

1621 ENHANCED STAFFING RATIOS

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

PURPOSE

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

DEFINITIONS

1. "Enhanced Staffing Ratio" or "ESR" means the number of paid supports, greater than currently provided to the Member in the service setting and ensures the Member's health, safety, and emotional, spiritual, and physical well-being.
2. "Member" means the same as "client" as defined in A.R.S. § 36-551.
3. "Planning Document" means a written plan developed through an assessment of functional needs that reflects the services and supports, paid and unpaid, that are important for and important to the Member in meeting the identified needs and preferences

for the delivery of such services and supports.

4. "Planning Team" means a defined group of individuals comprised of the Member, the Responsible Person if other than the Member, and, with the Responsible Person's consent, any individuals important in the member's life, including extended family members, friends, service providers, community resource providers, representatives from religious/spiritual organizations, and agents from other service systems..
5. "Reduction Plan" means a plan, that is outlined in the Planning Document, to decrease the service frequency, duration, or level of service and agreed to in writing by the Responsible Person.
6. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a Member or an applicant for whom no guardian has been appointed.
7. "Support Coordinator" means the same as "Case Manager" under A.R.S. § 36-551.

8. "Staffing Ratio" means the number of Direct Care Workers that support a Member in a specific service setting.

POLICY

A. ENHANCED STAFFING RATIOS (ESR)

1. The Support Coordinator shall assess for and approve an ESR when:
 - a. The Member has been determined to need increased supervision or increased care to provide for personal care, medical needs, or behavioral supports in a specific setting, and
 - b. Requested by the Responsible Person.
2. The Support Coordinator shall assess and approve an ESR to support the Member in the least restrictive way possible and consider the Member's basic human rights to participate in the Member's daily activities. For additional information on a Member's basic human rights, refer to A.A.C. R9-22-702.
3. The Support Coordinator shall assess and document the request

for an ESR in the Planning Document.

4. The Support Coordinator shall request a Nursing assessment when a skilled nursing need is identified during the assessment for an ESR. Refer to Division Medical Policy 1240-G, Exhibit 1.
5. The Planning Team shall develop a Reduction Plan that clearly identify proactive and preventative strategies that will be used to reduce the need for an ESR.
 - a. The support outlined in the Reduction Plan leads to personal growth and independence.
 - b. The plan clearly outlines parameters to identify when the ESR needs to be reduced or is no longer needed.
 - c. The Reduction Plan is documented in the Planning Document and Behavioral Plan as applicable.
 - d. The Reduction Plan will include outcomes in the Planning Document to decrease or replace behaviors that require an ESR.
6. The Division shall require the Planning Team to provide

documentation that supports the Member's need for an ESR.

B. ASSESSING FOR PERSONAL CARE AND MEDICAL NEEDS

1. The Planning Team shall consider an ESR for a Member when the Member has personal care and medical needs that cannot be met in a standard Staffing Ratio.
2. The Support Coordinator shall consider the following when assessing the need for an ESR due to a Member's personal care and medical needs that impacts the Member's ability to complete activities of daily living.
 - a. Seizures requiring rescue medications, emergency intervention, and close monitoring.
 - b. Frequent Falling – A pattern of recent multiple falls in the last 60 days, which require staff to monitor the Member when standing or walking.
 - c. Physical support needed for all personal care.
 - d. Visual impairment or blindness that requires frequent intervention to support the Member in participating in

planned outcomes or activities.

- e. Documentation of a medical diagnosis that impacts the Member's ability to complete activities of daily living;
- f. Other medical or personal care needs that require frequent monitoring or interventions as determined by the Division.

C. ASSESSING FOR BEHAVIORAL NEEDS

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.
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.
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:
 - a. Documentation of behaviors placing the Member at risk or

- injury to self or others;
- b. Documentation that the Member is receiving or pursuing services through a behavioral health agency or professional;
 - 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 school or daycare; and
- k. A Member who has an identified wandering risk or has unsafe behaviors must have received, or will receive habilitation to minimize the need for an ESR;
- l. Other behavioral health needs as determined by the Division.

D. DENIALS, TERMINATIONS, REDUCTIONS, AND SUSPENSIONS

If the Responsible Person disagrees with the assessment, the Division shall provide the Responsible Person with a Notice of Adverse Benefit Determination when the request for an ESR has been denied, terminated, reduced, or suspended. Refer to Division Operations Policy 414 for additional information on Notice of Adverse Benefit Determinations.

Coralyn Lingwall

12/01/25