

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Utilization Review (UR) Plan

1. FACILITY IDENTIFICATION (To be completed and implemented by the listed ICF/IID (facility))

Facility Name:				
Physical Address-street	City:	State:	Zip:	County:
Facility Contact Person:		Contact Person's Title:		
Facility Contact Person's Telephone Number:	Fax Number:	Email Address:		
Mailing Address: (if different from physical address)- Street or P.O. Box	City:	State:	Zip:	

2. ADMINISTRATIVE REQUIREMENTS

Utilization review and continued stay review will be performed by the UR committee no later than six months after admission, and every six months thereafter.

Utilization Review will be conducted using one of the following methods:

- On-site in the facility in which the individual being reviewed is receiving services
- Via a thorough record review at a location determined by the UR committee

Utilization review will be performed by a committee comprised of one physician who serves as chairperson for the UR committee and at least one other person knowledgeable in the treatment of intellectual disabilities or related conditions. The UR committee may not include individuals who meet any of the following criteria:

- Are directly responsible for the care of the recipient
- Are employed by the facility
- Have a financial interest in any facility

Member of UR committee who is a licensed physician.
Name: Title:
Member of the UR committee who is knowledgeable in the treatment of intellectual disabilities or related conditions.
Name: Title:

The facility is responsible for ensuring all pertinent information is in the recipient's record and is easily accessible to the UR committee when the review is performed on-site at the facility. For off-site reviews, the facility is responsible for preparing and availing any supporting documentation or additional information that may be needed or requested by the UR committee. Further, if the UR committee has any findings associated with its review that need to be addressed, the findings must be documented and discussed with the facility that is responsible for taking corrective action.

3. INFORMATION REQUIREMENTS

The following information, at a minimum, will be included in the recipient's record for review by the UR committee:

- Name of recipient
- Name of recipient's physician
- Name of qualified intellectual disabilities professional (QIDP)
- Date of admission and dates of application for Florida Medicaid, if after admission
- Plan of care
- Individualized Program Plan (IPP)
- Assessments/documentation/progress notes to support implementation of the IPP
- The reason and plan for continued stay, if continued stay is recommended.

4. CONFIDENTIALITY

The UR committee will comply with the Health Insurance Portability and Accountability Act to ensure the individual's information is kept confidential.

5. RECORDS MAINTENANCE

All decisions made by the UR committee must be documented. A copy of each recipient's utilization review and continued stay review will be maintained by the chairperson of the UR committee. Each recipient's original utilization review and continued stay review will be placed in his/her permanent record, by the facility administrative staff.

6. CONTINUED STAY CARE REQUIREMENT

The continued stay review will be conducted by the entire UR committee or its designee(s). At the time of admission, the UR committee will assign a specific date by which the continued stay review will be conducted.

The UR committee will assess the continued need for the recipient to receive active treatment. The following will be reviewed to make the determination for continued stay in the facility:

- The IPP to determine if it includes training objectives, behavioral interventions, plan of care, medical supports/treatments, therapeutic services and supports, etc.
- The comprehensive functional assessment supports the need of the services outline in the IPP.
- Data is available on objectives/interventions/supports identified as being medically necessary.
- Evidence of QIDP monitoring on all objectives/interventions/supports outlined in the IPP.
- Evidence the IPP is being revised when there is lack of progress on an intervention, or when new needs are identified, or when objectives are accomplished.
- The plan of care is current and health care needs are being monitored closely.
- The recipient is receiving specialized medical care when medically necessary.
- Professional staff is involved in the recipient's care when medically necessary, i.e. dietitian, therapists. etc.

If continued stay is medically necessary, but there are findings that need to be addressed, the UR committee will document those findings and review them with the facility that is responsible for coordinating appropriate corrective action. The UR committee will assign a new continued stay review date.

If the UR committee determines that continued stay is not medically necessary, it will notify the attending physician or the QIDP within one working day of the finding. The attending physician or QIDP has two working days from the notification to provide additional information before the UR committee makes a final decision regarding continued stay.

If upon review of the additional information, continued stay is determined to be medically necessary, the UR committee will document its recommendation and plan for continued stay and assign a new continued stay review date.

If additional information is not received, or upon review of the additional information, continued stay is determined not to be medically necessary, the decision is final. Notification of final adverse decisions will be given in writing and sent to the facility administrator, the attending physician, the QIDP, Agency for Health Care Administration, the recipient, and his or her family or guardian. The notice will be issued within two days of the final adverse decision.

ADMINISTRATOR COMPLETING UTILIZATION REVIEW PLAN

Name of Qualified Health Professional	Title
Signature	Date

*The Agency for Persons with Disabilities is responsible to conduct the recipient level utilization review and continued stay review.