

1 **1621 ENHANCED STAFFING RATIOS**

2 REVIEW DATE:

3 EFFECTIVE DATE:

4 REFERENCES: A.R.S. 42 CFR 438.400, A.A.C. R9-22-702, ACOM Policy 414.

5 **PURPOSE**

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7 This policy outlines the Division’s requirements when assessing for and
8 approving Enhanced Staffing Ratios (ESR) for Members who may need
9 increased support in a specific setting.

10 **DEFINITIONS**

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12 1. “Enhanced Staffing Ratio” or “ESR” means the number of paid
13 supports, greater than currently provided to the Member in the
14 service setting and ensures the Member’s health, safety, and
15 emotional, spiritual, and physical well-being.
- 16 2. “Member” means the same as “client” as defined in A.R.S. §
17 36-551.
- 18 3. “Planning Document” means a written plan developed through
19 an assessment of functional needs that reflects the services and
20 supports, paid and unpaid, that are important for and important
21 to the Member in meeting the identified needs and preferences
22 for the delivery of such services and supports.

- 23 4. “Planning Team” means a group of people including the Member;
24 the Responsible Person; the Support Coordinator; other State of
25 Arizona Department of Economic Security staff, as necessary;
26 and any person selected by the Member, Responsible Person, or
27 the Department.
- 28 5. “Reduction Plan” means a plan, that is outlined in the Planning
29 Document, to decrease the service frequency, duration, or level
30 of service and agreed to in writing by the Responsible Person.
- 31 6. “Responsible Person” means the parent or guardian of a minor
32 with a developmental disability, the guardian of an adult with a
33 developmental disability or an adult with a developmental
34 disability who is a Member or an applicant for whom no guardian
35 has been appointed.
- 36 7. “Support Coordinator” means the same as “Case Manager”
37 under A.R.S. § 36-551.
- 38 8. “Staffing Ratio” means the number of Direct Care Workers that
39 support a Member in a specific service setting.

40 **POLICY**

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42 **A. ENHANCED STAFFING RATIOS (ESR)**

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44 1. The Support Coordinator shall assess for and approve an ESR
45 when:
- 46 a. The Member has been determined to need increased
47 supervision or increased care to provide for personal care,
48 medical needs, or behavioral supports in a specific setting,
49 and
- 50 b. Requested by the Responsible Person.
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52 2. The Support Coordinator shall assess and approve an ESR to
53 support the Member in the least restrictive way possible and
54 consider the Member's basic human rights to participate in the
55 Member's daily activities. For additional information on a
56 Member's basic human rights, refer to A.A.C. R9-22-702.
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58 3. The Support Coordinator shall assess and document the request
59 for an ESR in the Planning Document.
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60 4. The Support Coordinator shall request a Nursing assessment
when a skilled nursing need is identified during the assessment

- 61 for an ESR. Refer to Division Medical Policy 1240-G, Exhibit 1.
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- 63 5. The Planning Team shall develop a Reduction Plan that clearly
- 64 identify proactive and preventative strategies that will be used to
- 65 reduce the need for an ESR.
- 66 a. The support outlined in the Reduction Plan leads to
- 67 personal growth and independence.
- 68 b. The plan clearly outlines parameters to identify when the
- 69 ESR needs to be reduced or is no longer needed.
- 70 c. The Reduction Plan is documented in the Planning
- 71 Document and Behavioral Plan as applicable.
- 72 d. The Reduction Plan will include outcomes in the Planning
- 73 Document to decrease or replace behaviors that require an
- 74 ESR.
- 75 6. The Division shall require the Planning Team to provide
- 76 documentation that supports the Member's need for an ESR.

77 **B. ASSESSING FOR PERSONAL CARE AND MEDICAL NEEDS**

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- 79 1. The Planning Team shall consider an ESR for a Member when the

- 80 Member has personal care and medical needs that cannot be
81 met in a standard Staffing Ratio.
- 82 2. The Support Coordinator shall consider the following when
83 assessing the need for an ESR due to a Member's personal care
84 and medical needs that impacts the Member's ability to complete
85 activities of daily living.
- 86 a. Seizures requiring rescue medications, emergency
87 intervention, and close monitoring.
- 88 b. Frequent Falling – A pattern of recent multiple falls in the
89 last 60 days, which require staff to monitor the Member
90 when standing or walking.
- 91 c. Physical support needed for all personal care.
- 92 d. Visual impairment or blindness that requires frequent
93 intervention to support the Member in participating in
94 planned outcomes or activities.
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- 96 e. Documentation of a medical diagnosis that impacts the
97 Member's ability to complete activities of daily living;
- 98 f. Other medical or personal care needs that require frequent

99 monitoring or interventions as determined by the Division.

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101 **C. ASSESSING FOR BEHAVIORAL NEEDS**

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1. The Support Coordinator shall consider an ESR for a Member when the Member has behavioral health needs that cannot be met in a standard Staffing Ratio.

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2. The Support Coordinator shall consider the frequency, duration, and intensity of the Member's behaviors when assessing for an ESR for behavioral health needs.

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3. The Support Coordinator shall consider the following when assessing the need for an ESR due to the Member's behaviors that pose a significant health and safety concern or a risk to themselves or others:

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a. Documentation of behaviors placing the Member at risk or injury to self or others;

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b. Documentation that the Member is receiving or pursuing services through a behavioral health agency or professional;

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c. Habilitation outcomes to decrease unsafe behaviors have

been unsuccessful in the past;

- d. Documentation from a medical professional describing a severe medical need or physical condition that would place the member at risk;
- e. Documentation indicating a loss of skills that are unlikely to be regained;
- f. Documentation of the Member leaving a situation or environment neither notifying nor receiving permission from the appropriate individual;
- g. The Member is at risk to self or others when alone in the community or may be unable to return safely;
- h. The Member cannot attend a typical day program because the Member's health and safety would be at risk or the health and safety of other individuals may be at risk;
- i. Documentation of the presence of confusion or disorientation;
- j. Documentation that the member is receiving an ESR at

120 school or daycare; and

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122 k. A member who has an identified wandering risk or has
123 unsafe behaviors must have received, or will receive
124 habilitation to minimize the need for an ESR;

125 l. Other behavioral health needs as determined by the
126 Division.

127 **D. DENIALS, TERMINATIONS, REDUCTIONS, AND SUSPENSIONS**

128 If the Responsible Person disagrees with the assessment, the Division
129 shall provide the Responsible Person with a Notice of Adverse Benefit
130 Determination when the request for an ESR has been denied,
131 terminated, reduced, or suspended. Refer to Division Operations
132 Policy 414 for additional information on Notice of Adverse Benefit
133 Determinations.
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141 Signature of Chief Medical Officer: