

Support Level Review Technical Assistance Call

Presented by: Case Management Unit
August 2022



Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



COLORADO

Department of Health Care
Policy & Financing

Purpose

- Clarify updates made to the Support Level Review (SLR) Form and process changes.
- Answer questions for Case Management Staff regarding the process.

Support Level Review Request *Submission Process*

- The [SIS Inbox](#) is for form submissions only. Please use the [Case Management Inbox](#) for all other inquiries.
- Case Managers need to download the [Support Level Review Request Form](#) (August 2022) in order to start utilizing the changes.
- Level 7 requests must include a Daily Rate Spreadsheet from the Provider (PASA) in order to be reviewed.

Support Level Review Request *Submission Process*

- Please ensure the correct address is listed on the SLR Review Request form.
 - Providers Agencies or PASAs are not an allowable source to review the SLR prior to submission. Please remember that this field must note a Member, Guardian, Authorized Representative, or family member.
 - Currently 1/3 of all letters sent out are being returned to the Department due to having an incorrect address listed.

SLR Request Form Change Details

- The Department has updated the IDT Member options.
- Please remember to explain why applicable participants were not involved in the planning process, **especially if this is a member.**

1. Indicate IDT members who were a part of the Support Level Review planning process; check all that apply.

<input type="checkbox"/> Member	<input type="checkbox"/> Day Habilitation (administration)
<input checked="" type="checkbox"/> Legal Guardian	<input type="checkbox"/> Day Habilitation (staff)
<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Residential Habilitation (administration)
<input type="checkbox"/> Other Family Member(s)	<input type="checkbox"/> Residential Habilitation (staff)
<input type="checkbox"/> Friend(s)	<input type="checkbox"/> Job Coach
<input type="checkbox"/> Other Natural Support	<input type="checkbox"/> Respite Provider
<input type="checkbox"/> Advocate	<input type="checkbox"/> Behaviorist
<input type="checkbox"/> Mentor	<input type="checkbox"/> Personal Care/Homemaker Staff
<input checked="" type="checkbox"/> Regional Center Admin or Staff	<input checked="" type="checkbox"/> Case Manager
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

If any applicable participants were not involved in the planning process, please explain why.

SLR Request Form Change Details

- The Department has updated the services listed.

2. Provide authorized and utilized waiver services outlined in the Support Plan. Explain any over/under utilization.							
Service	Utilized	Authorized	%	Service	Utilized	Authorized	%
Res. Hab.				Homemaker (Enhanced)			
SCC Tier I/II				Homemaker (Basic)			
SCC Tier III				Personal Care			
Spec. Hab. Tier I/II				Mentorship			
Spec. Hab. Tier III				Unit Respite			
Prevocational Services				Per Diem Respite			
Behavioral Assessment				Camp/Group Respite			
Behavioral Consultation				Job Development			
Individual Counseling				Job Coaching			
Group Counseling				Group Supported Emp.			
Behavioral Line Staff				Disposable Supplies			
Hippotherapy				Spec. Med Equipment			
Movement Therapy				Mileage Band			
Massage Therapy				CDASS Health Maintenance			
Personal Emergency Response							



SLR Request Form Change Details

- In Question 3, we have updated the additional support options to include awake overnight support.

3. Indicate State Plan Benefits currently in place, as well as additional or enhanced supports associated with the increase in care needs. If no State Plan Benefits or Additional Supports are indicated, please explain why.								
State Plan Benefits								
Service	Temp	Ongoing	Service	Temp	Ongoing	Service	Temp	Ongoing
Private Duty Nursing	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>	Specialist I	<input type="checkbox"/>	<input type="checkbox"/>
LTHH	<input type="checkbox"/>	<input type="checkbox"/>	EPSDT	<input type="checkbox"/>	<input type="checkbox"/>	Specialist II	<input type="checkbox"/>	<input type="checkbox"/>
Hospice	<input type="checkbox"/>	<input type="checkbox"/>	Dental	<input type="checkbox"/>	<input type="checkbox"/>	Specialist III	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Additional Supports								
Service	Temp	Ongoing	Service	Temp	Ongoing	Service	Temp	Ongoing
Exceptional Travel Time	<input type="checkbox"/>	<input type="checkbox"/>	LOS Supervision	<input type="checkbox"/>	<input type="checkbox"/>	CDASS	<input type="checkbox"/>	<input type="checkbox"/>
Specialized Medical Protocols	<input type="checkbox"/>	<input type="checkbox"/>	1:1 Support	<input type="checkbox"/>	<input type="checkbox"/>	Family Caregiver	<input type="checkbox"/>	<input type="checkbox"/>
Specialized Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	2:1 Support	<input type="checkbox"/>	<input type="checkbox"/>	Medication Management	<input type="checkbox"/>	<input type="checkbox"/>
Specialized Non-Medical Training	<input type="checkbox"/>	<input type="checkbox"/>	Awake Overnight Support	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>
Duplication of services evaluated: <input type="checkbox"/> Yes <input type="checkbox"/> No								

SLR Request Form Change Details

- The Department has eliminated the need for Case Managers to list the current Standard score from the Supports Intensity Scale (SIS)

4a. Provide an overview of discrepancies between the SIS Assessment and current ADL/care needs. This summary must **clearly explain** how the circumstances and needs were not properly captured by the SIS Assessment and Support Level determination process.

Changes in ADL/Daily Care Needs

<input type="checkbox"/> Bathing	<input type="checkbox"/> Dressing	<input type="checkbox"/> Transfer	<input type="checkbox"/> Mobility	<input type="checkbox"/> Receptive Language
<input type="checkbox"/> Paralysis/Loss of Limb	<input type="checkbox"/> Psychiatric Care	<input type="checkbox"/> Behavioral Intervention	<input type="checkbox"/> Toileting	<input type="checkbox"/> Expressive Language
<input type="checkbox"/> Eating	<input type="checkbox"/> Memory	<input type="checkbox"/> Decision-Making	<input type="checkbox"/> Self-Regulation	<input type="checkbox"/> Planning/Follow-Through

Summary of discrepancies between care needs and SIS Assessment, and why reassessment is not being pursued; if no discrepancies, please explain why:

SLR Request Form Change Details

- The Department has added to the Referrals & Complaint options to include the SLS exceptions Process and Tier 3 Day Habilitation

5. Provide a summary of steps taken to meet support needs leading up to this request.			
IDT Planning			
Meeting Date(s):			
Critical Incident Reporting (check all that apply, including reports as witness):			
<input type="checkbox"/> Mistreatment	<input type="checkbox"/> Abuse	<input type="checkbox"/> Neglect	<input type="checkbox"/> Exploitation
<input type="checkbox"/> Displacement	<input type="checkbox"/> Death	<input type="checkbox"/> Criminal Activity	<input type="checkbox"/> Excessive Property Damage
<input type="checkbox"/> Emergency Medical Treatment	<input type="checkbox"/> Medication Management	<input type="checkbox"/> N/A	<input type="checkbox"/> Other:
Referrals & Complaints in Past Year:			
<input type="checkbox"/> APS	<input type="checkbox"/> RFP	<input type="checkbox"/> RAE	<input type="checkbox"/> HCPF Escalations
<input type="checkbox"/> CDPHE	<input type="checkbox"/> Advocate	<input type="checkbox"/> Provider Integrity	<input type="checkbox"/> New HRC Submission
<input type="checkbox"/> Community Support Team	<input type="checkbox"/> Emergency DD Enrollment Request	<input type="checkbox"/> Medicaid Fraud Control Unit	<input checked="" type="checkbox"/> SLS Exceptions Process
<input checked="" type="checkbox"/> Tier 3 Day Hab	<input type="checkbox"/> Other:		
Summary/Outcomes/Recommendations:			

Support Level Review Request Tips and Tricks

- Consider how to determine if the form is an Initial or Re-exam Request.
 - Initial is for when a member has never had a Support Level Review completed before.
 - Re-exam is for when a member has applied for a Support Level Review in the past. This could be for a previous approval or denial.
- Please remember to complete the risk factor portion of the Member Information section. Properly documented risk factors can change a member's Support Level.

Support Level Review Request Tips and Tricks

- Please ensure the information shared is person-centered and explains the member's needs in detail.
- All documentation on the request needs to be current. The Panel would prefer to know what has occurred in the past year. Please remove outdated information.
- The Panel receives requests that document that extra funding will be used for an increase to HCBS-DD waivers services like Behavior Supports or Day Habilitation for members on the DD waiver. This waiver only has limits on the number of units for services, an increased support level would not help to increase the amount of support, as there is no SPAL.

Most denials occur because the Support Level Review Panel is not able to justify the increased funding based on the request. Detailed and current Person-centered and Person-specific information is critical to the SLR Panel's decisions.

Support Level Review Panel Responses

- Decision letters are emailed to Case Management Agency the following week after the panel.
- Decision letters are also mailed once a month to the Member, Guardian, or other address included on the SLR request form.
- The Department expects that the CMA will follow up with the member and IDT on the SLR decision.
- The next slides will note the Support Level Review Panel responses that are sent with each decision letter.

Support Level Review Panel Notes

- All of the member's needs are identified within the current SIS assessment, please support them at their current algorithm level.
- The information in the Support Level request form isn't current or person specific to the member's needs and doesn't demonstrate the need for an increase.
- The panel has identified that this member may qualify for Risk Values, please refer to [Informational Memo IM 22-011](#) for guidance.
- The Support Level Review Panel determined that a SIS Reassessment is needed. Please complete and notify the Department of the outcome.
- At time of re-exam, please submit a detailed plan with support utilized, progress made towards goals, and updated plan for future services.
- Please include a support step-down plan for this member, if submitting a new Support Level Review request for this member.

Support Level Review Panel Notes

- Coordinate with the RAE to address unmet support needs through State Plan Benefits.
- Coordinate with the RAE to address unmet mental or behavioral health needs through State Plan Benefits.
- Coordinate with the RAE to address Long-Term Home Health needs for the member.
- Consider an alternative residential setting for this member.
- Please ensure additional funding is used to provide additional staffing support to relieve the primary caregiver.
- Members who are 18-21 years of age must utilize EPSDT services in order to access behavioral support.



Support Level Review Panel Notes

- The Support Panel Review would like for you to apply for the Tier 3 Day Habilitation for your member. We believe you are hoping to secure 1:1 day habilitation funding for this member. We would like to see the process utilized before considering a Support Level Review approval for this person.
- Please consider utilizing Tier 3 Day Habilitation so that the member can receive 1:1 support.
- Please refer to [Operational Memo OM 21-025](#) to consider using the Tier-3 [Day Habilitation Individual Limit Exception Form](#) to complete this process. Contact Kyra.Acuna@state.co.us if you have any questions.

The Support Level Review Panel is always willing to review this member again if this process is not effective for meeting their needs.





Questions?



Resources

LTSS Case Management Tools

- SLR Request Form and Desk Guide

2022 Memos:

- Risk Factor Determination & Process Flow Memo (IM 22-011)
- Overview of Support Level Review Processes and Revised Request Form (OM 22-016)

Contact Info

Support Level Review,
SIS Reassessment Request Form Submission, and
updated SIS Reassessment outcomes:
sis_sl@state.co.us

Support Level Review and SIS Reassessment
Request Questions or Concerns:
hcpf_hcbs_casemanagement@state.co.us

Thank you!