

ICF/MR Waiver Requests for Staffing

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ICF/MR Task Force
September 9, 2009

ICF/MR Waiver Requests for Staffing

- Waiver requests for staffing are part of the normal waiver request process that is due to ODP by October 31st.
- In the event there is an unforeseen circumstance within the fiscal year the request for additional staffing must be submitted within 30 days of the event.

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- Staffing requests may be for new/additional direct care workers or licensed nurses
- Requests may be for a temporary condition
- Requests must include documentation so ODP can evaluate the request and provide the provider an answer
- All request for any staff must use the request for staffing form, effective September 14, 2009

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- Guidelines for completing the request for increased staffing, Page 1
 - ✓ Place a check in the appropriate box for the type of request. Check only *one* box per request.
 - ✓ Is this for an initial request for service or an increase in existing services/staff?

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Information

- ✓ Print the provider full name.
- ✓ Date of the request must be completed (mm/dd/yyyy).
- ✓ Please provide the consumer's initial that will require the increased staffing.

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- ✓ Provide the service location number and the number of people living at the site.
- ✓ Enter the 9 digit provider MPI identification number.
- ✓ Complete the table "List current staffing pattern".
- ✓ Answer the question about medication administration; if the answer is not applicable leave blank.

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- Describe all current health conditions
- Describe current services and supports for the consumer prior to the request this request
- Be concise, but provide as much information as possible so we can get a clinical picture of the individual

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- Page 2 , complete the lines by noting the consumer initials, provider name and MPI number at the top of the page.
- Describe what has changed in the person's health that requires a licensed nurses
- Describe what has changed in the person's support system and services that may require additional direct care

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- Time requested- days of the week, hours, length of time anticipated in terms of months, etc.
- Attach documentation to support the request for additional staffing
- Complete the request by signing the form and mailing the completed form and accompanying documentation to ODP, Attn: Kathy Deans at the address listed.

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QUESTIONS
