Request for Clinical Review

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Georgia Department of Behavioral Health & Developmental Disabilities

July 28, 2021

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Submitting Request for Clinical Review Clinical Assessments

Policy 02-444 to be updated

Services Changes via the ISP and Request for Clinical Review for NOW and COMP wavier Participants

When should an RCR be submitted to request a Social Work Clinical Assessment?

- Moving out of independent home or family home into CRA.

- Moving out of CRA into family home or independent home with need for CLS. If CLS request is over 6 hours RSA or State FO Director will review for approval. SC/ISC will need to include a detailed justification in additional comments on RCR.

- Significant change in home or family environment or loss of caregiver/s at home. Social Worker may determine desk review is sufficient.

When should an RCR be submitted to request a Social Work Clinical Assessment?

- Lives in family home or independent home and requesting CLS to replace time typically spent in a "day service" and has not previously had CLS as an assessed need. Social Worker may determine desk review is sufficient.

- Change from traditional services to Participant Directed. SC/ISC should include detailed justification in ISP Version Change.

When RCR is not required for Social Work and only ISP Version Change is needed.

- Lives in family home or independent home, has CLS already and is requesting additional CLS funds due to change in circumstances. SC/ISC should include detailed justification in ISP Version Change. ISP Clinical Reviewer will complete desk review and approve.

- Full CAG and requesting Full CAI does not require SW Assessment. SC/ISC should include detailed justification in ISP Version Change

- RCR is not needed for Vehicle Adaptations, IDGS, Environmental Accessibility Adaptations only ISP Version Change and Quotes & Orders from Ga. Licensed Physician uploaded to documents.

- Has a new need for CAG/CAI/Prevoc and has never had services before.

- Respite Service Changes

Annual Reviews for Nursing and Behavior Supports

SC/ISC do not need to create Request for Clinical Review for participants receiving services prior to ISP/Birthdate to continue services

OHW Managers create the annual RCR Request for Clinical Review.

SC/ISC can view the request under the Outcome & Support Notes Tab>RCR.

SC/ISC can view clinician assignments under the Evaluation>Clinical Mailbox Tab

View the request under the Outcome & Support Notes Tab>RCR.

Click on Outcome & Support Notes, Request for Clinical Reviews highlighted in white

View the request under the Outcome & Support Notes Tab>RCR.

	ID ⇕	Request Type ⇕	Date Requested ⇕	Requested By ⇕	Assigned Clinician ⇕
⊕	11027	Social Work	03/10/2020	Neil Shah	
⊕	11028	Behavioral	03/10/2020	Neil Shah	
⊕	11120	Nursing	03/13/2020	Karen Cawthon	
⊕	17234	Nursing	06/23/2020	Karen Cawthon	Amy Lovern

Click on green circled plus to see status> Complete, In Progress, or Cancelled

Click on the blue numbers under ID to review the RCR

View clinician assignments under the Evaluation>Clinical Mailbox Tab

Click on Evaluation Tab and Clinical Mailbox highlighted in white on left.

To open an assignment to check status click on green circled plus.

View clinician assignments under the Evaluation>Clinical Mailbox Tab

To see the Assigned Clinician and Date Assigned scroll to right.

When should an RCR be submitted to request Clinical Assessment of Nursing Services

• For individuals not receiving Nursing Services has there been a medical level of care change that indicate a need to be assessed for nursing services? Example direct skilled nursing task identified (LPN), RN Oversight for Proxy, etc.

• If individual is receiving Nursing Services currently and there is a change prior to the annual update, SC should review current State Nursing Assessment. Has there been a medical level of care change in skilled nursing task that indicate a need for increase or decrease nursing services? (Examples: Medication Frequency, Additional Orders, etc.)

When should an RCR be submitted to request a Clinical Assessment of Behavior Support Needs (CABS)?

- 1st- SC should always check in IDD-C to see if a CABS has been completed as an annual assessment or updated within the past 12 months.

- 2nd- Has there been a change in behaviors that are harmful and impacting the individual's functioning?

To view Behavior Supports Assessment

Click on Evaluation, Discipline Specific Assessments highlighted in white on left

Click on Behavior Supports under Evaluation Type

What information is included in the RCR request to help determine the need for a CABS?

➢ Reason for Request: Is the request due to an increase or change in intensity/frequency of previously identified problem behaviors: or
  • New challenging, problem behaviors have emerged; or other (requires further description)

➢ The RCR asks how long has the person exhibited changes in behavior, where the behaviors occur (e.g. home, day program, in community), and to **describe** behaviors that present risk of harm to self, others, animals, or property. (What is the person doing, what does the behavior look like?)

➢ The RCR also asks if behaviors have resulted in GCAL, law enforcement , ER/crisis admissions due to behaviors involvement, if there are behavioral health and/or substance abuse concerns.

What information is included in the RCR request to help determine the need for a CABS

- **It is important to provide a description of the behaviors that have been observed and what if any interventions have been attempted to address the current behaviors.**

- Document if there is an existing behavior support plan/crisis/safety plan that has been updated that can be referred to for review or changes reported by the BSS provider.

Support Intensity Scale

SC and ISC should use the SIS Request Form

See Policy 02-436 Instructions and Attachment A - SIS Request Form

Do not create Request for Clinical Review in IDD-C

SERVICES

SMS and SME

- SCs or ISCs are authorized to make certain service changes via the ISP Version Change <u>without</u> submission of a Request for Clinical Review as indicated in Policy 02-444.

- The SC or ISC must include proper justification for the service change within the new ISP Version Change.

- A physician order is in place for Specialized Medical Supplies (SMS); the SC or ISC has verified that the items are not covered under Medicaid, Medicare, or private insurance, and the amount requested does not exceed the $3800.00 annual maximum

- A physician order is in place for Specialized Medical Equipment (SME), the SC or ISC has verified that the items are not covered under Medicaid, Medicare, or private insurance, and the individual has not met the lifetime maximum.

Therapy Services

- PCP Order for Therapy Services is required.
  - (PT,OT,SLP, and or Nutrition)

- RCR requesting Clinical Assessment <u>is not required</u> to add Therapy Service

- The SC or ISC must include proper justification for the service in the new ISP Version Change.

- ISP Clinical Reviewer can approve Service Line

Request for Clinical Review TIPS

- SC/ISC should look under the Support Outcome & Support Notes Tab>RCR to determine if there is already an RCR In Progress. SC/ISC can view clinician assignments under the Evaluation Clinical Mailbox Tab and reach out to clinician regarding additional support needs.

- It is important that the SC or ISC document justification/details in Additional Comments at the end of RCR.

- If I & E Manager cannot determine the need for RCR due to lack of information the I & E Manager cancels the RCR and sends an email to the SC/ISP to create a new RCR adding additional information.

- Clear comments assist the clinician who will perform assessment to ensure proper documentation related to the RCR is captured.

Recommendations from Evaluations

Recommendations from evaluations can often result in a version change or appear in the Service Summary while a version change is being completed for reasons outside of a clinical recommendation. The recommendations can also target an approved services that is currently in the Service Summary. The original, approved service(s) should not be removed in case of a service duplication. The original, approved service can be adjustment, 'Amount', 'Frequency' and/or 'Duration of Service' to capture the elements of the recommendation.

Detailed Service Description			Recommendation From/Date	Amount
Community Access - Group	APPROVED	▾		5.00
Community Access - Group	DUPLICATE	▾	EVAL - Behavioral - 05/18/2021	20.00

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Recommendations from Evaluations Continued

Step 1: Identify the duplicate service line.

Detailed Service Description	Recommendation From/Date	Amount
Community Access - Group **APPROVED** ▾		5.00
Community Access - Group **DUPLICATE** ▾	EVAL - Behavioral - 05/18/2021	20.00

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Step 2: Review and compare the 'Amount' for both lines.

Detailed Service Description	Recommendation From/Date	Amount
Community Access - Group **APPROVED** ▾		➡ 5.00
Community Access - Group **DUPLICATE** ▾	EVAL - Behavioral - 05/18/2021	➡ 20.00

|◀ ◀◀ [1] ▶▶ ▶| 10 ▾

Recommendations from Evaluations Continued

Step 3: Increase the amount on the approved line.

Detailed Service Description		Recommendation From/Date	Amount
Community Access - Group	APPROVED ▼		20.00
Community Access - Group	DUPLICATE ▼	EVAL - Behavioral - 05/18/2021	20.00

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Step 4: Remove the duplicate line.

Detailed Service Description	Recommendation From/Date	Amount
Community Access - Group ▼		20.00

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