL. Providers must comply with staffing requirements in the DD Waiver Service Standards.

Q & A

