

Department of Intellectual and Developmental Disabilities	
Protocol: Employment and Day Services	Total Pages: 8
Origin Date: 7/24/13	TennCare Approval Date: 7/24/13
DIDD Revision Date:	

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NOTE: Employment and Day Services include an array of individualized services and supports designed to enable a person to acquire, retain, or improve skills in the area of self-care, sensory/motor development, socialization, daily living skills, communication, community living, employment, and social skills. As a matter of policy, employment is the preferred option for persons with intellectual disabilities when: a) employment is preferred by the person; b) the person is reasonably expected, with the provision of such individualized services and supports, to be able to successfully acquire and maintain employment and to perform the tasks and responsibilities that will be expected as part of his or her employment; and c) medically necessary, consistent with the guidelines set forth herein.

A. Initial Employment and Day Services

1. Medical necessity review questions:
 - a. Is there sufficient information in the Individual Support Plan (ISP) and supporting documentation to show that the person has functional limitations involving self-care, sensory/motor development, socialization, daily living skills, communication, community living, employment or social skills that are needed to acquire and successfully maintain paid employment, become more independent, integrated and productive in the community, or to build relationships and natural supports; **AND**
 - b. Is there sufficient information in the ISP and supporting documentation to justify that the person needs individualized services and supports to enable the person to:
 - (1) Acquire and successfully maintain paid employment; **OR**
 - (2) Become more independent, integrated and productive in the community, or to build relationships and natural supports with *specific* therapeutic goals and objectives; **AND**
 - c. Is the type of Employment and Day Services requested appropriate based on the person's needs, therapeutic goals and objectives; **AND**
 - d. Can the person be safely supported in the Employment and Day Services setting requested with minimal risk of self-harm, harm to others, or damage to property; **AND**
 - e. Is the type of Employment and Day Services requested the least costly alternative that is adequate to meet the needs of the person?

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If **YES** to “1.a.” through “1.e.”, proceed to Question #2.

If **NO** to **any** criterion specified in “1.a.” through “1.e.” above, stop and deny as **not medically necessary**.

2. Are services being requested to be provided in the person’s place of residence? If **YES**, skip to Question #4.

If **NO**, proceed to Question #3.

3. Is the amount of Employment and Day Services requested *consistent with* and not *in excess of* the amount of Employment and Day Services needed to (1) meet the person’s needs and (2) to accomplish the therapeutic goals and objectives in the community and/or facility-based setting?

If **YES**, stop and **approve** the amount of Employment and Day Services requested.

If **NO**, **approve** that portion of the total amount of Employment and Day Services requested that is consistent with the amount of Employment and Day Services needed to (1) meet the person’s needs and (2) to accomplish the therapeutic goals and objectives in the community and/or facility-based setting. **Deny** as **not medically necessary** that portion of the total amount of Employment and Day Services requested that is *in excess of* the amount services needed to (1) meet the person’s needs and (2) to accomplish the therapeutic goals and objectives in the community and/or facility-based setting.

4. Is there sufficient information in the ISP and supporting documentation to show that Employment and Day Services must be provided in the person’s place of residence because flexibility is needed for a combination of community or facility-based and in-home day service supports based on the needs and preferences of the person because the person is of retirement age and has chosen retirement?

If **YES**, proceed to Question #5.

If **NO**, skip to Question #6.

5. Is the amount of Employment and Day Services requested *consistent with* and not *in excess of* the amount of Employment and Day Services needed to (1) meet the person’s needs and (2) to accomplish the therapeutic goals and objectives in the home, community, and/or facility-based settings?

If **YES**, stop and **approve** the amount of Employment and Day Services requested in the home, community, and/or facility-based settings.

If **NO**, **approve** that portion of the total amount of Employment and Day Services requested that is consistent with the amount of Employment and Day Services needed to (1) meet the person’s needs and (2) to accomplish the therapeutic goals and objectives in the home, community, and/or facility-based settings. **Deny** as **not medically necessary** that portion of the total amount of Employment and Day Services requested that is *in excess of* the amount services needed to (1) meet the person’s needs and (2) to accomplish the therapeutic goals and objectives in the home, community, and/or facility-based settings.

6. Is there sufficient information in the ISP and supporting documentation to show that In-Home Day Services must be provided in the person's place of residence because the person has a health, behavioral or other medical reason or is unable to participate in services outside the home, including Supported Employment, Community-Based Day Services, and Facility-Based Day Services?

If **YES** and the request is for a **limited duration** (up to a maximum of 90 days), proceed to "a." below.

If **YES** and the request is for a **long-term or ongoing basis** (more than 90 days), skip to Question #7.

If **NO**, return to Question #3. Medically necessary Employment and Day Services (as determined in Question #3 above) will be approved in the most integrated community and/or facility-based setting appropriate. In-home Day Services will not be approved.

- a. In-Home Day Services requested in the person's place of residence for a **limited duration** (up to a *maximum* of 90 days):

Is there documentation in the ISP and supporting documentation of *exceptional* circumstances that require the provision of In-Home Day Services in order to meet the person's specifically identified medical or behavioral needs, as follows:

- (1) Psychiatric destabilization; **OR**
- (2) Medical concerns/necessity (e.g. post surgery recovery, pneumonia, or cancer treatment), **OR**
- (3) Other physical or behavioral health needs which would necessitate short-term care in the person's place of residence; **AND**

- b. A current written order is included from the person's physician or Behavioral Analyst which includes the following:

- (1) Specific therapeutic goals which necessitate treatment in the person's place of residence rather than in the community; **AND**
- (2) The duration of the care which is required to provide this treatment in the person's place of residence; **OR**

- c. A Behavior Support Plan is included which is time limited and includes a plan to fade out in-home services with increasing community services?

If **YES** to *either* "6.a." and "6.b." or "6.a." and "6.c.", skip to Question #8.

If **NO** to "6.a." and "6.b." and "6.a." and "6.c.", return to Question #3. Medically necessary Employment and Day Services (as determined in Question #3 above) will be approved in the most integrated community and/or facility-based setting appropriate. In-Home Day Services will not be approved.

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7. Day Services requested in the person's place of residence on a **long-term or ongoing basis** (*more than 90 days*):
- a. Is there documentation in the ISP and supporting documentation of *exceptional* circumstances that require the provision of In-Home Day Services in the person's home in order to meet the person's specifically identified medical or behavioral needs, as follows:
 - (1) Psychiatric destabilization; **OR**
 - (2) Medical concerns/necessity (e.g. post surgery recovery, pneumonia, or cancer treatment), **OR**
 - (3) Other physical or behavioral health needs which would necessitate care on a long-term or ongoing basis in the person's place of residence; **AND**
 - b. A current written order is included from the person's physician or Behavioral Analyst which includes the following:
 - (1) Specific therapeutic goals which necessitate treatment in the person's place of residence rather than in the community; **AND**
 - (2) The duration of the care which is required to provide this treatment in the person's place of residence; **OR**
 - c. A Behavior Support Plan is included which is time limited and includes a plan to fade out in-home services with increasing community services?

If **YES** to *either* "7a." and "7.b." or "7.a." and "7.c.", proceed to Question #8.

If **NO** to "7.a." and "7.b." and "7.a." and "7.c.", return to Question #3. Medically necessary Employment and Day Services (as determined in Question #3 above) will be approved in the most integrated community and/or facility-based setting appropriate. In-home Day Services will not be approved.

8. Is the amount of In-Home Day Services requested *consistent with* and not *in excess of* the amount of In-Home Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home setting?

If **YES**, stop and **approve** the amount of In-Home Day Services requested.

If **NO**, **approve** that portion of the total amount of In-Home Day Services requested that is consistent with the amount of In-Home Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home setting. **Deny** as **not medically necessary** that portion of the total amount of In-Home Day Services requested that is *in excess of* the amount services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home setting.

B. Continuation of Employment and Day Services

1. Medical necessity review questions:

- a. Is there sufficient information in the Individual Support Plan (ISP) and supporting documentation to show that the person continues to have functional limitations involving self-care, sensory/motor development, socialization, daily living skills, communication, community living, employment or social skills that are needed to acquire and successfully maintain paid employment, become more independent, integrated and productive in the community, or to build relationships and natural supports; **AND**
- b. Is there sufficient information in the ISP and supporting documentation to justify that the person continues to need individualized services and supports to enable the person to:
 - (1) Acquire and successfully maintain paid employment; **OR**
 - (2) Become more independent, integrated and productive in the community, or to build relationships and natural supports with *specific* therapeutic goals and objectives; **AND**
- c. Is the type of Employment and Day Services requested appropriate based on the person's needs, therapeutic goals and objectives; **AND**
- d. Can the person be safely supported in the Employment and Day Services setting requested with minimal risk of self-harm, harm to others, or damage to property; **AND**
- e. Is the type of Employment and Day Services requested the least costly alternative that is adequate to meet the needs of the person?

If **YES** to "1.a." through "1.e.", proceed to Question #2.

If **NO** to *any* criterion specified in "1.a." through "1.e.", stop and **deny** as **not medically necessary**.

2. Are services being requested to be provided in the person's place of residence? If **YES**, skip to Question #4.

If **NO**, proceed to Question #3.

3. Is the amount of Employment and Day Services requested *still consistent with* and not *in excess of* the amount of Employment and Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the community and/or facility-based setting?

If **YES**, stop and **approve** the amount of Employment and Day Services requested.

If **NO**, **approve** that portion of the total amount of Employment and Day Services requested that *continues to be* consistent with the amount of Employment and Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the community and/or facility-based setting. **Deny as not medically necessary** that portion of the total amount of Employment and Day Services requested that is *in excess of* the amount services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the community and/or facility-based setting.

4. Is there sufficient information in the ISP and supporting documentation to show that Day Services must be provided (or continue to be provided) in the person's place of residence because flexibility is needed for a combination of community or facility-based and in-home day service supports based on the needs and preferences of the person because the person is of retirement age and has chosen retirement?

If **YES**, proceed to Question #5.

If **NO**, skip to Question #6.

5. Is the amount of Employment and Day Services requested *consistent with* and not *in excess of* the amount of Employment and Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home, community, and/or facility-based settings?

If **YES**, stop and **approve** the amount of Employment and Day Services requested in the home, community, and/or facility-based settings.

If **NO**, **approve** that portion of the total amount of Employment and Day Services requested that is consistent with the amount of Employment and Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home, community, and/or facility-based settings. **Deny as not medically necessary** that portion of the total amount of Employment and Day Services requested that is *in excess of* the amount services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home, community, and/or facility-based settings.

6. Is there sufficient information in the ISP and supporting documentation to show that In-Home Day Services must be provided (or continue to be provided) in the person's place of residence because the person has a health, behavioral or other medical reason or is unable to participate in services outside the home, including Supported Employment, Community-Based Day Services, and Facility-Based Day Services?

If **YES** and the request is for a **limited duration** (up to a maximum of 90 days), proceed to "a." below.

If **YES** and the request is for a **long-term or ongoing basis** (more than 90 days), skip to Question #7.

If **NO**, return to Question #3. Medically necessary Employment and Day Services (as determined in Question #3 above) will be approved in the most integrated community and/or facility-based setting appropriate. In-home Day Services will not be approved.

- a. In-Home Day Services requested in the person's place of residence for a **limited duration** (up to a *maximum* of 90 days):

Is there documentation in the ISP and supporting documentation of *exceptional* circumstances that require the provision of In-Home Day Services in order to meet the person's specifically identified medical or behavioral needs, as follows:

- (1) Psychiatric destabilization; **OR**
- (2) Medical concerns/necessity (e.g. post surgery recovery, pneumonia, or cancer treatment), **OR**
- (3) Other physical or behavioral health needs which would necessitate short-term care in the person's place of residence; **AND**

- b. A current written order is included from the person's physician or Behavioral Analyst which includes the following:

- (1) Specific therapeutic goals which necessitate treatment in the person's place of residence rather than in the community; **AND**
- (2) The duration of the care which is required to provide this treatment in the person's place of residence; **OR**

- c. A Behavior Support Plan is included which is time limited and includes a plan to fade out in-home services with increasing community services?

If **YES** to *either* "6.a." and "6.b." or "6.a." and "6.c.", proceed to Question #8

If **NO** to "6.a." and "6.b." and "6.a." and "6.c.", return to Question #3. Medically necessary Employment and Day Services (as determined in Question #3 above) will be approved in the most integrated community and/or facility-based setting appropriate. In-home Day Services will not be approved.

7. Day Services requested in the person's place of residence on a **long-term or ongoing basis** (*more* than 90 days):

- a. Is there documentation in the ISP and supporting documentation of *exceptional* circumstances that require the provision of In-Home Day Services in the person's home in order to meet the person's specifically identified medical or behavioral needs, as follows:

- (1) Behavioral destabilization; **OR**
- (2) Medical concerns/necessity (e.g. post surgery recovery, pneumonia, or cancer treatment), **OR**
- (3) Other physical or behavioral health needs which would necessitate care on a long-term or ongoing basis in the person's place of residence; **AND**

- b. A current written order is included from the person's physician or Behavioral Analyst which includes the following:
- (1) Specific therapeutic goals which necessitate treatment in the person's place of residence rather than in the community; **AND**
 - (2) The duration of the care which is required to provide this treatment in the person's place of residence; **OR**
- c. A Behavior Support Plan is included which is time limited and includes a plan to fade out in-home services with increasing community services?

If **YES** to *either* "7.a." and "7.b." or "7.a." and "7.c.", proceed to Question #8

If **NO** to "7.a." and "7.b." and "7.a." and "7.c.", **approve** the amount of Employment and Day Services to be provided in the most integrated setting and as medically necessary in accordance with "3" above.

8. Is the amount of In-Home Day Services requested *still consistent with* and not *in excess of* the amount of In-Home Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home setting?

If **YES**, stop and **approve** the amount of In-Home Day Services requested.

If **NO**, **approve** that portion of the total amount of In-Home Day Services requested that *continues* to be consistent with the amount of In-Home Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home setting. **Deny** as **not medically necessary** that portion of the total amount of In-Home Day Services requested that is *in excess of* the amount services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home setting.