

Questionnaire: Upstaffing

Upstaffing

1. *Describe plan to decrease level of upstaffing support in the next review period:*
2. *Requested Days and Units: Please specify how many units per day and when THIS will be used?*
3. *When did the treatment team conducted a coordination meeting to determine if higher level of care is more appropriate for member at this time?*
4. *Please explain content of meeting and who was present:*
5. *Please provide members current presentation (frequency, intensity, duration)of behaviors of concern and/or support with ADL needs, to meet clinical rationale for increased intensity of service; versus normal 24/7 CRCF staffing.*
6. *Please provide a detailed breakdown for how the increased intensity units will be used to meet the member's needs with the 1:1 staff:*
7. *What specific clinical and/or medical interventions have been exhausted by the CRCF to reduce members acuity?*
8. *Please provide a detailed titration plan to decrease staff support*

