

## Residential Habilitation Protocol Checklist

Service Recipient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last, First)

Reviewer's Name \_\_\_\_\_ Date Request Submitted \_\_\_\_\_  
(Last, First)

### Technical Review

<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Is the correct funding source, site code, and service code used in Section C of the Individual Support Plan?</p> <p>If <b>YES</b>, continue to Question #1 in Section A, B, or C as applicable.</p> <p>If <b>NO</b> and the wrong funding source, site code and service code is due to a simple error, correct the error and continue to Question #1 in Section A, B, or C as applicable.</p> <p>If <b>NO</b> based on lack of a site code because the provider is not licensed or does not have an approved provider agreement, deny as non-covered due to failure to meet provider qualifications as specified in the waivers and in the TennCare rules applicable to the waivers.</p>
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### A. Initial Request for Residential Habilitation

<p>1. <input type="checkbox"/> <b>YES</b>    <input type="checkbox"/> <b>NO</b></p>	<p>Medical necessity review questions: (A.1)</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) to justify that the service recipient needs direct support services due to:</p> <p style="margin-left: 40px;">(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; <b>OR</b></p> <p style="margin-left: 40px;">(2) A pattern of behavior by the service recipient that would pose a danger of harm to self or others; <b>AND</b></p> <p>b. Is the service recipient age 18 years or older, <b>OR</b> 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; <b>AND</b></p> <p>c. Is there sufficient information in the ISP and/or supporting documentation to show that at least one of the following is applicable:</p>
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	<p>(1) The service recipient's need for direct support services and other services can <b>not</b> be safely and effectively met in the home for one of the following reasons:</p> <p>(a) The service recipient resides in a home with family members and:</p> <ul style="list-style-type: none"> <li>i. The caregiver(s) died; <b>OR</b></li> <li>ii. The caregiver(s) became physically or mentally incapacitated and can no longer reasonably provide caregiver services; <b>OR</b></li> <li>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; <b>OR</b></li> <li>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; <b>OR</b></li> </ul> <p>(b) The service recipient resides in a home with individuals other than family members, and:</p> <ul style="list-style-type: none"> <li>i. The caregiver(s) are no longer willing or able to provide caregiver services; <b>OR</b></li> <li>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; <b>OR</b></li> <li>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; <b>OR</b></li> </ul> <p>(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; <b>OR</b></p> <p>(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.</p> <p>If <b>YES</b> to all three of the criteria specified in "1.a" through "1.c" above, proceed to Question #2.</p>
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	<p>If <b>NO</b> to any criterion specified in “1.a” through “1.c” above, stop and deny as <b><u>not medically necessary</u></b>.</p>
<p>2. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the service recipient requesting Residential Habilitation in a 1-person Residential Habilitation home where there would be no other service recipients? (A.2)</p> <p>If <b>YES</b>, proceed to Question #3.</p> <p>If <b>NO</b>, stop and approve the Residential Habilitation.</p>
<p>3. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions for Residential Habilitation:</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) to justify that the service recipient meets <b><u>all</u></b> of the following criteria for Residential Habilitation in a 1-person Residential Habilitation home: (A.3)</p> <p>(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; <b>AND</b></p> <p>(2) The service recipient:</p> <p>(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; <b>OR</b></p> <p>(b) Has exhibited aggressive behavior within the past 12 months that posed a serious and imminent danger of harm to others; <b>OR</b></p> <p>(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; <b>AND</b></p> <p>(3) The service recipient’s aggressive behavior cannot be reasonably and adequately managed in a shared residential setting; <b>OR</b></p> <p>b. Is their documentation in the ISP and/or supporting documentation of <i>exceptional circumstances</i> 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?</p> <p>Note: Any request for 1-person Residential Habilitation based on such <i>exceptional circumstances</i> <u>must be approved by the Central Office of the Division of Intellectual Disabilities Services</u>. 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.</p> <p>If <b>YES</b> to all of the criteria specified in “3.a(1)” through “3.a(3)” above <b>OR</b> if <b>YES</b> to criterion “3.b” above, stop and approve Residential Habilitation in a 1-person Residential Habilitation home.</p>

	<p>If <b>NO to any</b> criterion specified in “3.a(1)” through “3.a(3)” above <u>AND</u> if <b>NO</b> to criterion “3.b” above, stop and deny as <b><u>not medically necessary</u></b>.</p> <p>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.</p>
<input type="checkbox"/> <b>Approved</b>	
<input type="checkbox"/> <b>Denied</b>	

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

<p>1. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p>	<p>Medical necessity review criteria: (B.1)</p> <p>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:</p> <p>(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; <b>OR</b></p> <p>(2) A pattern of behavior by the service recipient that would pose a danger of harm to self or others.</p> <p>If <b>YES</b>, proceed to Question #2.</p> <p>If <b>NO</b>, stop and deny as <b><u>not medically necessary</u></b>.</p>
<p>2. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p>	<p>Is the service recipient currently residing in a 1-person Residential Habilitation home? (B.2)</p> <p>If <b>YES</b>, proceed to Question #3.</p> <p>If <b>NO</b>, stop and approve the Residential Habilitation.</p>
<p>3. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p>	<p>Medical necessity review questions for continuation of Residential Habilitation in a 1-person home: (B.3)</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to justify that the service recipient meets <b><u>all</u></b> of the following three criteria for continued Residential Habilitation in a 1-person home:</p> <p>(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; <b>AND</b></p> <p>(2) The service recipient:</p> <p>(a) Is currently exhibiting aggressive behavior that would pose a</p>

	<p>serious and imminent danger of harm to other housemates in a shared Residential Habilitation home; <b>OR</b></p> <p>(b) Has exhibited aggressive behavior within the past 12 months that posed a serious and imminent danger of harm to others; <b>OR</b></p> <p>(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; <b>AND</b></p> <p>(3) The service recipient's aggressive behavior cannot be reasonably and adequately managed in a shared residential setting <b>OR</b></p> <p>b. Is there documentation in the ISP and/or supporting documentation of <i>exceptional circumstances</i> severe behavioral conditions (other than those specified above) or serious medical conditions which cannot be reasonably and adequately managed in a shared residential setting?</p> <p>Note: Any request for 1-person Residential Habilitation based on such <i>exceptional circumstances</i> <u>must be approved by the Central Office of the Division of Intellectual Disabilities Services</u>. Such requests must be submitted in <i>writing</i> 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.</p> <p>If <b>YES</b> to all three of the criteria specified in "3.a(1)" through "3.a(3)" above <u>or</u> if <b>YES</b> to the <i>exceptional circumstances criterion specified in "3.b" above</i>, <i>stop and approve continuation</i> of Residential Habilitation in a 1-person home.</p> <p>If <b>NO to any</b> criterion specified in "3.a(1)" through "3.a(3)" above <b>AND</b> if <b>NO</b> to criterion "3.b" above, <i>stop and approve continuation</i> of Residential Habilitation in a 1-person home on a short-term basis, as follows, until other housemates can be arranged:</p> <p>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.</p> <p>b. If Residential Habilitation in a 1-person Residential Habilitation home has previously been approved <i>at least</i> 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 <i>only</i> one additional 6-month period.</p> <p>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 a 1-person home. If such a transition plan is submitted, continuation of Residential Habilitation Services in the 1-person Residential Habilitation home may be approved for one final 6-month transition period.</p> <p>If the requested duration of Residential Habilitation in the 1-person home</p>
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	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 <b>not medically necessary</b> on the basis that <i>continuation</i> of Residential Habilitation Services in the 1-person Residential Habilitation home is not medically necessary, and approve the remainder at the 2-person Residential Habilitation level.
<input type="checkbox"/> <b>Approved</b>	
<input type="checkbox"/> <b>Denied</b>	

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

1. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Medical necessity review criteria: (C.1)</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient <i>continues</i> to need direct support services due to:</p> <p>(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; <b>OR</b></p> <p>(2) A pattern of behavior by the service recipient that would pose a danger of harm to self or others.</p> <p>If <b>YES</b>, proceed to Question #2.</p> <p>If <b>NO</b>, stop and deny as <b>not medically necessary</b>.</p>
2. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>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? (C.2)</p> <p>If <b>YES</b>, proceed to Question #3.</p> <p>If <b>NO</b>, skip to Question #5.</p>
3. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Medical necessity review questions for transfer to a 1-person Residential Habilitation home: (C.3)</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to justify that the service recipient meets <b>all</b> of the following three criteria for continued services in a 1-person Residential Habilitation home:</p> <p>(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; <b>AND</b></p> <p>(2) The service recipient:</p>

	<p>(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; <b>OR</b></p> <p>(b) Has exhibited aggressive behavior within the past 12 months that posed a serious and imminent danger of harm to others; <b>OR</b></p> <p>(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; <b>AND</b></p> <p>(3) The service recipient's aggressive behavior cannot be reasonably and adequately managed in a shared residential setting; <b>OR</b></p> <p>b. Is there documentation in the ISP and/or supporting documentation of <i>exceptional circumstances</i> 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?</p> <p>Note: Any request for 1-person Residential Habilitation based on such <i>exceptional circumstances</i> <u>must be approved by the Central Office of the Division of Intellectual Disabilities Services</u>. Such requests must be submitted <i>in writing</i> 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.</p> <p>If <b>YES to all three</b> of the criteria specified in "3.a(1)" through "3.a(3)" above <u>OR</u> if <b>YES</b> to the exceptional circumstances criterion specified in "3.b" above, proceed to Question #4.</p> <p>If <b>NO to any</b> criterion specified in "3.a(1)" through "3.a(3)" above <u>AND</u> if <b>NO</b> to criterion "3.b" above, stop and deny the transfer request and continuation of Residential Habilitation in a 1-person home as <u><b>not medically necessary</b></u>.</p> <p>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.</p> <p><i>Unless</i> 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.</p> <p>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.</p>
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<p>4. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>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? (C.4)</p> <p>If <b>YES</b>, and <i>continuation</i> 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.</p> <p>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.</p> <p>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.</p> <p>If the request for transfer does involve a request for Environmental Accessibility Modifications, or a request for Residential Habilitation in a <i>different</i> 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.</p> <p>If <b>YES</b>, but <i>continuation</i> of Residential Habilitation services in the current Residential Habilitation home is <u>not</u> 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.</p> <p>If <b>NO</b>, stop and approve the transfer request to Residential Habilitation in a 1-person Residential Habilitation home.</p>
<p>5. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>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? (C.6)</p> <p>If <b>YES</b>, and continuation of Residential Habilitation in the current Residential Habilitation home is adequate to meet the service recipient's needs, deny the transfer request.</p> <p>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.</p> <p><i>Unless</i> 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.</p> <p>If the request for transfer does involve a request for Environmental Accessibility Modifications, or a request for Residential Habilitation in a <i>different</i> type of Residential Habilitation home (e.g., from a 4 or more-person Residential Habilitation home to a 3-</p>



	<p>person Residential Habilitation home), notice of action is required.</p> <p>If <b>YES</b>, but <i>continuation</i> of Residential Habilitation services in the current Residential Habilitation home is <u>not</u> adequate to meet the service recipient's needs, approve the transfer request and <i>continuation</i> of Residential Habilitation.</p> <p>If <b>NO</b>, stop and approve the transfer request and <i>continuation</i> of Residential Habilitation.</p>
<input type="checkbox"/> <b>Approved</b>	
<input type="checkbox"/> <b>Denied</b>	