

Outlier and SIS/ICAP Refresher

JANUARY 2020

Agenda

- ❖ Outlier criteria
- ❖ Outlier Request Process
 - ❖ Documentation and information needed for Review Team
- ❖ Outlier redacted letter example
- ❖ SIS and ICAP Assessment
 - ❖ Brief overview
 - ❖ Provider Role & Responsibility
 - ❖ DDPM Role & Responsibility
- ❖ Q&A

Outliers

What are Outliers intended for?

Criteria needed:

1. Meet one of the medical or behavioral qualifiers
2. Poses an imminent risk of harm to health or safety of self and/or others
3. Supports needs exceed hours identified by the multiplier calculation (SIS/ICAP)
4. Other mitigation options were pursued and/or implemented prior to the request for additional support hours and documented in the plan

Outlier Qualifier

Medical qualifiers:

- Uncontrolled seizure disorder
- Respiratory (trach care, chest PT, vent care)
- Gastrointestinal (IV fluids)
- Genitourinary (catheter care)
- Infection (active resistant infection & IV antibiotic)

Behavioral qualifiers:

- Inappropriate sexual behavior
- Self-injurious behavior
- Physical aggression
- Elopement
- Criminal activity

Special Consideration:

- Not an exclusive listing
- Most rare and severe cases
- Similar in severity

Outliers

Teams must meet to consider Outlier

Things to consider

- Exceptional behavior and/or medical score
- Overall Service Plan (OSP)
- General Event Reports (GER)
- Risk assessment
- Behavior Plan
- Other natural supports available?
- Are shared hours with other people available?
- Frequency and intensity of behaviors
- What has the team tried so far?
- Staffing ratios

Outliers

- Provider completes Outlier Request Form (SFN 1835)
 - Include supporting documentation (listed on checklist)
 - Plan must reflect the current situation that supports the outlier request
- Provider submits to DDPA, then to DD Division for review
 - Policy identifies timelines
 - Approved 6-12 months (align with OSP)
 - Outlier is a temporary adjustment to meet person's needs
 - Does not automatically renew
 - If need continues, team meets to re-submit
 - Approved amount is entered into the pre-auth

OUTLIER REQUEST CHECKLIST

Instructions: This checklist must be filled out and included with each Outlier Request to track if it is complete. The checklist must also be completed by the Provider, DDRPA, and DD Division. For incomplete requests, the provider will have 15 business days from the date of the notification to submit the required information to the DD Program Administrator (DDPA).

Outlier Request

The Outlier Request must be completely filled out in each applicable section. Look through the Outlier Request to ensure all areas are completed. The request is considered incomplete if missing information, for example: Service(s) Requested, Hours Requested for each identified service, Cessation Plan, CEO Signature, Addendum (if roommate present or sharing staff).

<input type="checkbox"/> Provider Verified	<input type="checkbox"/> DDRPA Verified	<input type="checkbox"/> DD Division Verified
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Supporting Documentation

Supporting information must be submitted with the Outlier Request. The items listed below must be checked to ensure the specified information is either in Therap, attached, or not applicable. If the information is located in Therap, include the specific location/module. If the supporting information is identified and not attached or able to be found in Therap, the request is incomplete.

Supporting Information	Provider Verified			If in Therap, List Location	DDRPA Verified	DD Division Verified
	NA	Therap	Attached			
Behavior Support Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Data Tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Seizure Logs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Medical Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Nursing Care Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
GERs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
RMAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Person Centered Service Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Team Meeting Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Medication Lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
QDDP Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Staff Schedules/ Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Outlier Data

- Seizure Logs
- Data Tracking
 - Summary
 - Attempts/occurrences – prompting data related to qualifier
- Nursing care plans
- Psychiatric assessment
- GERs
- Behavior Plan
- Functional Assessment
- Etc.

Data (Continued)...

Prompts for Appropriate Behavior Include: using charm as manipulation, verbal reports of anxiety, verbal reports of feelings of loss of control, small transgressions or rule testing that are new or unusual, eyes darting, increase in paranoid ideas, glaring, mumbling under his breath, grandiosity, talking about plans to do harm, covert watching of staff/others, any other prompting to minimize risk of physical aggression, sexual aggression, elopement, or other criminal behavior.

October 21-25					
	Monday	Tuesday	Wednesday	Thursday	Friday
Prompts for Appropriate Behavior	25	29	18	30	31
Prompts to Leave Home and Refused	7	17	6	8	5

Weekly Total: Appropriate Behavior: 133 Refusal to Leave Home: 43
Weekly Average: Appropriate Behavior: 26.6 Refusal to Leave Home: 8.6

Data

Mood Level 0 - Happy, normal conversation, joking around, laughter that is controlled. May choose not to complete a task initially but does so calmly without yelling or aggressing and the task is completed in the end.

Mood Level 1 - I am asking for reassurance, arguing with myself, laughing without any reason and very loud and excited-may lead to incontinence, nervous and/or anxious, overly excited, saying my thoughts are racing. (Anxiety in relation to death, health issues or people leaving without yelling or crying may be documented in this category)

Mood Level 2 - No redirection, Choosing not to complete tasks/Sleeping to avoid tasks, not going to do anything, sarcasm, statements such as "shut up", "I am not going to take your crap", becoming incontinent when in this level after being provided prompting to use the restroom and I have chosen not to.

Mood Level 3 - Yelling, aggressive tone/body language/physical contact, appears upset, tears in eyes, Threatening statements, insults. This level can occur very quickly

Mood levels are rated in 2-hour increments from 6am-10pm.

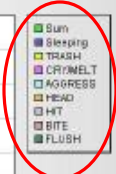
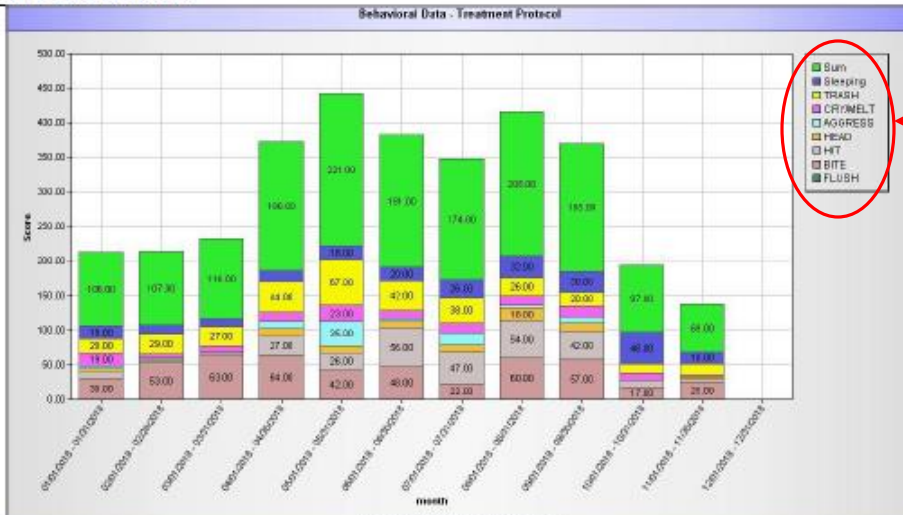
Level	June 2018	July 2018	August 2018	September 2018	October 2018
0	32.31%	52.81%	52.38%	54.46%	47.36%
1	40%	19.66%	24.87%	19.31%	22.10%
2	16.92%	10.11%	7.94%	10.4%	13.16%
3	10.77%	17.42%	14.81%	15.84%	17.36%

Target Behavior	June 2018	July 2018	August 2018	September 2018	October 2018
Threatening	16	81	90	26	17
Hitting	6	5	3	7	4
Nose	66	84	125	133	157
Scratching	1	0	0	0	0
Pinching	0	2	0	0	0
Kicking	0	0	0	0	0
Vehicle	1	1	4	1	2
Medication	-			9	3
Talking					Data start 11/1/2018

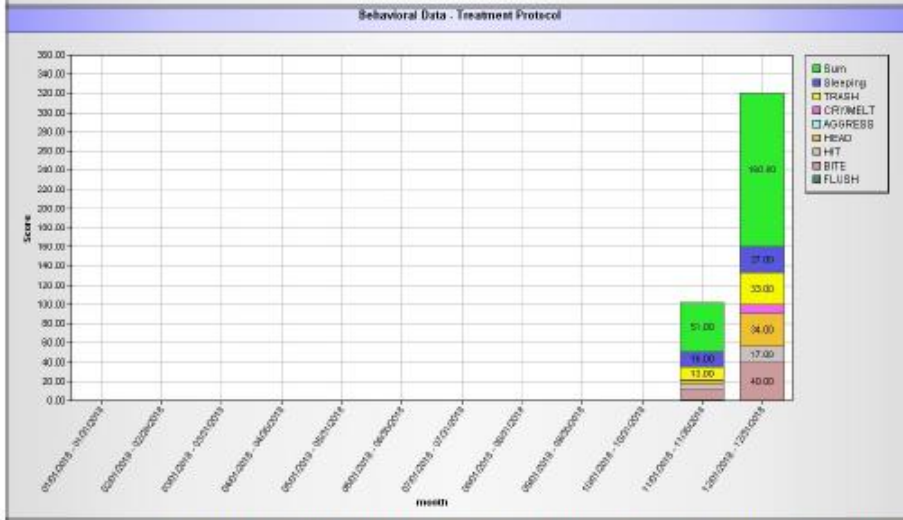
Behavior Support Needs

Describe the frequency of incidents requiring additional staffing, including number of GERS related to this behavior over the past year:

██████████ is tracked in an ISP program unless significant injury occurred resulting from any of the target behaviors. The Home Behavioral Data bar graph below includes monthly frequency of ██████████ target behaviors in his home over the past period of 1.01.2018-12.31.2018.



Legend or Key



	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Sum
FLUSH	0	0	0	0	0	0	0	0	0	0	1	0	1
BITE	30	53	63	64	42	48	22	60	57	17	36	40	532
HIT	10	2	5	27	26	56	47	54	42	10	9	17	305
HEAD	5	2	0	12	10	8	10	18	11	0	7	34	117
AGGRESS	4	3	1	10	35	4	17	4	9	0	0	0	87
CRY/MELT	19	6	9	13	23	13	14	14	16	10	4	9	150
TRASH	20	29	27	44	67	42	38	26	20	14	29	33	389
SLEEP	18	12	11	16	8	20	26	32	30	46	34	27	262
SUN	108	107	114	196	221	191	174	300	185	97	64	147	1800

(See Handout #1)

Cessation Plan

Teams are expected to develop an attainable cessation plan.

- Assist client to live as independently as possible
- Continuously explore alternative options

***Must be documented in the Outlier request**

Quarter One:

_____ team meets on a monthly basis to review data, discuss new opportunities for group involvement and fading staff support. Staff will support _____ by following the behavior support plan. To trigger advancement to the next level of staff fading, _____ will display no physical or verbal aggression that quarter and will display compliance with request to participate in shared staffing or group programming. Staff will document opportunities for fading supports during group activities and any refusals to participate. Goal is to fade 5 hours of support time each quarter. This level of fading is deemed appropriate to slowly introduce _____ to larger social settings and accompanying stimuli found in the _____ program. (This fading schedule will continue until we are able to replace 94 hours per month of 1:1 with shared staffing).

Quarter Two:

Previous plan continued.....

Goal is to fade 10 hours of support time each quarter. This level of fading is deemed appropriate to slowly introduce _____ to larger social settings and accompanying stimuli found in the _____ program. (This fading schedule will continue until we are able to replace 94 hours per month of 1:1 with shared staffing).

Quarter Three:

Previous plan continued.....

Goal is to fade 15 hours of support time each quarter. This level of fading is deemed appropriate to slowly introduce _____ to larger social settings and accompanying stimuli found in the _____ program. (This fading schedule will continue until we are able to replace 94 hours per month of 1:1 with shared staffing).

Quarter Four:

Previous plan continued....

Goal is to fade 20 hours of support time each quarter. This level of fading is deemed appropriate to slowly introduce _____ to larger social settings and accompanying stimuli found in the _____ program. (This fading schedule will continue until we are able to replace 94 hours per month of 1:1 with shared staffing).

Subsequent Requests

(See Handout #2)

Life Skills Transition Center (LSTC)/ North Dakota State Hospital (NDSH)

Qualifiers:

- Returning to previous provider
 - Minimum of 6 months at LSTC/NDSH
 - Reason for continued stay is not related to admission
- Enrolling with new provider
- Not required to meet imminent risk condition
- Requests made any time after leaving
 - Approval expires 12 months from discharge
 - After 12 months-person must meet Outlier qualifiers

SIS & ICAP

SIS Assessment

- Utilized for individuals 16 and over
- Regular reassessment every 3 years

ICAP Assessment

- Utilized for individuals' birth through 15
- Regular assessments every year

Rushmore Assessor Protocol

- Explain interview, purpose of assessment, respondent's role, assessment sections, rating key, how results distributed
- Completes questions based on collective respondent answers
- Review Assessment Protocol Checklist (SFN 1808) & obtain signatures

Assessment Scheduling

Initial Assessments

- Effective date-when service initially authorized
- Completed within 45 days if qualified responders
- Completed after services begin if no qualified responders
 - Must be completed on or after 90 days of entering services
 - Assessment effective date-first date began services
- Rushmore contacts provider to schedule

Reassessments

- Rushmore monitor when due & contacts provider-typically within 2 months of expiration
- Effect date-30 days after notice

Cancellation or Rescheduling

- Request 48 hours prior to interview if able
- Reasons include
 - Person will not attend, or the interviewer is not able to observe the person
 - Person is ill or in extreme distress
 - Inclement weather prevents traveling
 - Legal decision maker unable and wants to be in attendance
- Scheduling conflict on the part of a respondents is not sufficient. If one responder is unable to participate, the interview may still proceed if there are still 2 qualified responders

Provider Responsibilities

- Schedules meeting
 - Convenient time and location with person/legal decision maker
 - Notifies person, legal decision maker, qualified respondents, DDPM, and Rushmore within 10 business days after notification from Rushmore
- Send notice of scheduled assessment & fact sheet
 - Use required template letter housed in Therap
- Complete Assessment Checklist (SFN 1802) to verify:
 - Notified & invited person/legal decision maker
 - Interview arranged for convenient time & location
 - Notified DDPM
 - Arranged qualified responders
 - Give to assessor at interview

<https://www.nd.gov/eforms/Doc/sfn01802.pdf>

Provider Responsibilities

- Determines qualified responders
 - As least 2 people present
 - Worked with & familiar with person's needs
 - Provide accurate information
 - Known person for 3 or more months
 - Responders contribute across all environments (home, work, day, etc.)
 - Responders may be guardian, parent, family member, residential/day/employment staff, school personnel, etc.

Person & legal decision maker not required to attend the assessment, but encouraged to attend

If person doesn't attend, Rushmore assessor will observe or meet with the person briefly

DDPM Responsibilities

- Must be notified and should attend if schedule allows
- DDPM cannot be a qualified respondent
- During the interview address any concerns of the information provided with the assessor
- Notifies individual and legal decision maker of the assessment results (ARF) (SFN 1815)
 - Complete within 10 business days of receiving assessment results
 - Provides the assessment score hours for services person is currently receiving & for all available services
 - Provide family version if requested by individual/legal decision maker
 - Follow up as necessary to determine if team meeting is needed

SIS/ICAP

Out of Sequence Assessment

- New assessment outside of usual cycle
- Change in health/safety needs expected to last 6 months or more
- Need to identify the behaviors or needs that have changed
- Supporting documentation must be included

Appeals

- Person/legal decision maker have right to request an informal conference or appeal for:
 - Assessment (addresses concerns with process)
 - Denial of out of sequence assessment
 - Information located on Assessment Results Form (ARF)

Q&A

Questions?