



FLORIDA UTILIZATION AND CONTINUED STAY REVIEW

ICF Training for FARF Members

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Agenda

- **Introductions**
- **Utilization and Continued Stay Review Overview**
- **Level of Reimbursements One, Two, and Three**
- **APD's Global Behavioral Service Need Matrix**
- **Documentation Requirements**
- **Atrezzo and LOR Change Requests**
- **Questions?**



Federal Mandate and State Rule

Utilization Review (UR) & Continued Stay Review (CSR) are federal requirements for all residents of both private and public ICF/IIDs. Any person or entity prescribing or reviewing a request for intermediate care facility for individuals with disabilities must be in compliance with the provisions of Florida Medicaid Intermediate Care Facility for Individuals with Disabilities Services Coverage Policy, AHCA, July 2016, which is incorporated into 59G-4.170, Florida Administrative Code.



Utilization Review

The process of determining if the quality and costs of ICF/IID services meet professionally recognized standards of health care for recipients.



Continued Stay Review

An assessment to determine the appropriateness of continuing ICF services performed **every six (6) months**.



Level of Reimbursement Change

An assessment when a **significant change** in status occurs which may impact the recipient's need for continued stay in the facility at the appropriate level of reimbursement.

Federal Regulations

§ 456.360 Certification and recertification of need for inpatient care

(a) Certification.

- (1) **A physician must certify** for each applicant or beneficiary that ICF services are or were needed.
- (2) The certification must be made at the time of admission or, if an individual applies for assistance while in an ICF, before the Medicaid agency authorizes payment.

(b) Recertification.

- (1) A physician, or physician assistant or nurse practitioner (as defined in § 491.2 of this chapter) acting within the scope of practice as defined by State law and under the supervision of a physician, must recertify for each applicant or beneficiary that ICF services are needed.
- (2) Recertification must be made at least –
 - i. **Every 12 months** after certification in an institution for Individuals with Intellectual Disabilities or persons with related conditions; and

ICFs are responsible for ensuring **all** pertinent information is in the recipient's record and is easily accessible to the Kepro clinician when the review is performed on-site at the facility

Medicaid Handbook Requirements

The following information, at a minimum, will be included in the recipient's record for review:

- Name of recipient
- Name of recipient's physician
- Name of qualified intellectual disabilities professional (QIDP)
- Date of admission and dates of application for Florida Medicaid, if after admission
- Plan of care
- Individualized Program Plan (IPP)
- Assessments/documentation/progress notes to support implementation of the IPP
- The reason and plan for continued stay, if continued stay is recommended.

Medicaid Handbook Requirements for Review Process

What is required for review?

1. **Habilitation Plan**
2. **Physician Certification**
 - **Medication Information Sheet**
 - **3033B**
3. **Medical Documentation**

1. The IPP to determine if it includes training objectives, behavioral interventions, plan of care, medical supports/treatments, therapeutic services and supports, etc.
2. The comprehensive functional assessment supports the need of the services outline in the IPP.
3. Data is available on objectives/interventions/supports identified as being medically necessary.
4. Evidence of QIDP monitoring on all objectives/interventions/supports outlined in the IPP.
5. Evidence the IPP is being revised when there is lack of progress on an intervention, or when new needs are identified, or when objectives are accomplished.
6. The plan of care is current and health care needs are being monitored closely.
7. The recipient is receiving specialized medical care when medically necessary.
8. Professional staff is involved in the recipient's care when medically necessary, i.e. dietitian, therapists. etc.

Level of Reimbursement One

Level One

Recipients who are ambulatory with or without the assistance of a mechanical device, able to transfer themselves without human assistance, but may require assistance and oversight to ensure safe evacuation.

Review Process

- Onsite observation
- Chart Review
- UR or CSR Form Completion in Atrezzo
- UR or CSR forms faxed to ICF
- Copies of LOR forms (URs or Level Changes) faxed to ICF and DCF ACCESS

Level of Reimbursement Two

Level Two

Recipients who require human assistance for mobility, transfer to or from a mobility device, or require continuous medical and nursing supervision.

Review Process

- Onsite observation
- Chart Review
- UR or CSR Form Completion in Atrezzo
- UR or CSR forms faxed to ICF
- Copies of LOR forms (URs or Level Changes) faxed to ICF and DCF ACCESS

Level of Reimbursement Three

Level Three

Recipients with severe maladaptive behaviors who have been assessed using the Agency for Persons with Disabilities' Global Behavioral Service Need Matrix with a score of at least Level 4 and up to Level 6 or assessed using the criteria deemed appropriate by the Agency for Health Care Administration regarding the need for a specialized placement in an intermediate care facility for the developmentally disabled.

Review Process

- Onsite observation
- Chart Review
- IB Matrix and UR/CSR Form Completion in Atrezzo
- Matrix Summary and UR/CSR forms faxed to ICF
- Copies of LOR forms (URs or Level Changes) faxed to ICF and DCF ACCESS

Behavioral Rate (LOR 3) Requirements



Documentation will include

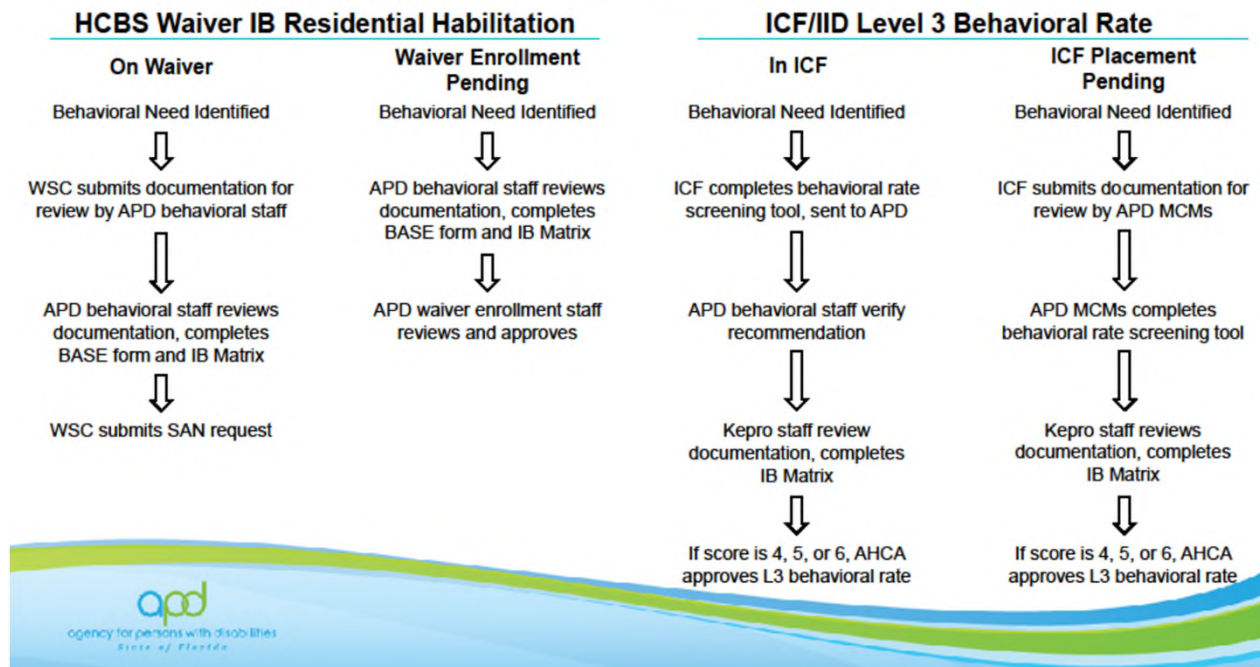
1. ICF/IID Behavioral Rate Screening Tool*
2. Behavioral Analysis Support Plan
3. Incident Reports
4. Medical / Hospital Documentation

*** The ICF/IID Behavioral Rate Screening Tool, also known as the HCBS Waiver's Behavior Analysis Services Eligibility (BASE) form. This screen must be completed by the ICF and submitted to Kepro for any LOR Change requests for LOR 3.**

- Kepro will only complete the Matrix assessment for LOR 3 if at least one characteristic is reflected on the received form.
- Only individuals who score a 4, 5, or 6 and the Matrix assessment will be approved for LOR 3.

Completing the ICF/IID Behavioral Rate Screening Tool

Behavioral Rate Determination Process





Completing the ICF/IID Behavioral Rate Screening Tool

Behavioral Characteristics: Must meet at least one within the last 6 months to be determined eligible. Please check all that apply.	Met
• Engaged in behavior that caused injury to self or others that required emergency room or other inpatient care from a physician or other health care professional	<input type="checkbox"/>
• Engaged in a behavior that creates a life-threatening situation, such as, excessive eating or drinking, vomiting, ruminating, eating non-nutritive substances, refusing to eat, swallowing excessive amounts of air, and severe insomnia	<input type="checkbox"/>
• Engaged in unauthorized fire setting	<input type="checkbox"/>
• Attempted suicide	<input type="checkbox"/>
• Intentionally caused damage to property in excess of \$1,000 in value during one incident	<input type="checkbox"/>
• Engaged in behavior that was unable to be controlled via less restrictive means and necessitated the use of restraints, either mechanically, manually or by commitment to a crisis stabilization unit, three or more times in a 30-day period, or six times across the applicable six-month period	<input type="checkbox"/>
• Engaged in behavior that resulted in the recipient's arrest and/or confinement	<input type="checkbox"/>
• Engaged in sexual behavior with any person who did not consent or is considered unable to consent to such behavior, or engaged in sexual behavior that caused injury to self or others requiring emergency room or other inpatient care from a physician or other health care professional	<input type="checkbox"/>
• If the supervision and environment is such that the recipient lacks opportunity for engaging in these serious behaviors, the behavior analyst providing services must provide data, probes or other documented evidence to the regional behavior analyst providing oversight for services, showing that the behavior would likely occur at least every six months if the recipient were without the supervision or environment provided	<input type="checkbox"/>
Comments/ Justification*: <input type="text"/>	

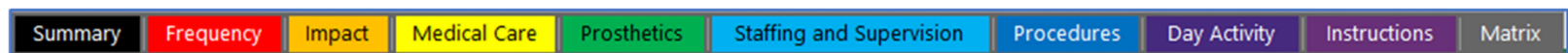
What is the Matrix Assessment?

The Global Behavioral Service Need Matrix

(a.k.a.: GBSNM, IB Matrix, “the matrix”)

Summary – A tab in which basic information about the completion of the IB Matrix is included and information indicated on the Scoring Tabs is compiled such that all relevant information is summarized. Tabs include both target behaviors, intervention strategies, and severity of outcomes.

Scoring – A tab that contains all criteria for a particular scoring category. The applicable criteria are scored and notes for how they are applicable are entered.



Documentation for the Matrix Assessment

The role of DATA is both critical and essential in calculating and identifying behavioral needs.

The sources of such data includes but is not limited to the following:

- Restraint log/Reactive Strategies logs
- Individual Support Plans/Habilitation Plans (**30-day admission/assessment reports).
- Medical reports including admission/discharge summaries as applicable, specialist reports (i.e., Psychiatry, Neurology).
- Active Treatment program strategies- Replacement and skill acquisition data
- Incident Report Forms (and follow-up documentation).
- Behavior Support Plans (including Functional Behavioral Assessment results and current data).

Submitting Review Documentation for LOR Three

Step 1: Request a Matrix review for LOR 3 by uploading documents directly to the case or Fax to the system at 844-209-4288. Cases will not be considered for review without a complete referral packet. Kepto must receive the following in order to move forward:

1. Current 3033B
2. Base Form (Screens for 9 behavioral characteristics).

Step 2: Once the above documents are received and the individual is found eligible for a Matrix assessment, Kepto will reach out to schedule the onsite observation and additional documentation review (behavioral plans, medical charts, incident reports, etc.).

Step 3: Kepto's licensed clinician will complete the Matrix assessment within Atrezzo and the system's algorithm will reflect the final scoring. Documents can be found in the system but will also be faxed to the ICF and DCF ACCESS as needed.



Haven't Registered with Atrezzo (Provider Portal) Yet?

- ICF staff can register to use the portal and can begin the process by accessing our website at <http://floridaicf-csr.kepto.com> or by emailing us at FLUR-CSR@kepto.com.
 - **What is needed?**
 - Your Full Name
 - Your Title
 - Your Email Address
 - Facility NPI
 - Facility Name
 - Facility Address
 - Facility Phone Number
 - Facility Fax Number
- **Once you receive your registration code**, go to <https://portal.kepto.com/> to log in.
- If you need any assistance, contact us at FLUR-CSR@kepto.com or call us at 888-305-6377.

Received Your Registration Code?

Click on “register here” with your registration code and follow the directions to create you new account.

First time logging in with a prior account?

Follow the instructions for MFA by choosing the middle sentence and “click here.”



LOGIN OPTIONS

Kepro

Use this login button if you have a Kepro domain account.

LOGIN

☐ Remember Me

Customer/Provider

Use this login button if you are a customer or provider user.

LOGIN WITH PHONE

LOGIN WITH EMAIL

☐ Remember Me

If you don't already have a Kepro account, you can [register here](#).

If this is your first login with multi-factor authentication, [click here](#) to complete your registration.

Having trouble logging in? [Click here](#).

Registered with MFA?

Choose "LOGIN WITH PHONE" or "LOGIN WITH EMAIL" for regular system use. Once logged in, you can search any consumer or case in your facility record in order to submit documentation



LOGIN OPTIONS

Kepro

Use this login button if you have a Kepro domain account.

LOGIN

☐ Remember Me

Customer/Provider

Use this login button if you are a customer or provider user.

LOGIN WITH PHONE

LOGIN WITH EMAIL

☐ Remember Me

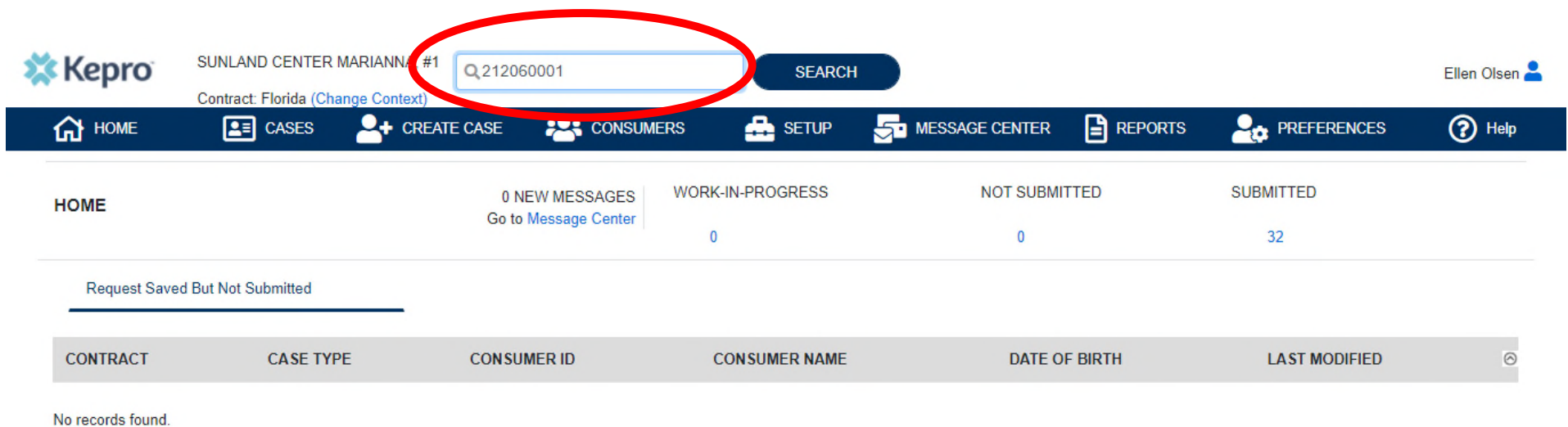
If you don't already have a Kepro account, you can [register here](#).

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Having trouble logging in? [Click here](#).

Search by Case ID

You can also search by a specific case ID by adding it to the search feature and clicking on search. If you have access, you will be able to view the case to add documents, print documents, or monitor status.



Kepro SUNLAND CENTER MARIANNA #1 **SEARCH** Ellen Olsen

Contract: Florida ([Change Context](#))

HOME **CASES** **CREATE CASE** **CONSUMERS** **SETUP** **MESSAGE CENTER** **REPORTS** **PREFERENCES** **Help**










HOME 0 NEW MESSAGES Go to [Message Center](#) WORK-IN-PROGRESS 0 NOT SUBMITTED 0 SUBMITTED 32

Request Saved But Not Submitted

CONTRACT	CASE TYPE	CONSUMER ID	CONSUMER NAME	DATE OF BIRTH	LAST MODIFIED
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No records found.

Search by All Case Types

 HOME  **CASES**  CREATE CASE  CONSUMERS  SETUP  MESSAGE CENTER  REPORTS  PREFERENCES  Help

CASE / SEARCH - BY CASE

CASES

BY CASE

BY CONSUMER

CASE TYPE *

Assessment

CASE STATUS *

Submitted

REASON

Select One

ASSESSMENT TYPE

Select One

REQUEST TYPE

Select One

SUBMITTED FROM DATE

MM/DD/YYYY


SUBMITTED TO DATE

MM/DD/YYYY

SEARCH

Uploading Documentation

ATREZZO - CASE DASHBOARD

CONSUMER NAME	GENDER	DATE OF BIRTH	LOCATION	COUNTY	CONSUMER ID	CASE TYPE	CONSUMER CONTRACT	
Ellen Olsen	Female	07/01/2021 (24 Days)	123 APD Street Tallahassee FL	Leon	TEMP001752021072200000	APD Assessment	FLAPD	

	CASE ID	CASE CONTRACT	SUBMITTED ON	REASON	OUTCOME
IN-REVIEW	212060001	FLAPD	<ul style="list-style-type: none"> Contacts / Legal Representative Submitting Provider Facility Attending Physician Request Detail Diagnosis Documents(0) 	SUNLAND CENTER MARIANNA, #1 / 1760558936 / / FL	APD Assessment
Case Overview					

CLICK HERE TO UPLOAD FILE +

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