

**Section 21 Agency Home Support Templates for
“Additional Information” of CareConnection
Submission Guidelines**

- Please remember changes in hours need to follow the established PCP process. Service Proposal Addendums need to be submitted to the OADS Resource Coordinators and they will notify providers when they can proceed with requests for hours through KEPRO.
- Please submit PAs or CSR as needed for each member of the home at the same time. Authorization start and end dates need to match for each member to be entered into EIS.
- PAs and CSRs are for 182 days. This reflects members weekly hours multiplied by 26 weeks.
- Authorization requests for increased hours cannot have a start date prior to the date of submission. If requests for increases are submitted with start dates prior to the date of submission dates will be edited by KEPRO care manager.
- Please note that if requests are made for change in hours and billing occurs based on previous authorization the authorization start date cannot be retroactive to dates already billed.
- Please double check date ranges and unit calculations prior to submissions. Correction to cases that have been processed final may cause billing errors or delays receiving EIS authorization numbers.
- For Medical Add On please submit both T2016 PD and T2016 SC reviews together and double check that the dates match.
- For Medical Add On please add medical components/procedures as well as time spent for each procedure.
- The use of the PASRR section and functional evaluation in CareConnection while not required, is recommended as these sections provide useful information related to services for Home Support and Medical Add On services.

Reason for Request:

Please indicate if request is to continue service due to current authorization ending or being submitted due to a change in service i.e. member moving in or out, change due to an absence, addition or reduction of community supports etc. If due to a change please include the date of the PCP meeting.

Member Information:

Describe specific daily support needs of member. If there are hours of 1:1 or greater support needed regularly please describe the functional deficits: Behavioral, Medical, Safety, Communication that require this level of support. Provide rationale for why staff cannot be shared, the risks to lower levels of staffing, what past efforts have been made to reduce staffing, and what would be needed to be in place to safely reduce staffing. Does member/consumer have day program, work, volunteer or natural supports in place that are attended without staff support, if so how many hours per week?

Program/House Information: (This information could be identical for each member in the Agency Home)

Indicate total weekly hours for the home. Indicate weekly hours for the member and how these hours were determined/calculated. Identify the other members in the home (by case ID, unless this is the first housemate to be submitted) and their weekly staffing hours. Please note that staffing hours in the home are shared by members in the home regardless of specific staff assignments. Example: 8 hours with 3 staff and 3 members in the home is shared equally even if one member has a 2:1 and the other 2 members share one staff.

Template for Hours per Member:

Determine the number of weekly hours per member at each staffing ratio. Example:

Staffing Ratio	Hrs	Days per Wk	Hrs Per Wk	Hrs Per Member
1:1	2	7	14	14
2:1	17	7	119	59.5
2:1	5	2	10	5
Total				78.5

Medical Add On Requests Template for “Additional Information”

Please include the following information when requesting Medical Add On Services:

- What is the approximate length of time required for each episode of treatment or intervention?
- What is the specific procedure(s) that will be performed?
- How many hours are spent per shift performing medical interventions?
- Any hospitalizations in past year?
- Has member had acute illnesses that interrupt normal activity in the past year?
- How many medication changes have occurred in the past year?
- How frequently are meds administered? By what route? Any injections/nebulizers?
- Frequency of vital sign monitoring?
- Frequency of weight monitoring?
- Eating Skills-What level of staff support is required? Any adaptive equipment required for eating?
- Dietary Needs- Is a special diet required?
- Are there any urinary or bowel issues?
- Frequency of nail care? Any nail infections? Does consumer require a podiatrist?
- Skin issues: Is there chronic or current breakdown? Is skin visualized daily?
- Hearing: Any deficits? Frequency of consults?
- Visual: Any deficits? Frequency of consults?
- Does consumer have tracheotomy? Frequency of care?
- Decubitus Care? Frequency of care?
- Does consumer have catheters? Care needed?
- Does consumer have colostomy? Care needed?