

## SUMMARY PAGE

Name John Doe Date of Request 10/1/06  
CDDO JMCDDO CSP JMCSP

### STAFFING NEEDS

What does the person's daily routine look like? Does the person require increased support from staff during certain times of the day or while doing specific activities? This section contains a detailed account of the times of day and reasons that you think the individual needs increased staff support beyond that provided within the regular tier rate. State when staff is awake and when staff is asleep.

John is a 22 year old male Caucasian receiving supports from JMCSP. He receives residential, day, and targeted case management services. He has been diagnosed with Moderate Mental Retardation, Epilepsy (unspecified), Autism (Infantile), Obsessive Compulsive Disorder, and Hyperkinetic Conduct Disorder. He has substantial and severe seizure activity. He has an extended history of severe behavioral outbursts of a violent nature, property destruction, elopement, and tantrum behaviors. He is transported in a specialized vehicle with a barrier between him and the driver due to several incidents of attacking the driver during transport thereby endangering himself and anyone else in the vehicle. He has a high degree of staffing needs due to his aggressive outbursts as well as needing constant monitoring due to his seizures, and is never at any less than a one on one staffing ratio and often is with more than one staff. Staff are primarily men with substantial height and bulk due to his history of being able to overpower smaller individuals. He has a behavior support plan, a primary response team, and a back up response team in case severe aggression occurs. He has a PRN behavioral medication which is administered at the RN's discretion and only if the level of aggression meets the criteria set forth in the behavior support plan.

John leads a very consistent day to day life since this seems to work best with him. While at the workshop, he has prescribed activities in a separate room from other consumers, working independently with one male staff. He has a fairly set schedule in the residential setting as well although it is more flexible than his work schedule. The high staffing ratios are needed due to the often sudden, unpredictable, and very intense aggressive outbursts and John's ability to overpower many staff. John is a constant risk to those near him as well as to himself and therefore the skill and ability of staff to respond and bring him under control is paramount.

### BEHAVIORAL ISSUES

Does the person experience challenging behavior? Are preventative strategies in place to minimize the problematic behaviors? If yes, what do they consist of and how do they require increased support from staff? What strategies are in place to manage the problematic behaviors when they do occur? Do the strategies require increased support from staff or special staffing arrangements? This section contains a detailed account of the behavioral issues the individual is experiencing and how they are prevented and/or managed. **Attach a copy of the individual's behavior support plan as well as summarized data for the last year.**

John's behavioral outbursts represent the most challenging aspect of working with him. All staff involved in his care not only have training in the normally required Mandt system but also in Advanced Mandt per his behavior support plan. Staff document such behaviors as precursors to behavioral outbursts, property destruction, assault, and self-injury. All escorts to the safe room are **documented** as **is** the amount of time required for John to calm down while in the safe room.

John has a history of elopement, head butting, verbal aggression, and use of day to day items like trash cans as a weapon against his staff. Therefore he has several Human Rights Committee and guardian approved restrictions incorporated into his daily life. He is transported in a specialized van with a barrier between the passenger and driver and is never transported with

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any less than two staff for his safety and the safety of others. Locks and alarms are placed on all doors for safety and to prevent elopement. John's medications are locked up and there are safe rooms at home and at work which are monitored in person or by video when in use. All administrations of PRN medication are documented and only administered at the RN's discretion and only after John meets the operant definition for PRN use as stipulated in his behavior support plan. John sees a psychiatrist for this medication.

Over the last calendar year, frequency data reads as follows:

For residential services precursory behaviors averaged 111.9 occurrences /month, property destruction averaged 5.18 occurrences/month, and assaultive behaviors averaged 10 incidents/month.

For day services, precursory behaviors averaged 58 occurrences/month, property destruction averaged .6 occurrences/month, and assaultive behaviors averaged 10.1 incidents/month.

John has a Behavior Support Plan. Because of the severity and frequency of his behaviors, the behavior specialist averages 1.25 hours/week in day service and 2 hours/week in residential services observing implementation of the behavior support plan and working with direct care staff.

At this time John receives the following medications to assist him in controlling his aggressive behaviors and to control for side effects: Risperdal 25 mg three times daily, Haloperidol 100 mg IM once every month, Trihexphenidyl 2 mg four times daily, and Lorazepam 1 mg PRN. All medications are administered and monitored by staff. Lorazepam is to be administered only with RN approval. Side effects are monitored and body checks are done regularly to monitor any self-injurious incidents.

### MEDICAL NEEDS

What, if any, special medical needs does the person have (e.g., contractures, osteoporosis, tube feedings, oxygen administration, limited range of motion, bacterial infection such as MRSA, etc.)? What types of medical procedures are required to either treat the person's condition or insure his or her optimal state of health? Are staff able to implement these procedures? Is oversight by a professional needed? This section specifically describes the extra costs associated with medical needs, including increased direct care and professional staff time. **Attach a copy of the individual's health information as well as summarized data for the last year.**

John has medical issues requiring special attention. Primarily, he experiences seizure activity on a fairly regular basis. This seizure activity is monitored and documented by staff and reviewed by nursing and John's neurologist. John experiences grand mal, petit mal, and complex partial seizures. John averaged 14 identifiable seizures/month over the last year. Most of these were grand mal and petit mal.

John requires close to total assistance in all medication administration in that his medications are ordered, locked up and organized by staff and given to him to take. Side effects are monitored as well and reported to the RN and his neurologist. All scheduling of and transportation to medical appointments are handled by staff. John takes several anticonvulsant medications in addition to the psychotropic medications, medication to control for side effects, a diuretic, and a laxative.

An RN spends ½ hour/week in day service providing oversight regarding John's seizures, medication administration, and wounds due to self-injurious behaviors.

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### ADDITIONAL STAFF TRAINING

Do staff need specialized training to implement strategies to manage problematic behaviors? Do staff require specialized training to implement medical procedures? How often is the training needed? This section describes additional staff training required to effectively support the person. For example, this might include extra training for staff to learn how to use a g-tube, administer oxygen, or follow a behavioral support plan.

All staff are required to complete Mandt and Advanced Mandt training, training and regular reviews specific to John's behavior support plan, medication administration training, and defensive driving.

### EQUIPMENT/SUPPLIES

Are there certain things the person needs to insure his or her health and safety that are not Medicaid card eligible (e.g., adult undergarments, latex gloves, food processor due to dietary needs, bed underpads due to incontinence, etc.)? What is the rationale for providing them? This section lists any supplies or equipment needed by the individual that is not covered by their Medicaid card and that add to the cost of the POC, as well as an explanation for why they are needed.

John does not require any equipment or supplies.

**EQUIPMENT AND SUPPLIES**

Name: John Doe		Date of Request: 10/1/06	
CDDO: JMCDDO		CSP: JMCSP	
DAY SERVICE			
Item	Annual Cost	Rationale	
Total Cost			
Cost Per Day (total cost/260 days)			0
RESIDENTIAL SERVICE			
Item	Annual Cost	Rationale	
Total Cost			
Cost Per Day (total cost/365 days)			0

**INSTRUCTIONS:**  
 Indicate under "Item" what **will be** purchased (items already purchased can not be included, only items to be purchased during the duration of this POC). Under "Cost" indicate the total cost of the item/year. In the "Rationale" column indicate how the item will be used and why it is being purchased. Add the "Cost" column into the "Total Cost" box. In the top section divide the "Total Cost" by 260 days to calculate a "Cost Per Day" for Day Services. Divide the "Total Cost" in the bottom section by 365 days to arrive at a "Cost Per Day" for Residential Services.

**DIRECT CARE STAFFING SCHEDULE**  
Day Service

Name: John Doe Date of Request: 10/1/06

CDDO: JMCDDO CSP: JMCSP

	% 1: time Monday-Friday	Descript on of Staff Support
12 midnight		
1:00 am		
2:00 am		
3:00 am		
4:00 am		
5:00 am		
6:00 am		
7:00 am		
8:00 am	.5	John gets dressed for work and is transported to day services. He hangs up his coat, uses the restroom, gets a drink of water, and begins work in a secluded area.
9:00 am	1	John continues to work.
10:00 am	1.5	John uses the restroom, takes a short walk with staff, prepares and consumes a snack and drink, goes to work near other consumers if there have been no precursors.
11:00 am	1.5	John continues to work near other consumers until 11:30 when he goes to lunch.
12:00 noon	1	John takes his medicine, uses the restroom, and returns to work in his secluded area.
1:00 pm	1	John continues working in the secluded area and takes a 15 minute break.
2:00 pm	1	John takes a short walk, receives pop if earned, continues working in the secluded area, and stocks supplies for work for the next day.
3:00 pm		
4:00 pm		
5:00 pm		
6:00 pm		
7:00 pm		
8:00 pm		
9:00 pm		
10:00 pm		
11:00 pm		

**Add percentages on page 4A and multiply by 5**  
**Add percentages on page 4B and multiply by 2**  
**Add these two figures, multiply by 52 and divide by 260 for the average hours/day**

DIRECT CARE STAFFING SCHEDULE  
Day Service

Name: John Doe Date of Request: 10/1/06

CDDO: JMCDDO CSP: JMCSP

	%1:1 time Saturday/Sunday	Description of Staff Support
12 midnight		
1:00 am		
2:00 am		
3:00 am		
4:00 am		
5:00 am		
6:00 am		
7:00 am		
8:00 am		
9:00 am		
10:00 am		
11:00 am		
12:00 noon		
1:00 pm		
2:00 pm		
3:00 pm		
4:00 pm		
5:00 pm		
6:00 pm		
7:00 pm		
8:00 pm		
9:00 pm		
10:00 pm		
11:00 pm		

**DIRECT CARE STAFFING SCHEDULE**  
Residential Service

Name: John Doe Date of Request: 10/1/06

CDDO: JMCDDO CSP: JMCSP

	% 1: time Monday-Friday	Descript on of Staff Support
12 midnight	1.5	Staff monitor for seizure activity, safety, and behavioral outbursts throughout the night hours. John will get up several times a night to use the restroom and may have considerable trouble being directed back to bed.
1:00 am	1.5	"
2:00 am	1.5	"
3:00 am	1.5	"
4:00 am	1.5	"
5:00 am	1.5	"
6:00 am	1.5	"
7:00 am	1	John removes soiled linens if needed, makes his new bed, takes his medication, eats breakfast and cleans up after breakfast.
8:00 am	.5	John gets dressed for work and is transported to day services.
9:00 am		
10:00 am		
11:00 am		
12:00 noon		
1:00 pm		
2:00 pm		
3:00 pm	1	John is transported back to his home. He chooses leisure activities during this time.
4:00 pm	1	John picks out clothes for the next day and does any laundry needed. John begins an exercise activity.
5:00 pm	1	John continues in an exercise activity until 5:30 when he has free time until 6:00.
6:00 pm	1	John assists in preparing dinner, eats, cleans up, and has free time.
7:00 pm	1	John completes reading and game activities as well as an evening vocational activity.
8:00 pm	1	Shower and reading time with staff
9:00 pm	1	John has a snack, cleans up, takes his medication, brushes his teeth and goes to bed.
10:00 pm	1.5	Staff monitor for seizure activity, safety, and behavioral outbursts throughout the night hours. John will get up several times a night to use the restroom and may have considerable trouble being directed back to bed.
11:00 pm	1.5	"

**Add percentages on page 4C and multiply by 5**  
**Add percentages on page 4D and multiply by 2**  
**Add these two figures, multiply by 52 and divide by 365 for the average hours/day**

DIRECT CARE STAFFING SCHEDULE  
Residential Service

Name: John Doe Date of Request: 10/1/06

CDDO: JMCDDO CSP: JMCSP

	%1:1 time Saturday/Sunday	Description of Staff Support
12 midnight	1.5	Staff monitor for seizure activity, safety, and behavioral outbursts throughout the night hours. John will get up several times a night to use the restroom and may have considerable trouble being directed back to bed.
1:00 am	1.5	"
2:00 am	1.5	"
3:00 am	1.5	"
4:00 am	1.5	"
5:00 am	1.5	"
6:00 am	1.5	"
7:00 am	1	John removes soiled linens if needed, makes his new bed, takes his medication, eats breakfast and cleans up after breakfast.
8:00 am	1	Free time
9:00 am	1	Leisure time activity
10:00 am	1	Outing if no precursors
11:00 am	1	Outing if no precursors
12:00 noon	1	Lunch, medication
1:00 pm	1	Leisure time activity
2:00 pm	1	Leisure time activity
3:00 pm	1	Free time
4:00 pm	1	John picks out clothes for the next day and does any laundry needed. John begins an exercise activity.
5:00 pm	1	John continues in an exercise activity until 5:30 when he has free time until 6:00.
6:00 pm	1	John assists in preparing dinner, eats, cleans up, and has free time.
7:00 pm	1	John completes reading and game activities as well as an evening vocational activity.
8:00 pm	1	Shower and reading time with staff
9:00 pm	1	John has a snack, cleans up, takes his medication, brushes his teeth and goes to bed.
10:00 pm	1.5	Staff monitor for seizure activity, safety, and behavioral outbursts throughout the night hours. John will get up several times a night to use the restroom and may have considerable trouble being directed back to bed.
11:00 pm	1.5	"

AVERAGE HOURLY WAGE CALCULATION WORKSHEET  
Direct Care Staff

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

CDDO: \_\_\_\_\_ CSP: \_\_\_\_\_

1. Calculate the average hourly pay for direct care staff: Add the hourly rate for each staff working with the consumer in question and multiply that rate by the number of hours worked per week by each staff with that consumer. Divide this sum by the total number of hours worked per week. (An option to using this formula is to use payroll forms that show this information. Please attach the payroll forms. Be sure to exclude overtime when calculating this rate).
2. Calculate taxes and benefits: multiply the average hourly pay for direct care staff (the sum of #1) by 1.20.
3. Calculate the relief factor: multiply the figure in #2 by 1.15.

Example:

Staff A works 40 hours/week at \$10/hour; staff B works 40 hours/week at \$11/hour; staff C and staff D work 24 hours/week each at \$9/hour.

$(40 \times \$10) + (40 \times \$11) + (24 \times \$9) + (24 \times \$9) = 400 + 440 + 216 + 216 = 1272$   
1272 divided by  $(40 + 40 + 24 + 24) = 1272$  divided by  $128 = \$9.94$   
This is the average hours/day on the Rate Calculation Sheet

$\$9.94 \times 1.20 = \$11.93$   
 $\$11.93 \times 1.15 = \$13.72$

**COMPLETE THE AVERAGE HOURLY WAGE FOR DIRECT CARE  
STAFF IN THE SPACE PROVIDED BELOW:**

Remember to calculate day and residential services separately.  
(Or attach payroll forms)

Day providers: Staff 1 - 40 hours, \$10.00/hour  
Staff 2 – 40 hours, \$17.35/hour

Residential providers:	Staff 1 – 40 hours. \$12.00/hours	Staff 5 – 40 hours. \$12.00/hours
	Staff 2 – 40 hours. \$12.00/hours	Staff 6 – 40 hours. \$12.00/hours
	Staff 3 – 40 hours. \$12.00/hours	Staff 7 – 40 hours. \$12.09/hours
	Staff 4 – 40 hours. \$12.00/hours	

**THRESHOLD CALCULATION SHEET**

Name: <u>John Doe</u>		Date of Request: <u>10/1/06</u>			
CDDO: <u>JMCDDO</u>		CSP: <u>JMCSP</u>			
<b>DAY SERVICE</b>	Avg.Hrs./Day [(Hrs/week) x 52] divided by 260	X	Rate/Hr. Inc. Ben.	=	Cost Per Day
Direct Serv. Staff		X	\$	=	\$
Program Coord.		X	\$	=	
Other Services:					
		X	\$	=	
		X	\$	=	
		X	\$	=	
Subtotal 1					
Vacancy Factor (Subtotal 1 x 0.10)				=	
Equipment/Supplies (from Equipment/Supplies Form)					
Subtotal 2					
Administration (Subtotal 2 x 0.15)					
Total Day Service Rate Per Day					
<b>RESIDENTIAL</b>	Ave.Hrs./Day [(Hrs/week) x 52] divided by 365	X	Rate/Hr. Inc. Ben.	=	Cost Per Day
Direct Serv. Staff		X	\$	=	\$
Program Coord.		X	\$	=	
Other Services:					
Behavior Specialist		X	\$	=	
		X	\$	=	
		X	\$	=	
Subtotal 1					
Vacancy Factor (Subtotal 1 x 0.10)				=	
Equipment and Supplies (from Equipment/Supplies Form)					
Subtotal 2					
Administration (Subtotal 2 x 0.15)					
Total Residential Service Rate Per Day					

AVERAGE HOURLY WAGE CALCULATION WORKSHEET  
Program Coordinator and Professional Staff

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

CDDO: \_\_\_\_\_ CSP: \_\_\_\_\_

Program Coordinator

- The individual who supervises direct care staff
- To calculate average hours/day, divide 40 hours by the number of individuals served by this program coordinator ( $40 \div \#$  of individuals served by program coordinator)
  - Day service program coordinator:  
Responsible for 75 individuals
  
  - Residential service program coordinator:  
Responsible for 55 individuals
  
- Determine hourly wage from payroll forms
  - Day service hourly wage = \$19.57
  - Residential service hourly wage = \$17.82

Professional Staff

- Include but not limited to occupational therapy, physical therapy, speech therapy, nursing, psychological services, and dietary services
- To calculate average hours/day, determine the actual services hours provided /week, multiply by 52 weeks, and
  - divide by 260 days for day services [ $(\#$  of hours of service provided/week)  $\times$  52]  $\div$  260.
    - 1. RN - 0.5 /week
    - 2. Behavior specialist = 1.25/week
  
  - divide by 365 days for residential services [ $(\#$  of hours of service provided/week)  $\times$  52]  $\div$  365
    - 1. Behavior specialist = 2 hours/week
    - 2.
    - 3.

Determine hourly wages from payroll forms:

1. \$37.00
2. \$25.48
- 3.