

FAMILY MODEL RESIDENTIAL SUPPORT PROTOCOL

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A. Initial request for Family Model Residential Support

1. Is the request for Family Model Residential Support to be provided in the home of the service recipient's family of origin?

If **YES**, stop and deny as **non-covered** based on the waiver service definition.

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

If **NO**, proceed to Question #2.

2. 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 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 Family Model Residential Support 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 both** criteria specified in "2.a" through "2.b" above, proceed to Question #3.

If **NO to any** criterion specified in "2.a" through "2.b" above, stop and deny as **not medically necessary**. All of the unmet medical necessity criteria from "2.a" through "2.b" above and the applicable prongs of medical necessity 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 medically necessary waiver-covered service alternative, such service will be specified in the denial notice.

3. Is the service recipient age 18 years or older?

If **YES**, stop and approve the Family Model Residential Support.

If **NO**, proceed to Question #4.

4. Can the service recipient's needs be appropriately met through waiver and other services provided in the home where the service recipient resides with family?

NOTE: Except under **exceptional circumstances**, Family Model Residential Support will not be approved for a service recipient under age 18 years if waiver and other services can be provided to appropriately maintain the service recipient in the home where the service recipient resides with family. Any request for exception must be submitted *in writing* to the DMRS Central Office and must specify the service recipient's medical conditions, diagnoses, and/or disabilities that create the need for Family Model Residential Support and must provide documentation specifying why the service recipient's needs can not be met in the home where the service recipient resides with family.

If **YES**, stop and deny the Family Model Residential Support as **not medically necessary** and include the applicable prongs of medical necessity 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 **NO**, stop and approve the Family Model Residential Support.

B. Continuation of Family Model Residential Support

1. Is the request for *continuation* of Family Model Residential Support to be provided in the home of the service recipient's family of origin?

If **YES**, stop and deny as **non-covered** based on the waiver service definition.

If previously approved Family Model Residential Support is reduced or terminated (including on the grounds that such service is non-covered based on the waiver service definition), 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 Family Model Residential Support 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 Family Model Residential Support 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 Family Model Residential Support pending resolution of the appeal. However, continuation of benefits

is **not available** for a non-covered service, including a request that is beyond the scope of the waiver service definition, and accordingly, may not be granted.

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

If **NO**, proceed to Question #2.

2. Medical necessity review questions:

- 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**, stop and approve *continuation* of the Family Model Residential Support.

If **NO**, stop and deny as **not medically necessary**. The unmet medical necessity criteria and the applicable prongs of medical necessity 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 Family Model Residential Support 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 Family Model Residential Support 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 Family Model Residential Support 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 the previously approved Family Model Residential Support pending resolution of the appeal, in which case such previously approved Family Model Residential Support 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 medically necessary waiver-covered service alternative, such service will be specified in the denial notice.