

Enhanced Staffing and/or Intensive Residential Habilitation Supports (RHI) Request and Evaluation Form

This form is to be used by Community Providers and/ or Support Coordinators to request new or continued Enhanced Staffing and/or RHI funding on behalf of an individual. Please complete Section One for Enhanced Staffing and Sections One & Two for RHI funding. The Support Coordinator will forward the form to the Region Director for approval. Forms with missing information will not be reviewed.

Additional Funding Requested (please check):

Enhanced Staffing: New ___ / Continue ___ RHI: New ___ / Continue ___

SECTION ONE:

Today's Date: _____

Name _____ DOB ____/____/____ Age _____

Individual's ID# _____

Primary Diagnosis Axis I: _____ Axis II: _____ Axis III: _____ Axis IV: _____ Axis V: _____

Provider(s) _____ Site: _____

Provider Contact _____ Phone Number: _____

Current Services Received: _____

Current Budget (State) \$ _____ Support Coordinator _____

Projected Budget (State) \$ _____ (Funds needed to maintain enhanced staffing / RHI).

Number of 1:1 staffing hours (Day Services) _____ (Residential) _____

1.Current Situation: Why is enhanced staffing / RHI necessary at this time. What additional supports are needed for this individual? (Attach additional documentation if necessary, i.e.: incident reports, medical reports, etc.) _____

2.What is the purpose or goal of the enhanced staffing and/or RHI? _____

3.What will the person gain from receiving an enhanced staffing level and/or RHI? (Activities, programs, training opportunities, etc. that would not be possible without the enhanced staffing.) _____

4.List specific considerations for this individual (Interaction and communication styles, personal preferences, restrictions, diet, adaptive equipment, outline of program and/or work day, etc) _____

5. What less restrictive alternatives were considered? _____

6. Does placement in the community remain appropriate with the proposed Enhanced Staffing/RHI?
 Yes No
Explain _____

7. Supervision – List the times and places where supervision is to be enhanced, as well as the level of supervision required.

A. In what locations will enhanced supervision and/or CLI be provided?

- In every location.
- Only in the following locations – Specify _____
Specify exceptions e.g. Bathroom, private bedroom, vehicle, home visit. Indicate locations excluded, and instructions for those locations _____

B. During what times will enhanced supervision and/or CLI be provided and at what level of supervision?

- Continuous – Twenty-four (24) hours a day every day.
- By shift(s). First Shift _____ Second Shift _____ Third Shift _____ Level of E.S. _____
- Specifically, between the hours of _____ and _____. Level of E.S. _____

C. Level of Supervision definitions (the following hierarchy is to be used for fading):

- Arms Length Supervision.** An assigned staff person must remain within 36 inches (3 feet) of the person, keep that person constantly within his or her line of sight, and be able to intervene immediately as needed.
- Close Proximity Supervision -** An assigned staff person must remain within _____ feet (no greater than 15 feet) of the person, keep that person constantly within his or her line of sight, and be able to intervene within five (5) seconds.
- Line-of-Sight Supervision -** An assigned staff person must remain within twenty-five (25) feet of the person, keep that person constantly within his or her line of sight, and be able to intervene as needed within ten (10) seconds.
- Heightened Supervision -** The staff in the area must know where the person is at all times, visually observe the person within _____ minute intervals (no greater than 15 minutes), and be able to intervene as needed.
- General Supervision -** The level of supervision is no greater than for anyone else in the same area, and is provided through established staffing patterns and routines.

8. What is the exit criteria or plan to reduce and/or eliminate Enhanced Staffing and/or RHI? _____

9. What administrative supports are in place to help maintain appropriate levels of supervision? _____

10. If the request is for behavioral issues, is the behavior support plan current and effective (attach a copy of the current plan and three months of behavior monthly summaries)? _____

ANSWER FOR CONTINUATION REQUESTES FOR ENHANCED STAFFING AND/OR RHI ONLY

11. Does the monthly summary documentation support the effectiveness of the enhanced staffing (attach copies of the past three months of monthly summaries)? _____

SECTION TWO (To be completed for RHI requests only):

1. List additional costs incurred by supporting this individual (include incident reports documenting staff injuries, property destructions, providing supports outside of the residential setting, Worker’s Compensation Claims, etc.) _____

2. What additional administrative oversight and support are provided to the individuals and the staff supporting the individual? _____

3. What additional training, benefits or salary does staff working with this individual receive? _____

SECTION THREE (This section is to be completed by the Region Director for Enhanced Staffing):

Approval requires a "Yes" on questions 1-3 and "Yes" on 4 for individuals with behavioral needs and/or 5 for individuals with medical needs

1. Does the current situation / purpose and goals justify enhanced staffing? Yes No

2. Have less restrictive alternatives been considered? Yes No

3. Does the exit criteria or plan to fade the enhanced staffing appear appropriate? Yes No

For clients who require behavioral supports

4. Does the individuals have a current and functional Behavioral Support Plan? Yes No

For clients who require medical supports

5. Are all available medical resources being used such as the Medicaid State Plan services? Yes No

The Request is: DENIED APPROVED ___ 3 months ___ 6 months ___ 9 months ___ One year

Region Director's signature: _____ Date: _____

SECTION FOUR (This section is to be completed by the Region Director for RHI):

**Approval requires at least two "Yes" on questions 1-4 and a "Yes" on questions 5 and 6
(Scores based on most recent Supports Intensity Scale Interview and Profile Form)**

1. The individual needs extensive supports to prevent at least one area of externally directed destructiveness? Yes No

2. The individual needs extensive supports to prevent at least one area of self-directed destructiveness? Yes No

3. The individual needs extensive supports to prevent at least one area of sexual behavior? Yes No

4. The individual needs extensive supports to prevent at least one area of "other" behavior? Yes No

5. RHI funding is necessary to address the issues listed above at the current time? Yes No

6. This individual is one of those at greatest risk in the region at the present time? Yes No

7. In the past this provider has reduced maladaptive behaviors for this or other clients? Yes No

(If the provider has not been successful with this client but the client needs RHI another provider will need to be found)

The Request is: DENIED APPROVED ___ 3 months ___ 6 months ___ 9 months ___ One year

Region Director's signature: _____ Date: _____

FOLLOW -UP INFORMATION REQUESTED: _____

DATE FOLLOW - UP INFORMATION WAS RECEIVED BY THE REGION: _____

ADDITIONAL INFORMATION: _____
