Exceptions criteria

Requesting a service level higher than the ANA/CNA results

CRITERIA FOR SPECIFIC ADDITIONAL SERVICE LEVEL

Description
Some individuals have specific attendant care needs that take an exceptional amount of time to complete. When care need of the individual that occurs more frequently or takes longer to complete due to exceptional circumstances this would be an indicator to request an exception for a higher service level than the assessment results.

Documentation
In addition to the completed Request for Funding Review form SDS 0514DD, the ISP and ISP support documents ODDS will need the following information to be reflect on those documents or in additional attached documents to make a decision:

- Identify the specific attendant care needs that take an exceptional amount of time to complete or happen more frequently than usual.
- Describe the extraordinary need in detail including estimated extraordinary time to meet the need on the corresponding ANA/CNA assessment question related to the need.
- Document the risk to health and safety of the individual if the requested amount of time was not available in the risk identification tool.
- Attach any supporting documents that are related to that need.

Example
Jane
Jane is prescribed a specialized diet to manage her seizures. This diet requires that her caregiver accurately measure all components of her meals. It also requires that her caregiver calculate the ratios of protein, carbohydrates, and fat. Lastly, it requires that her caregiver record the exact amounts of food and ratios so that other caregivers can keep the ratios in balance.
Jane is requesting extra 10 hours a week to complete food preparation. This includes 1.25 hours a day of preparation and weekly 1.25 hours for menu planning and preparation.

CRITERIA FOR 24 HOUR A DAY, 7 DAYS PER WEEK SERVICE LEVEL

Description
Some individuals have attendant care needs that occur intermittently throughout the day that cannot be scheduled. When these intermittent care needs are critical to the health and safety of the individual and are ongoing this would be an indicator to request an exception for a higher service level than the assessment results.

Documentation
In addition to the completed Request for Funding Review form SDS 0514DD, the ISP and ISP support documents ODDS will need the following information to be reflect on those documents or in additional attached documents to make a decision:

- Identify the specific attendant care needs that cannot be scheduled and require support intermittently.
- Describe the intermittent, unschedulable need in detail on the corresponding ANA/CNA assessment question related to the need.
- Document the risk to health and safety of the individual if the intermittent or unschedulable needs were not met must be included in the risk identification tool.
- Describe back up plans for both temporary absences of care providers and long-term or permanent loss of care providers.
- Attach any supporting documents that are related to that need.

Example
Rosario
Rosario uses a wheelchair for mobility. He has limited use of his limbs and needs transferring and positioning whenever he needs to move from his wheelchair to his bed, the couch, toilet, or vehicle. He relies on others to move him in his wheelchair to places in his home and community that he wants to go. He needs assistance adjusting clothing before and after each time he uses the toilet. He is unable to evacuate himself in case of an emergency.
Rosario is requesting 24 hours a day, 7 days a week service level due to intermittent, unschedulable needs: Transferring, toileting, mobility, fire evacuation

SLEEP TIME

ODDS will limit authorizations for providers to claim hours worked during sleeping time when an exception to the service level is approved using the United States Department of Labor Fact Sheet #79D: Hours Worked Applicable to Domestic Service Employment Under the Fair Labor Standards Act and U.S. Department of Labor Field Assistance Bulletin No. 2016-1 Exclusion of Sleep Time from Hours Worked by Domestic Service Employees

ODDS has created a form to capture information needed to determine if sleep time hours can be authorized to providers. The ODDS decision will provide the number of sleep time hours that may be generally excluded and which number of hours during the work day should generally be considered paid time.

Excluding sleep time requires meeting many criteria. ODDS will determine if the provider generally meets criteria to have sleep time excluded from paid hours. However there are situations where a specific request for pay during sleep hours may need to be approved. ODDS will include instructions with the exception approval memo. CMEs are able to approve these exceptions to ODDS’s determination.

- The provider’s sleep is interrupted during a particular designated sleep period by the care needs of the individual that the provider is authorized to meet that time must be treated as paid time AND the provider is able to get a total of five hours of sleep
  - Example: A provider is called to assist the individual with toileting during the designated sleep period and it takes 15 minutes. That 15 minutes must be paid, the rest of the designated sleep time can be excluded.
- The provider’s sleep is interrupted during a particular designated sleep period by the care needs of the individual that the provider is authorized to meet AND the provider is not able to get a total of five hours of sleep (the five hours need not be consecutive).
  - Example: During the 6 hour designated sleep period the individual needs assistance 4 times during the sleep period for 45 minutes each
time. The provider was not able to get a total of 5 hours of sleep therefore all hours during the designated sleep period must be paid.