

# **RESIDENTIAL HABILITATION PROTOCOL**

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## **A. Initial request for Residential Habilitation**

### 1. Medical necessity review questions:

- a. Is there sufficient information in the Individual Support Plan (ISP) to justify that the service recipient needs direct support services due to:
  - (1) The service recipient's need for assistance with activities of daily living (e.g., bathing, dressing, personal hygiene, and eating), instrumental activities of daily living (e.g., meal preparation, household chores, budget management, and attending appointments) and/or interpersonal and social skills building that will enable the service recipient to acquire, retain, or improve skills necessary to live in a home in the community; **OR**
  - (2) A pattern of behavior by the service recipient that would pose a danger of harm to self or others; **AND**
- b. Is the service recipient age 18 years or older, or are there specific circumstances documented in writing and approved by the Central Office of the Division of Intellectual Disabilities Services which warrant the provision of a residential service (rather than in-home supports), and which warrant the provision of a residential service other than Family Model Residential (which is delivered in a family environment) as the type or level of service that is needed for a child under age 18; **AND**
- c. Is there sufficient information in the ISP and/or supporting documentation to show that *at least one* of the following is applicable:
  - (1) The service recipient's need for direct support services and other services can **not** be safely and effectively met in the home for one of the following reasons:
    - (a) The service recipient resides in a home with family members and:
      - i. The caregiver(s) died; **OR**
      - ii. The caregiver(s) became physically or mentally incapacitated and can no longer reasonably provide caregiver services; **OR**
      - iii. It is unsafe for the service recipient to remain in the home due to abuse or neglect by the caregiver(s) or by other individuals residing in the home; **OR**

- iv. The service recipient has a history of aggressive or abusive behavior toward the caregiver(s) or other individuals residing in the home and the service recipient's continued presence in the home would present an imminent danger of harm to others in the home; **OR**
- (b) The service recipient resides in a home with individuals other than family members, and:
  - i. The caregiver(s) are no longer willing or able to provide caregiver services; **OR**
  - ii. It is unsafe for the service recipient to remain in the home due to abuse or neglect by the caregiver(s) or by other individuals residing in the home; **OR**
  - iii. The service recipient has a history of aggressive or abusive behavior toward the caregiver(s) or other individuals residing in the home and the service recipient's continued presence in the home would present an imminent danger of harm to others in the home; **OR**
- (c) The service recipient is currently homeless, will be homeless within 30 days due to eviction, or is being discharged from a hospital or other institution or custody of the Department of Children's Services and the service recipient does not have family members or others who are willing or able to provide a place of residence; **OR**
- (2) It is more cost-effective to meet the service recipient's needs for direct support services and other services through Residential Habilitation rather than through the provision of other waiver services in the service recipient's home or in a home with family members or other caregivers.

If **YES to all three** of the criteria specified in "1.a" through "1.c" above, proceed to Question #2.

If **NO to any** criterion specified in "1.a" through "1.c" above, stop and deny as **not medically necessary**. All of the unmet medical necessity criteria must be specified in the denial letter. Applicable prongs of medical necessity may include:

- "Not necessary to treat;"
- "Not safe and effective" ("*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee's needs.*"); and
- "Not the least costly adequate alternative."

NOTE: To the extent there is a covered, medically necessary alternative to Residential Habilitation, such service will be specified in the denial notice.

2. Is the service recipient requesting Residential Habilitation in a 1-person Residential Habilitation home where there would be no other service recipients?

If **YES**, proceed to Question #3.

If **NO**, stop and approve the Residential Habilitation.

3. Medical necessity review questions for Residential Habilitation:

- a. Is there sufficient information in the Individual Support Plan (ISP) to justify that the service recipient meets **all** of the following criteria for Residential Habilitation in a 1-person Residential Habilitation home:
- (1) The service recipient has a documented pattern of aggressive behavior that has resulted in serious injuries (requiring medical treatment) or serious harm to others; **AND**
  - (2) The service recipient:
    - (a) Is currently exhibiting aggressive behavior that would pose a serious and imminent danger of harm to other housemates in a shared Residential Habilitation home; **OR**
    - (b) Has exhibited aggressive behavior within the past 12 months that posed a serious and imminent danger of harm to others; **OR**
    - (c) Has a documented history of significant psychiatric problems or behavioral problems which, due to the extreme seriousness of previous aggressive or inappropriate behavior toward others (e.g., sexual assault, pedophilia), would reasonably be expected to place others at extreme risk of harm; **AND**
  - (3) The service recipient's aggressive behavior cannot be reasonably and adequately managed in a shared residential setting; **OR**
- b. Is there documentation in the Individual Support Plan (ISP) and/or supporting documentation of *exceptional circumstances* involving severe behavioral conditions (other than those specified above) or serious medical conditions which cannot be reasonably and adequately managed in a shared residential setting?

NOTE: Any request for 1-person Residential Habilitation based on such *exceptional circumstances* must be approved by the Central Office of the Division of Intellectual Disabilities Services. Such requests must be submitted *in writing* and must specify the service recipient's medical conditions, diagnoses, and/or disabilities and must provide documentation specifying why the service recipient's needs can not be met in a shared residential setting.

If **YES** to all of the criteria specified in "3.a(1)" through "3.a(3)" above **OR** if **YES** to criterion "3.b" above, stop and approve Residential Habilitation in a 1-person Residential Habilitation home.

If **NO to any** criterion specified in "3.a(1)" through "3.a(3)" above **AND** if **NO** to criterion "3.b" above, stop and deny as **not medically necessary**. All of the unmet medical necessity criteria must be specified in the denial letter. Applicable prongs of medical necessity may include:

- "Not necessary to treat;"
- "Not safe and effective" ("*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee's needs.*"); and
- "Not the least costly adequate alternative."

NOTE: To the extent there is a covered, medically necessary alternative to Residential Habilitation in a 1-person Residential Habilitation home (e.g., Residential Habilitation in a 2, 3, 4 or more person Residential Habilitation home, as applicable), such service will be specified in the denial notice.

## **B. Continuation of Residential Habilitation in the Same Home**

### 1. Medical necessity review criteria:

- a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to show that the service recipient *continues* to need direct support services due to:
  - (1) The service recipient's need for assistance with activities of daily living (e.g., bathing, dressing, personal hygiene, and eating), instrumental activities of daily living (e.g., meal preparation, household chores, budget management, and attending appointments) and/or interpersonal and social skills building that will enable the service recipient to acquire, retain, or improve skills necessary to live in a home in the community; **OR**
  - (2) A pattern of behavior by the service recipient that would pose a danger of harm to self or others.

If **YES**, proceed to Question #2.

If **NO**, stop and deny as **not medically necessary**. All of the unmet medical necessity criteria must be specified in the denial letter. Applicable prongs of medical necessity may include:

- "Not necessary to treat;"
- "Not safe and effective" ("*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee's needs.*"); and
- "Not the least costly adequate alternative."

If previously approved Residential Habilitation is reduced or terminated, issue 20 days advance notice (inclusive of mail time) of reduction or termination of services, as applicable, indicating that the services will be reduced or terminated on the 21st day from the date of the notice. The previously approved Residential Habilitation shall continue to be authorized and reimbursed pending such advance notice period.

The service recipient may file a timely appeal regarding the reduction/termination of Residential Habilitation within 40 days from the date of the notice (inclusive of mail time).

If an appeal is received within 20 days from the date of notice (inclusive of mail time), the service recipient may request continuation of previously approved Residential Habilitation pending resolution of the appeal, in which case such previously approved Residential Habilitation shall continue pending notification from TennCare that the appeal has been resolved and that continuation of benefits may be stopped.

NOTE: To the extent there is a covered, medically necessary alternative to *continuation* of Residential Habilitation, such service will be specified in the denial notice.

### 2. Is the service recipient *currently* residing in a 1-person Residential Habilitation home?

If **YES**, proceed to Question #3.

If **NO**, stop and approve the Residential Habilitation.

### 3. Medical necessity review questions for *continuation* of Residential Habilitation in a 1-person home:

- a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to justify that the service recipient meets **all** of the following three criteria for *continued* Residential Habilitation in a 1-person home:
- (1) The service recipient has a documented pattern of aggressive behavior that has resulted in serious injuries (requiring medical treatment) or serious harm to others; **AND**
  - (2) The service recipient:
    - (a) Is currently exhibiting aggressive behavior that would pose a serious and imminent danger of harm to other housemates in a shared Residential Habilitation home; **OR**
    - (b) Has exhibited aggressive behavior within the past 12 months that posed a serious and imminent danger of harm to others; **OR**
    - (c) Has a documented history of significant psychiatric problems or behavioral problems which, due to the extreme seriousness of previous aggressive or inappropriate behavior toward others (e.g., sexual assault, pedophilia), would reasonably be expected to place others at extreme risk of harm; **AND**
  - (3) The service recipient's aggressive behavior cannot be reasonably and adequately managed in a shared residential setting; **OR**
- b. Is there documentation in the Individual Support Plan (ISP) and/or supporting documentation of *exceptional circumstances* involving severe behavioral conditions (other than those specified above) or serious medical conditions which cannot be reasonably and adequately managed in a shared residential setting?

NOTE: Any request for 1-person Residential Habilitation based on such *exceptional circumstances* must be approved by the Central Office of the Division of Intellectual Disabilities Services. Such requests must be submitted *in writing* and must specify the service recipient's medical conditions, diagnoses, and/or disabilities and must provide documentation specifying why the service recipient's needs can not be met in a shared residential setting.

If **YES** to all of the criteria specified in "3.a(1)": through "3.a(3)" above **OR** if **YES** to the exceptional circumstances criterion specified in "3.b" above, stop and approve *continuation* of Residential Habilitation in a 1-person Residential Habilitation home.

If **NO** to **any** criterion specified in "3.a(1)" through "3.a(3)" above **AND** if **NO** to criterion "3.b" above, stop and approve *continuation* of Residential Habilitation in a 1-person Residential Habilitation home on a short-term basis, as follows, until other housemates can be arranged.

- a. Approve Residential Habilitation in a 1-person home for *the lesser of*: (1) the remainder of the current month plus the following 5 calendar months or (2) until the end date of the annual ISP, subject to "b" and "c" below. The approval letter should specify that Residential Habilitation in a 1-person Residential Habilitation home is approved *only for the lesser of*: (1) the specified period of time; or (2) until other housemates can be arranged. If the requested duration of Residential Habilitation in a 1-person home exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as **not medically necessary** on the basis that *continuation* of Residential Habilitation in a 1-person Residential Habilitation home is not medically necessary. Applicable prongs of medical necessity may include:

- "Not necessary to treat;"

- “Not safe and effective” (“*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.*”); and
- “Not the least costly adequate alternative.”

The covered, medically necessary alternative for the remainder of the requested duration (e.g., Residential Habilitation in a 2, 3, 4 or more-person Residential Habilitation home) for the remainder of the requested duration will be specified in the denial notice.

The service recipient may file a timely appeal regarding the reduction/termination of Residential Habilitation (including the reduction from Residential Habilitation in a 1-person Supported home to Residential Habilitation in a 2, 3, 4 or more-person Residential Habilitation home) within 40 days from the date of the notice (inclusive of mail time), or *any time prior* to the effective date of the action (i.e., the expiration of the limited period of authorization). If an appeal is received within 20 days from the date of notice (inclusive of mail time), or *any time prior* to the effective date of the action (i.e., the expiration of the limited period of authorization), the service recipient may request continuation of the previously approved Residential Habilitation (including the type of Residential Habilitation home, i.e., 1-person) pending resolution of the appeal, in which case such previously approved Residential Habilitation shall continue pending notification from TennCare that the appeal has been resolved and that continuation of benefits may be stopped.

- b. If Residential Habilitation in a 1-person Residential Habilitation home has previously been approved at least one time as described above and housemates have not yet been arranged, a final extension of Residential Habilitation in a 1-person Residential Habilitation home may be approved for *only* one additional 6-month period.
- c. The provider must submit a transition plan, which identifies how the service recipient will be transitioned to shared Residential Habilitation within the final 6-month period and any barriers to such a transition, with any request for approval of continuation of Residential Habilitation in the 1-person home. If such a transition plan is submitted, continuation of Residential Habilitation in the 1-person Residential Habilitation home may be approved for one final 6-month transition period.

If the requested duration of Residential Habilitation in the 1-person home extends past the final 6 month transition period, treat the approval as a partial approval. Approve 1-person Residential Habilitation for the final 6 month transition period. Deny the remainder as **not medically necessary** on the basis that *continuation* of Residential Habilitation in the 1-person Residential Habilitation home is not medically necessary, and approve the remainder at the 2-person Residential Habilitation level. Applicable prongs of medical necessity may include:

- “Not necessary to treat;”
- “Not safe and effective” (“*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.*”); and
- “Not the least costly adequate alternative.”

### **C. Transfer to a Different Residential Habilitation Home and *Continuation* of Services**

#### **1. Medical necessity review criteria:**

- a. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient *continues* to need direct support services due to:
  - (1) The service recipient’s need for assistance with activities of daily living (e.g., bathing, dressing, personal hygiene, and eating), instrumental activities of daily living (e.g., meal preparation, household chores, budget management, and attending appointments) and/or interpersonal and social skills building that will

enable the service recipient to acquire, retain, or improve skills necessary to live in a home in the community; **OR**

- (2) A pattern of behavior by the service recipient that would pose a danger of harm to self or others.

If **YES**, proceed to Question #2.

If **NO**, stop and deny as **not medically necessary**. All of the unmet medical necessity criteria must be specified in the denial letter. Applicable prongs of medical necessity may include:

- "Not necessary to treat;"
- "Not safe and effective" ("*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee's needs.*"); and
- "Not the least costly adequate alternative."

If previously approved Residential Habilitation is reduced or terminated, issue 20 days advance notice (inclusive of mail time) of reduction or termination of services, as applicable, indicating that the services will be reduced or terminated on the 21st day from the date of the notice. The previously approved Residential Habilitation shall continue to be authorized and reimbursed pending such advance notice period.

The service recipient may file a timely appeal regarding the reduction/termination of Residential Habilitation within 40 days from the date of the notice (inclusive of mail time).

If an appeal is received within 20 days from the date of notice (inclusive of mail time), the service recipient may request continuation of previously approved Residential Habilitation pending resolution of the appeal, in which case such previously approved Residential Habilitation shall continue pending notification from TennCare that the appeal has been resolved and that continuation of benefits may be stopped.

NOTE: To the extent there is a covered, medically necessary alternative to *continuation* of Residential Habilitation, such service will be specified in the denial notice.

2. Is the service recipient requesting transfer to and *continuation* of Residential Habilitation in a 1-person Residential Habilitation home where there would be no other service recipients?

If **YES**, proceed to Question #3.

If **NO**, skip to Question #5.

3. Medical necessity review questions for transfer to a 1-person Residential Habilitation home:

- a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to justify that the service recipient meets **all** of the following three criteria for continued services in a 1-person Residential Habilitation home:

- (1) The service recipient has a documented pattern of aggressive behavior that has resulted in serious injuries (requiring medical treatment) or serious harm to others; **AND**
- (2) The service recipient:
  - (a) Is currently exhibiting aggressive behavior that would pose a serious and imminent danger of harm to other housemates in a shared Residential Habilitation home; **OR**

- (b) Has exhibited aggressive behavior within the past 12 months that posed a serious and imminent danger of harm to others; **OR**
- (c) Has a documented history of significant psychiatric problems or behavioral problems which, due to the extreme seriousness of previous aggressive or inappropriate behavior toward others (e.g., sexual assault, pedophilia), would reasonably be expected to place others at extreme risk of harm; **AND**
- (3) The service recipient's aggressive behavior cannot be reasonably and adequately managed in a shared residential setting; **OR**
- b. Is there documentation in the Individual Support Plan (ISP) and/or supporting documentation of *exceptional circumstances* involving severe behavioral conditions (other than those specified above) or serious medical conditions which cannot be reasonably and adequately managed in a shared residential setting?

NOTE: Any request for 1-person Residential Habilitation based on such *exceptional circumstances* must be approved by the Central Office of the Division of Intellectual Disabilities Services. Such requests must be submitted *in writing* and must specify the service recipient's medical conditions, diagnoses, and/or disabilities and must provide documentation specifying why the service recipient's needs can not be met in a shared residential setting.

If **YES** to all three of the criteria specified in "3.a(1)" through "3.a(3)" above OR if **YES** to the exceptional circumstances criterion specified in "3.b" above, proceed to Question #4.

If **NO** to *any* criterion specified in "3.a(1)" through "3.a(3)" above AND if **NO** to criterion "3.b" above, stop and deny the transfer request and *continuation* of Residential Habilitation in a 1-person home as **not medically necessary**. All of the unmet medical necessity criteria must be specified in the denial letter. Applicable prongs of medical necessity may include:

- "Not necessary to treat;"
- "Not safe and effective" ("*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee's needs.*"); and
- "Not the least costly adequate alternative."

NOTE: To the extent that previously authorized Residential Habilitation in a 2, 3, 4 or more-person home continues to be covered and medically necessary, *continuation* of such Residential Services in the 2, 3, 4 or more-person home should be approved and specified in the notice.

*Unless* the request for transfer involves a request for Environmental Accessibility Modifications, or a request for Residential Habilitation in a *different type* of Residential Habilitation home (i.e., from a 2, 3, 4 or more-person Residential Habilitation home to a 1-person Residential Habilitation home, as applicable), the denial of a request for transfer does not constitute an adverse action. Room and board, as well as the specific location of the Residential Habilitation home, are outside the scope of the waiver service definition.

If the request for transfer *does* involve a request for Environmental Accessibility Modifications, or a request for Residential Habilitation in a *different type* of Residential Habilitation home (i.e., from a 2, 3, 4 or more-person Residential Habilitation home to a 1-person Residential Habilitation home, as applicable), notice of action is required.

All of the unmet medical necessity criteria must be specified in the denial letter. Applicable prongs of medical necessity may include:

- "Not necessary to treat;"



- “Not safe and effective” (“*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.*”); and
- “Not the least costly adequate alternative” (since it is less costly to continue providing Residential Habilitation in the current Residential Habilitation home.)

4. Would such transfer require approval of additional Environmental Accessibility Modifications that would not be required in the current Residential Habilitation home OR would the cost of Residential Habilitation in a 1-person Residential Habilitation home exceed the cost of Residential Habilitation in the current home?

If **YES**, and *continuation* of Residential Habilitation in the current Residential Habilitation home is adequate to meet the service recipient’s needs (including needs specified in “3.a(1)” through “3.a(3)” and “3.b” above), deny the transfer request.

NOTE: To the extent that previously authorized Residential Habilitation continues to be covered and medically necessary, *continuation* of the Residential Habilitation *service* should be approved. Only the request for transfer is denied.

*Unless* the request for transfer involves a request for Environmental Accessibility Modifications, or a request for Residential Habilitation in a *different type* of Residential Habilitation home (i.e., from a 2, 3, 4 or more-person Residential Habilitation home to a 1-person Residential Habilitation home, as applicable), the denial of a request for transfer does not constitute an adverse action. Room and board, as well as the specific location of the Residential Habilitation home, are outside the scope of the waiver service definition.

If the request for transfer *does* involve a request for Environmental Accessibility Modifications, or a request for Residential Habilitation in a *different type* of Residential Habilitation home (i.e., from a 2, 3, 4 or more-person Residential Habilitation home to a 1-person Residential Habilitation home, as applicable), notice of action is required.

All of the unmet medical necessity criteria must be specified in the denial letter. Applicable prongs of medical necessity may include:

- “Not necessary to treat;”
- “Not safe and effective” (“*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.*”); and
- “Not the least costly adequate alternative” (since it is less costly to continue providing Residential Habilitation in the current Residential Habilitation home).

If **YES**, but *continuation* of Residential Habilitation services in the current Residential Habilitation home is not adequate to meet the service recipient’s needs (including needs specified in “3.a(1)” through “3.a(3)” and “3.b” above), approve the transfer request to Residential Habilitation in a 1-person Residential Habilitation home.

If **NO**, stop and approve the transfer request to Residential Habilitation in a 1-person Residential Habilitation home.

5. Would such transfer require approval of additional Environmental Accessibility Modifications that would not be required in the current Residential Habilitation home OR would the cost of Residential Habilitation in the new Residential Habilitation home exceed the cost of Residential Habilitation in the current home?

If **YES**, and *continuation* of Residential Habilitation in the current Residential Habilitation home is adequate to meet the service recipient’s needs, deny the transfer request.

NOTE: To the extent that previously authorized Residential Habilitation continues to be covered and medically necessary, *continuation* of the Residential Habilitation *service* should be approved. Only the request for transfer is denied.

Unless the request for transfer involves a request for Environmental Accessibility Modifications, or a request for Residential Habilitation in a *different type* of Residential Habilitation home (e.g., from a 4 or more-person Residential Habilitation home to a 3-person Residential Habilitation home), the denial of a request for transfer does not constitute an adverse action. Room and board, as well as the specific location of the Residential Habilitation home, are outside the scope of the waiver service definition.

If the request for transfer *does* involve a request for Environmental Accessibility Modifications, or a request for Residential Habilitation in a *different type* of Residential Habilitation home (e.g., from a 4 or more-person Residential Habilitation home to a 3-person Residential Habilitation home), notice of action is required.

All of the unmet medical necessity criteria must be specified in the denial letter. Applicable prongs of medical necessity may include:

- “Not necessary to treat;”
- “Not safe and effective” (“*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.*”); and
- “Not the least costly adequate alternative” (since it is less costly to continue providing Residential Habilitation in the current Residential Habilitation home).

If **YES**, but *continuation* of Residential Habilitation services in the current Residential Habilitation home is not adequate to meet the service recipient’s needs, approve the transfer request and *continuation* of Residential Habilitation.

If **NO**, stop and approve the transfer request and *continuation* of Residential Habilitation.