



**DDDS Procedure  
ICAP Exception Request and Review  
CS PRO101**

<b>Revision Date</b>	<b>Sections Revised</b>	<b>Description of Revision</b>
01/10/2018	All	Origination date
09/04/2018	3 – Standards 4 – Procedures Appendix “A”	Added in standard #3.2 Ukeru as an alternative Form CS FRM 101A revised to reincorporate Exception Request Acceptance Form (Authorization) Revised procedures to incorporate stakeholder input
06/18/2019	All	Clarifying language added, Examples added, Timelines added
08/01/19	3-Standards	Additional Examples
9/10/19	3-Standards	3.3 e, Example added
9/25/19	3-Standards 4-Procedure	Clarifying language added Resource mailboxes renamed

10/28/19	3-Standards	Language added for individuals that may need staff support at hospital stay(s)
12/9/19	3-Standards	Language added regarding changing from one service provider to another.  Procedure Final
3/16/2020	3-Standards	Additional Example added to cover day service closures related to outbreak or pandemic situations  Procedure Amended
8/14/2020	3-Standards	Revised language for DSP support in an acute care hospital setting
6/08/2021	3-Standards	Language added regarding the return to day services following a public health emergency or pandemic  Procedure Amended
Director's Signature/Date:		<b><i>Live signature is located in the Office of the Director</i></b> Effective:



## **DDDS Procedure ICAP Exception Request and Review CS PRO 101**

### 1. Purpose

- 1.1 The Division of Developmental Disabilities Services (DDDS) recognizes that an individual's circumstances (temporary or more long term in nature) may precipitate the need for additional support hours beyond those identified in the individual's ICAP Summary. The purpose of this policy is to define the expectations and process of how a request for additional support hours is submitted by DDDS Contracted Providers, evaluated and processed by DDDS Community Services staff.

### 2. Scope

- 2.1 This procedure applies to DDDS Contracted Providers and DDDS Community Services.

### 3. Standards

- 3.1 "Planning Team" includes (at minimum) the individual, legal guardian and/or circle of support; providers (Residential, Shared Living or Day Services); Support Coordinator, Resource Coordinator, Community Navigator and/or Employment Navigator.
- 3.2 All initial service authorizations are generated at the standardized ICAP rate.
- 3.3 When completing the Request for Additional Support Hours form (Appendix A), the Provider shall include:
- a. An explanation as to why the current number of ICAP-assessed hours are insufficient to meet the needs of the service recipient.
  - b. The proposed number of additional support hours per day requested to meet the service recipient's support need(s).
  - c. The anticipated timeframe for which the additional support hours will be needed (i.e. specific beginning and end dates). Some examples of requests that may require additional support hours include transition between programs or providers, a recent change in medications, reduced attendance or retirement from day services, etc. \*\*Please note that when an individual changes service providers a new exception rate request form must be submitted by the new provider if additional hours of support will be needed.

- d. The rationale for how the requested increase in support will result in quality of life improvements for the service recipient. Specifically, a description of the extent to which the requested increase in support is expected to improve or maintain the overall health of the service recipient, mitigate health and/or safety risks to the consumer, and/or enable the consumer to more fully engage and participate in the broader community.
  - e. Any requests to return to ICAP hours during the time-period that an Exception Rate Request has been approved must be submitted on the Exception Rate Request form and the box labeled Modification should be checked.
- 3.4 Exception Requests that will most likely require on-going considerations are events or situations that are not likely to be quickly remediated. For example, an individual with sex-offending behaviors or chronic health conditions, which requires increased hours of direct support in order to adequately meet the service recipient's needs. These requests are typically approved between 6-12 months at a time and must be reviewed at a minimum of annually.
- 3.5 The provider shall include supporting documentation with the Request for Additional Support Hours form to address additional internal and/or external factors not adequately addressed in the ICAP summary.
- a. For requests related to **behavioral support needs** of the service recipient, supporting documentation must include pertinent data elements such as progress notes, which may include Quarterly BA summary and/or t-logs, or behavioral assessments, and any other applicable evidence that demonstrates the need for additional hours of support. At least two months of related behavioral data and documentation must be provided.
  - b. For requests related to **medical support needs** of the service recipient, supporting documentation must include full descriptions of (a) the underlying medical reason for the need; (b) the extent to which the underlying medical reason impacts activities of daily living (ADLs); and (c) how the request will meet the medical needs of the consumer. Requests related to medical support needs may be of temporary or acute nature (e.g., additional support due to a broken limb, surgery recovery, chemotherapy treatments, etc) or more of a continuous or on-going nature (e.g., additional support to manage symptoms of a seizure or gastric disorder, dementia, etc).

**Example Situation and Calculation:** John has routine medical appointments 5-7 times a month that result in him not attending day program on those days.

The average number of days, month over month is 6 days.

The provider is staffing the home for 8 hours per day on the days that John does not attend day programming.

8hrs per day X 6 days per month= 48 hours of additional support per month

48/30 (average number of days in a month; the Division will calculate hours on a 30 day month rather than 31 to increase the daily number of support hours as only some months have 31 days) =1.6 hours of additional support per day

1.6 hours of additional support per day will cover John's cumulative support hours per month  
\*\*Please note the provider is likely to have to pay overtime to cover appointment days as it likely would not merit a full or even part-time staff to cover the limited number of days, thus the 8 hours per day calculation is to cover the increased staffing cost to the provider.

**Example Situation and Calculation:** Susy has decided to retire from day program and stay home.

The average number of days per month is 20 days.

The number of 1 to 1 direct support hours for day programming is 5.5 hours per day.

5.5 hours per day X 20 days per month = 110 hours of additional support per month

110/30 (average number of days in a month; the Division will calculate hours on a 30 day month rather than 31 to increase the daily number of support hours as only some months have 31 days) = 3.7 hours of additional support per day

\*\*Please note that since this would be a planned process, the provider would have time to coordinate, schedule, and hire staff as necessary, thus the 5.5 hours per day would cover the increased cost of providing the additional hours of support.

**Example Situation and Calculation:** Sally has some significant behavioral concerns at day program and can no longer attend until a team meeting is held and her Behavioral Support Plan is updated with restrictions.

The average number of days per month is 20 days.

The provider is staffing the home for 8 hours per day on the days that Sally does not attend day programming.

8 hours per day X 20 days per month = 160 hours of additional support per month

160/30 (average number of days in a month; the Division will calculate hours on a 30 day month rather than 31 to increase the daily number of support hours as only some months have 31 days) = 5.3 hours of additional support hours per day

\*\*Please note the provider is likely to have to pay overtime to cover the days that Sally is not able to attend day program due to the unexpected need for additional hours of support, thus the 8 hours per day calculation is to cover the increased staffing cost to the provider.

\*\*\*This request should be time limited and if it extends beyond **90** days the hours of support should be adjusted to reflect the 5.5 hours of support associated with those that no longer attend day program as this allows ample time for coordinating and scheduling staff.

**Example Situation:** 3 individuals live in a home together and one of the individuals passes away or moves out unexpectedly and another individual has not yet moved in but the staffing cannot be safely reduced due to "shared support hours" with the individual that no longer lives in the home.

The provider should submit a short-term exception rate request for additional hours of support for the other individual(s) in the home. A detailed explanation of how the additional hours of support will be used for the benefit of the individual(s) must be included in the request, which should include increased community engagement and if it does not there must be an explanation of why that is not appropriate.

This request should be time-limited and re-evaluated as soon as a new person moves into the home.

**Example Situation and Calculation:** There is a public health emergency or pandemic of some sort that results in some or all day service providers closing unexpectedly.

The average number of days per month is 20 days.

The provider is staffing the home for 8 hours per day on the days that the impacted individuals are unable to attend programming.

8 hours per day X 20 days per month = 160 hours of additional support per month

160/30 (average number of days in a month; the Division will calculate hours on a 30 day month rather than 31 to increase the daily number of support hours as only some months have 31 days) = 5.3 hours of additional support hours per day

**\*\*Please note the provider is likely to have to pay overtime to cover the days that the individual(s) is not able to attend day program due to the unexpected need for additional hours of support, thus the 8 hours per day calculation is to cover the increased staffing cost to the provider.**

**\*\*\*Please note, the above calculation is based upon the individual being supported in a 1:1 ratio. If there is more than one individual in the same home impacted by the closure of day programming and staff will be shared amongst the individuals to meet the support needs; the additional hours of supports per day should be divided by the number of individuals that are sharing the same staff. See below:**

160/30 (average number of days in a month; the Division will calculate hours on a 30 day month rather than 31 to increase the daily number of support hours as only some months have 31 days) = 5.3 hours of additional support per day

5.3 hours per day/2 individuals that are sharing the same staff = 2.65 additional hours per person per day.

**\*\*\*\*Please Note for this specific situation ONLY, providers can submit an email directly to the appropriate resource mailbox with appropriate labeling for the subject line of the email. The email should include the name of the home and then list the individuals in that home that are impacted by day service closures along with the appropriate support hours next to each person based upon the example calculations above. Those impacted may change as time goes on with additional day service closures, please update the information accordingly and resubmit to the appropriate resource mailbox.**

Example Email subject line: Covid Exception

- 3.6 Requests shall reflect the thoughtful consideration of any additional supports received by the service recipient to ensure that no duplication of staffing results from the request.
- 3.7 On the first day a provider becomes aware of a situation that will most likely result in the need for additional support hours (e.g., the person is not permitted to attend day programming until further notice, a temporary court order is executed with the directive for heightened supervision in the community, etc), the Exception Rate request should be submitted that same day or the next business day. In those situations where the time frame that the additional support will be needed is unknown or cannot easily be predicted, the Exception Rate request should reflect this; specifically, #6 on the form. The provider should indicate the length of time is unknown at this time but DDDS will be notified as soon as the issue necessitating additional hours of support is resolved (the date the service recipient returns to day program, the court order is amended, etc).

In cases where the requestor could not foresee the event or set of circumstances that caused the need for increased direct support hours, DDDS may accept after-the-fact requests if the request for unforeseen event or circumstance is received **within five (5) business days** for consideration. In those cases, DDDS may approve a retroactive start date.

- 3.8 When reviewing requests, the DDDS Support Coordinator, Community Navigator or Employment Navigator shall consider in her/his decision whether the request is appropriate and likely to achieve its intended purpose. This may require the DDDS Support Coordinator, Community Navigator or Employment Navigator to gather additional information from other team members (including the service recipient) to aid in the decision-making process.
- 3.9 In situations where the need and subsequent request for additional support hours will extend beyond 12 months, the Exception Rate Request must be submitted prior to expiration. The team must also review and evaluate the Exception Rate at a minimum of annually during the individual's person-centered plan review.
- a. A temporary exception for a specified beginning and ending date may be approved if the increase in support hours is temporary. Those dates must be part of the request and are typically for 30, 60, 90, 120, or 180 days. Examples of temporary exceptions include:
- I. A request for increased hours of support may be necessary to maintain a person's safety during a transition from one provider to another or from one setting to another.
  - II. A person is at increased risk of falls due to increased seizure activity and the physician is working to stabilize medication to decrease seizure activity, etc.
  - III. A person is hospitalized and cannot be adequately supported by the hospital sitter staff for a variety of reasons, which may include behavioral support needs, community safety needs, or the individual is fearful/resistant to the hospital setting and will directly benefit from being supported by known staff to reduce stress or anxiety. Even if the individual has an approved Exception Rate Request for residential services a new request must be submitted for review in order for this level of support to be considered and/or approved.

Please note that billing Medicaid for direct support hours in a hospital setting is **now** permissible under the 1915 (c) Lifespan waiver but prior approval and authorization is still required.

- b. The end date of the exception request may be extended if the reason for granting the exception lasts longer than expected or the desired outcome that will enable the person to be supported based on the ICAP hours has not been achieved. The RPD/Director of Day Services shall review team reports identifying what has been done to date and what the team is planning to do to meet the revised end date for the request before approving an extension.

- In the event of a public health emergency or pandemic that requires the closure of day services and the subsequent re-opening of day services, DDDS will extend exception rates that were approved, and in effect, prior to the public health emergency to ensure that individual needs can be met upon return to programming. The expired exception rate will be extended in accordance with the previous approval on file.

**\*\*\*\*Please Note for this specific situation ONLY, day service providers will need to be in direct communication via email with the appropriate DDDS Assistant Director of Day and Transition services assigned to their agency to let them know when individuals are returning to programming. The email should include the individual(s) name as well as the intended schedule/frequency so service authorizations can be issued accordingly.**

- 3.10 In situations where the request to extend the exception rate is not made prior to the expiration date of the current approved exception rate request on file, the authorized hours of support will revert to the hours of support as indicated by the ICAP score. The RDP/Director of Day Services will issue the new authorization at ICAP hours on the day following the expiration of the exception rate. The RPD/Director of Day Services will notate in the comments section of the authorization; the date the exception rate request expired and no current exception rate request has been received to date.
- a. A provision for a temporary continuation of the current exception rate request shall be made in instances where the team cannot be pulled together to review the request prior to the expiration of the approved request. The RPD should be notified in writing (via email) of this issue in order to grant a temporary continuation.
- 3.11 If the exception expires, a late request to extend the exception will be back-dated no more than 5 business days from the date of the request.
- 3.12 The Support Coordinator (SC), Community Navigator (CN), Employment Navigator (EN) or Resource Coordinator shall review the support needs of the individual at a minimum of a quarterly basis as well as during the annual PCP meeting. The CS, CN, EN, or Resource Coordinator along with the rest of the person's team shall assess if additional hours of support are addressing the specified need as intended or if there has been a change in support need since approval in order to make their recommendation as to the appropriateness of the exception.
- 3.13 The Planning Team shall review support hours at a minimum of annually during the pre-planning phase of the person-centered plan review.

## 4. Procedure

### Action by:

#### **Planning Team**

### Action:

1. **Communicates** to the DDDS Support Coordinator, Community Navigator, or Employment Navigator that the hours of support, as determined by the ICAP assessment, are not sufficient to meet the current needs of the individual.
2. **Convenes** a meeting of the planning team to discuss the adequacy of the hours of support as determined by the standardized ICAP assessment.
3. **Discusses** support needs. Prior to submitting a request for additional support hours, the Planning Team must attempt to reach consensus about whether all other options have been exhausted and additional staffing support is necessary to ameliorate the presenting challenges or mitigate health and safety risks.
  - a. The service provider may initiate a request for additional support hours after the Planning Team has reached a consensus that all other options have been exhausted and additional staffing support is necessary to ameliorate the presenting challenges or mitigate health and safety risks.
  - b. When discussing the need for additional support hours, the planning team meeting may be accomplished through face-to-face conversation, email, or phone conference.
  - c. Planning Team discussions about the need for additional support hours shall include the following:
    - i. Why the requestor believes that the authorized direct support hours are not meeting the individual's needs.
    - ii. What total supports, both paid and unpaid, may be available to meet the needs.
    - iii. How the individual's quality of life, health, or safety is being impacted.

- iv. If there are other options or alternatives that may address the issues (such as Ukeru or referral to ACIST program, etc.)

**If the presenting challenge cannot be resolved via other means:**

**Provider**

- 4. **Completes** the Request for Additional Support Hours Form (Appendix A). The form must be received prior to the requested start date for the exception unless it is a situation that was unexpected and could not be foreseen (as noted above).
- 5. **Includes** supporting documentation (refer to Standards 3.5, 3.6, and 3.7 of this procedure) that addresses any additional factors (internal and/or external) not adequately addressed in the ICAP summary.
- 6. **Submits** ALL exception requests to the applicable regional resource mailbox. The applicable region is defined as the county in which the individual is currently receiving, or will be receiving services:

**New Castle County:**

**DHSS\_DDDS\_Exceptions\_NCC@delaware.gov**

**Kent County: DHSS\_DDDS\_Exceptions\_Kent@delaware.gov**

**Sussex County: DHSS\_DDDS\_Exceptions\_Sussex@delaware.gov**

**Designated DDDS  
Administrative Specialists**

- 7. **Monitors** the regional resource mailbox daily.
- 8. **Notes** receipt of the exception request package to the tracking spreadsheet.
- 9. **Verifies** the Date of Request on the Form and Date of receipt to the resource mailbox
  - a. If Dates match, proceeds to step 10
  - b. If Dates do not match, **adds** date of receipt to the resource mailbox next to the Date of Request on the form
- 10. **Forwards** the request within 1 business day as follows:

Case is managed by a Community Navigator	Case is managed by a Support Coordinator
<ul style="list-style-type: none"> <li>• Community Navigator</li> <li>• TCM Regional Supervisor(s)</li> <li>• DDDS Liaison to TCM Provider</li> </ul>	<ul style="list-style-type: none"> <li>• Support Coordinator</li> <li>• Regional Support Coordinator Supervisor</li> </ul>

11. **If the request is for an exception for initial residential services placement, proceed to TSK CS101A – Handling Exception Requests for Initial Residential Placement.**

**DDDS Support Coordinator (SC), or Community Navigator (CN), or Employment Navigator (EN) or Resource Coordinator**

12. **Reviews** the request and supporting documentation. Gathers additional information from other team members, (including the individual), as deemed necessary to aid in determining whether the request for additional hours of support is necessary, appropriate and likely to achieve its intended purpose.

13. **Verifies** that the ICAP matches what is written on the form in the ICAP hours section.

- a. If the hours match, goes to step 14
- b. If the hours do not match, draws a line through the incorrect hours, writes the correct hours next to the original hours and initials next to it

14. **Attaches** the ICAP to the request packet

15. **Indicates** whether they concur with the recommendation from a planning team member using the Exception Request Acceptance form (Appendix B) and notes any reasons if not in agreement with additional hours as requested.

16. **Submits** ALL exception request documents to the applicable region, which is defined as the county in which the individual is currently receiving, or will be receiving services within 5 business days of receipt (from the Administrative Specialist):

- a. The applicable regional resource mailbox:

**New Castle County:**  
**DHSS\_DDDS\_Exceptions\_NCC@delaware.gov**

**Kent County:** **DHSS\_DDDS\_Exceptions\_Kent@delaware.gov**

**Sussex County:**  
**DHSS\_DDDS\_Exceptions\_Sussex@delaware.gov**

- b. **Cc's** the Regional Program Director/Designee or Director of Lifespan Supports to Families (for exceptions to residential hours) or Director of Day Services/Designee (for exceptions to day program hours).

**Designated DDDS  
Administrative Specialists**

- 17. **Monitors** the regional resource mailbox daily.
- 18. **Notes** receipt of the exception request package as reviewed by the SC, CN, EN, or Resource Coordinator and **Updates** such on the tracking spreadsheet.
- 19. **Forwards** the request to the appropriate RPD or Director of Day Services for final review and **Updates** the tracking spreadsheet to reflect such.

**Regional Program Director,  
Director of Day Services, or  
a Designee**

- 20. **Reviews** and **Determines** if the request is approved as submitted or with revisions or denied based on the service recipients' specific circumstances and supporting documentation within 5 business days of receipt.
- 21. **Responds** in writing to the requestor/provider agency advising whether the request has been approved as submitted, approved with revisions or denied. If the request is approved with revisions or denied, the reasons for those decisions will be provided in the response.
  - a. **Provider (requestor and all other appropriate points of contact)**
  - b. **DDDS Regional Email Resource Box**

i. **New Castle County:**  
**DHSS\_DDDS\_Exceptions\_NCC@delaware.gov**

ii. **Kent County:**  
**DHSS\_DDDS\_Exceptions\_Kent@delaware.gov**

iii. **Sussex County:**  
**DHSS\_DDDS\_Exceptions\_Sussex@delaware.gov**

c. **Cc's** the DDDS Support Coordinator, Community Navigator, or Employment Navigator.

22. **Completes** service authorization for approved additional hours of support.

23. **Submits** the service authorization to Office of Business Support Services (OBSS) for processing to:

a. **Day Services:** **DHSS\_DDDS\_DAYAUTHS@delaware.gov**

b. **Residential Services:** **DHSS\_DDDS\_RESAUTHS@delaware.gov**

c. **Nurse Consultation Services:**  
**DHSS\_DDDS\_NURSEAUTHS@delaware.gov**

d. **Behavioral Consultation Services:**  
**DHSS\_DDDS\_BAAUTHS@delaware.gov**

e. Support Coordinator, Employment Navigator, Resource Coordinator or Community Navigator

**Office of Business Support Services (OBSS) Contract Manager**

24. **Enters** the authorization in the Medicaid claims processing system to implement the revised number of hours by Adding, Modifying, Reducing or Deleting electronic prior authorizations within 10 business days of receipt.

25. **Updates** the residential or day service roster; notating both the ICAP rate and approved exception rate

26. **Sends** notification to the provider with processing details

27. **Amends** provider contract if necessary

**Designated DDDS Administrative Specialists**

28. **Updates** the exception request tracking sheet and notates the final determination as made by the RPD/Director of Day Services.

**Providers of:**

- Residential
- Shared Living
- Day Services

29. **Monitors** the expiration dates of exceptions.

**If an extension to an approved exception rate is requested:**

30. **Submits** request to the DDDS Support Coordinator, Community Navigator, or Employment Navigator at least 10 business days prior to the expiration date.

- a. The review and approval processes for extending an exception are the same as described in steps 1 – 20 of this procedure.

**Support Coordinator:**

- DDDS Support Coordinator,
- Community Navigator, or
- Employment Navigator

31. **Reviews** the support needs of the individual at a minimum of a quarterly basis as well as during annual PCP meeting (with the Planning Team).

32. **Repeats** procedure if adjustment in exception is requested.

### 33. Appendix

Appendix A - Request for Additional Support Hours/Exception Request Form (CS FRM 101A)