Requests for 1-Person Companion Model Type Supported Living

1. Receipt of request for 1-Person companion model type Supported Living by the DMRS Regional Office

2. Is the service recipient currently approved for 1-person companion model type Supported Living?
   - YES
   - NO

   Is the currently approved reimbursement rate for 1-person companion model type Supported Living, lower than the applicable 2-person Supported Living reimbursement rate (based on the service recipient’s assessed level of need)?
   - NO
   - YES

   If the service recipient meets all of the medical necessity criteria specified in Question B.4.a(1) through B.4.a(3) OR exceptional circumstances specified in B.4.b of the Supported Living Protocol, approve continuation of the 1-person companion model type Supported Living home, as described in the Supported Living Protocol (Question B.4.a).
   - NO
   - YES

   Approve continuation of the 1-person companion model type Supported Living home, as described in the Supported Living Protocol (Question B.4.a).

   If the service recipient meets all of the medical necessity criteria specified in Question A.4.a(1) through A.4.a(3) OR exceptional circumstances specified in A.4.b of the Supported Living Protocol, approve continuation of the 1-person companion model type Supported Living home. If the service recipient does NOT meet all of the medical necessity criteria specified in Question A.4.a(1) through A.4.a(3) OR exceptional circumstances specified in A.4.b of the Supported Living Protocol, deny the 1-person companion model type Supported Living home as not medically necessary (as described in the protocol).
   - NO
   - YES

   Approve the 1-person companion model type Supported Living home, as described in the Supported Living Protocol (Question A.4.a).

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