EXCEPTION REVIEW FOR PLAN AUTHORIZATION

(Begins for plans submitted 8/1/11 or later)

The Department will complete an exception review and negotiate additional funding in <u>only</u> the following circumstances:

This process is supported by the following rules:

IDAPA 16.03.10.515.03 Exception Review and 16.03.10.513.08 Plan Negotiation

- I. A participant and the person centered planning team may request an exception review for individuals when they require *Intense Supported Living*. The participant's plan must include a request for Intense Supported Living services and supporting documentation must verify that the participant requires a type, frequency or intensity of support that is not addressed by the Inventory of Individual Needs. To qualify for additional funding there must be documentation submitted to support one or more of the following:
 - a. The participant has recent felony convictions or charges for offenses related to serious injury or harm of another person. These participants must have been placed in a supported living setting directly from incarceration or directly after being diverted from incarceration.
 - b. The participant has a history of predatory sexual offenses and is at a high risk to re-offend based on sexual offender risk assessments completed by appropriate professional.
 - c. The participant has a sustained history of serious aggressive behavior showing a pattern of causing harm to themselves or others. The serious aggressive behavior must be such that the threat or use of force on another person makes that person fear bodily harm. The participant must also have the capability to carry out such a threat. The frequency and intensity of this type of aggressive behavior must require continuous monitoring and regular and routine intervention to prevent injury to themselves or others.
 - d. The participant has chronic or acute medical conditions that are so complex or unstable that one-to one staffing is required to provide frequent interventions and constant monitoring. Without this intervention and monitoring, the participant would require placement in a nursing facility, hospital or ICF/ID with twenty-four (24) hour on-site nursing. Verification of the complex medical condition and the need for this level of service requires medical documentation.
- II. Participants and Person Centered Planning teams may request an Exception Review for individuals when they request High <u>Supported Living</u>. The participants plan must include a request for High Supported Living services and supporting documentation must verify that the service is required for health and safety and meets Medical Necessity criteria identified at IDAPA 16.03.10.012.14a.

All other participants requesting additional funding must do so as part of a budget appeal when they do not believe their assigned budget meets their assessed needs.

Exception Review Request form attached.

EXCEPTION REVIEW REQUEST FORM (Begins for plans <u>submitted</u> 8/1/11 or later)

Established Standards and documentation requirements identified below:

This process is supported by the following rules:

IDAPA 16.03.10.515.03 Exception Review and 16.03.10.513.08 Plan Negotiation

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	e Supported Living:
circu	need to provide exceptional support to address health and safety issues associated with the following cumstances will be considered for additional funding. Please check all that apply and provide umentation to support each.
	The participant has recent felony convictions or charges for offenses related to serious injury or harm of another person.
e e	<u>Documentation</u> : The documentation must describe the incident(s) and outcome. The documentation must support that as a result of the incident(s), the participant will access Intense Supported Living directly from incarceration or directly after being diverted from incarceration. Information must be provided by the Supported Living agency indicating the reasons why additional funding is required to maintain the participant's health and safety, what type of additional support will be provided and the anticipated cost of providing the support.
	The participant has a history of sexual offenses and is at high risk to re-offend.
	Documentation: The documentation must identify the type and frequency of the offenses. If there are current issues, data and incident reports must be provided to describe the status of the individual in relation to these offenses. There must also be a recent psychosexual risk assessment completed by a qualified professional that identifies the person's propensity to reoffend, why this level of support is required to maintain health and safety, and a treatment and supervision plan to manage or address any identified risk(s).
	The participant has a sustained history of serious aggressive behavior that shows a pattern of causing harm to themselves or others. The serious aggressive behavior must be such that the threat or use of force on another person makes the person fear bodily harm and the participant has the capability to carry out such a threat. The frequency and intensity of this type of aggressive behavior must require continuous monitoring and regular and routine interventions to prevent injury to themselves or others.
	<u>Documentation</u> : The documentation must include the data and incident reports to support frequency and intensity of the aggressive behavior(s). The Supported Living agency must include a current psychological evaluation and behavior management plan developed by a professional to address and manage the identified behaviors and the agency's plan for implementing this level of support in order to maintain the participant's health and safety.

interve	entions and constant monitoring a	ons that are so complex or unstable that requires frequent nd/or the participant has an acute medical condition that is so nt interventions and constant monitoring.	
	order that supports the chron assessments and notes. The for intervention. The profess	mentation must include a current physician's ic or acute condition and any medical, behavior or psychiatric documentation must also include a physician plan or nursing plan ional's plan must indicate whether there is a need for around the ng, and if not, what frequency, intensity and type of support is ant's health and safety.	
	PROJECTED TIME PERIOR	the over budget plan costs will be needed:	
	Start Date:	End Date:	
High Sup	ported Living:		
I.	I. Persons accessing High Supported Living and requesting additional funding must provide documentation to support that the service is required for health and safety and meets the following Medical Necessity criteria identified at IDAPA 16.03.10.012.14a. "The service is medically necessary if it is reasonably calculated to prevent, diagnose or treat conditions in the participant tha endanger life, cause pain, or cause functionally significant deformity or malfunctions." PROJECTED TIME PERIOD the over budget plan costs will be needed:		
	Start Date:	End Date:	