



# DEVELOPMENTAL PROGRAMS BULLETIN

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

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SUBJECT:

**Planning and Managing Unanticipated Emergencies**

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### SCOPE:

Administrative Entity Administrators or Directors  
County MH/MR Program Administrators or Directors  
Supports Coordination Organization Directors  
Providers of Mental Retardation Services

### PURPOSE:

The purpose of this bulletin is to establish the Office of Developmental Programs' (ODP's) policy for planning and managing unanticipated emergencies involving individuals with mental retardation.

### BACKGROUND:

Effective July 1, 2009, ODP implemented a waiver capacity management process for the Consolidated and Person/Family Directed Support (P/FDS) Waivers (Waivers). Under the new process Administrative Entities (AEs) are no longer allocated waiver service funds to pay for waiver services. The AE is provided with a waiver capacity commitment which identifies the maximum number of individuals the AE may enroll in a specified Waiver at any given point in time during the fiscal year as approved by ODP.

The waiver capacity management process includes three components: waiver capacity commitment, waiver residential vacancy management and waiver unanticipated emergency management. This bulletin outlines the process for planning and managing unanticipated emergencies, from the planning stage to submitting claims for unanticipated emergencies. The waiver capacity commitment and waiver residential vacancy management processes are addressed in separate bulletins.

### DISCUSSION:

As described in the AE Operating Agreement, an unanticipated emergency can occur under several situations. An individual in need of services

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**The Appropriate Developmental Programs Regional Office**

may be unknown to an AE; an individual may not be identified correctly through the Prioritization of Urgency of Need for Services (PUNS) process; or the individual's PUNS does not yet accurately reflect an unanticipated change in circumstances.

ODP defines an unanticipated emergency as: An occurrence when an individual or participant has an imminent risk of: institutionalization within twenty-four (24) hours, substantial self-harm or substantial harm to others; if the individual does not immediately receive services that are eligible through ODP **and** this imminent risk is precipitated by at least one of the following situations:

- The illness or death of a caretaker;
- The sudden loss of the individual's home(for example, due to fire or natural disaster);or
- The loss of the care of a relative or caregiver, without advance warning or planning.

To be considered by ODP to be an unanticipated emergency the AE or County MH/MR Program must have no other resources (i.e.; financial or programmatic) available to address the individual's immediate health and welfare needs. Unanticipated emergency funds will be utilized to enable the AE or County MH/MR Program to authorize the eligible services that meet the assessed needs of the individual.

The implementation of the waiver capacity management process does not change the definition of the emergency category contained in the Prioritization of Urgency of Need for Services (PUNS) Manual. The "emergency" category in PUNS reflects an individual's need for supports and services within a six month period, while the unanticipated emergency described herein provides for a more immediate need for services.

While the criteria defined in the Purpose section above are similar to those described in PUNS, the primary differences are the imminent need for care and lack of alternative supports and resources.

### **Planning for Unanticipated Emergencies**

In accordance with the Mental Health and Mental Retardation Act of 1966 (50 P.S. §§ 4101 - 4704) and the AE Operating Agreement, the AE or County MH/MR Program will continue to have primary responsibility for resolution of emergency situations. The AE or County MH/MR Program AE has a duty to develop plans to resolve emergencies efficiently and in the best interest of an individual in need of services as required by the Mental Health and Mental Retardation Act of 1966.

There are many emergency circumstances which can occur and then be resolved, if appropriate planning has been completed. In most cases the AE or

County MH/MR Program can anticipate and plan for emergencies by using the PUNS process and provide the needed supports through available funds, other resources or the use of waiver capacity. The AE or County MH/MR Program is responsible for ensuring that the Supports Coordination Organization (SCO) identifies and documents an individual's assessed needs in service notes and the Individual Support Plan (ISP) in the Home and Community Services Information System (HCSIS). The AE or County MH/MR Program is also responsible to establish a plan for individuals receiving services and supports who face a possible emergency in the near future and ensure that this plan is documented by the SCO in the ISP in HCSIS.

An individual who has a PUNS in emergency status should be prioritized for enrollment in the appropriate Waiver as waiver capacity becomes available either through turnover or an increase to the AE waiver capacity commitment by ODP. As specified in the Waivers and the AE Operating Agreement, an AE may not enroll an individual who has a PUNS in critical or planning status without prior approval from ODP.

The following steps shall be taken by an AE and documented by a Supports Coordinator (SC) in service notes and Individual Support Plans (ISPs) in the Home and Community Services Information System (HCSIS) for individuals who face a possible emergency in the near future:

- (1) Prioritize individuals who have a PUNS in emergency status on the waiting list (as needed) considering the length of time available to secure services prior to the occurrence of the emergency.
- (2) Identify appropriate services and resources for the individual's anticipated need(s).
- (3) Develop back-up plans for the individual facing an emergency.

### **Managing Unanticipated Emergencies**

Based on ODP approval, the ISP should be revised and the designated service or services authorized by the AE.

For an individual enrolled in the Consolidated Waiver, the AE should authorize waiver eligible services to address the assessed needs of the individual. For an individual enrolled in the P/FDS Waiver, the AE should authorize waiver eligible services to address the individual's assessed needs up to the P/FDS cap limit. If the individual's assessed needs cannot be addressed while remaining within the P/FDS cap limit, or by using non-Waiver resources, the AE should examine the current status of its Consolidated Waiver capacity commitment to determine if capacity exists. If capacity exists, the AE should enroll the individual in the Consolidated Waiver. If capacity does not exist and the AE is in need of additional waiver capacity to address an unanticipated emergency, the AE should contact the regional Waiver Capacity Manager (WCM). If upon review, the WCM determines that the emergency may be addressed with state-only funding, the WCM may approve 15 days of state-only funding. The process for payment is defined below.

## **AE and County MH/MR Program Responsibilities**

The AE and County MH/MR Program must have written processes in place to manage the emergency management component of Waiver Capacity Management. These written processes must include:

- An evaluation of all available resources (Waiver, base-funds, natural and community resources and other service system contacts to address the needs of an individual who meets the criteria of an unanticipated emergency.
- A 24-hour on call emergency system that has the capacity to provide tentative short-term approval for an immediate change in need that affects the health and welfare of a Consolidated Waiver participant. If tentative short term approval is provided:
  - A critical revision shall be prepared to include a beginning and end date to reflect the time limited approval. The critical revision must be created, and submitted for approval and authorization within seven (7) calendar days of notification of the change.
  - If the team agrees there is a need beyond the short term approval, the ISP should be revised to extend the needed service beyond the short term approval.
- Staff roles within the management structure that serve as a 'point person' and are authorized to make the determination of whether or not the resources exist within the AE or County MH/MR Program to temporarily approve and authorize the service(s) to support the individual and to contact ODP for further support.

If the AE or County MH/MR Program identifies an unanticipated emergency situation and determines that resources are not available to address the unanticipated emergency, including waiver capacity, the following steps shall be followed:

- (1) The AE in consultation with the SCO must gather as much of the information as possible if the person is currently registered as requested on the Unanticipated Emergency Screening form, DP when additional capacity may be needed by an AE to address an unanticipated emergency. This information will be discussed between the WCM and the AE point person for capacity management.
- (2) The AE waiver capacity point person or their back up contacts the regional WCM to review the Unanticipated Emergency Screening form.
  - a) If the individual's needs are long-term and waiver eligibility information is present, the regional WCM may approve additional waiver capacity.

- b) If the individual's needs are short-term because the unanticipated emergency will be resolved in the near future, ODP may approve state-only funding.
  - c) If the individual experiencing an unanticipated emergency is not currently registered with the AE or County MH/MR Program but information is available that the individual is likely to meet the MR eligibility criteria as defined in ODP bulletin #4210-02-05, *Clarifying Eligibility for Mental Retardation Services and Supports* (and any approved revisions), the ODP may approve state-only short-term funding for fifteen (15) calendar days. Extension requests for beyond fifteen (15) calendar days will be reviewed by the regional WCM and approved or denied on a case by case basis by ODP.
- (3) In order to access state-only funding, the designated point person in the AE must submit a request using the Unanticipated Emergency Funding Request Form, DP 1025 to the regional WCM. The Unanticipated Emergency Funding Request Form is the document that ODP will use to provide the authorization for providers to bill PROMISe™.
  - (4) Prior to the end of the next business day following the original contact, the AE waiver capacity point person shall call the regional WCM with a progress report.
    - a) In the event that additional waiver capacity is required, the AE must request an increase to its waiver capacity.
  - (5) The AE or County MH/MR Program should ensure that the individual's PUNS status is updated. The AE or County MH/MR Program should also work with the Supports Coordination Organization (SCO) to ensure the ISP is developed or revised to reflect the needed supports and that service notes are appropriately completed in HCSIS by the SC.

### **Central and Regional WCM Responsibilities**

In addition to the responsibilities referenced in coordination with the AE or County MH/MR Program responsibilities, the Regional WCM is also specifically responsible for the following. The Regional WCM must review the Unanticipated Emergency Screening form, DP 1033 with the AE point person once the AE or County MH/MR Program identifies an unanticipated emergency situation. If upon review the central office ODP determines the unanticipated emergency is legitimate and can be resolved with the use of state-only funding, the central office ODP will recommend to the WCM and the RPM to authorize the Unanticipated Emergency Funding Request Form, DP 1025.

Central office ODP has the authority to immediately approve short-term funding and an increase to the AE's Waiver capacity to address unanticipated emergency situations. A regional or central office WCM will be available to provide 24-hour, 7 days per week coverage through an on-call system to support the AE or County MH/MR Program in the management of unanticipated emergencies.

**ATTACHMENTS:**

Attachment 1: Unanticipated Emergency Screening Form, DP 1033

Attachment 2: Unanticipated Emergency Fund Request and Approval Form, DP 1025