

Medical Residential Protocol Checklist

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

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

Technical Review

<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the correct funding source, site code, and service code used in Section C of the Individual Support Plan?</p> <p>If YES, continue to Question #1 in Section A, B, or C as applicable.</p> <p>If NO 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 NO 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 Medical Residential Habilitation

1. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the request for Medical Residential Services to be provided in a home where the service recipient will live with family members who are not service recipients enrolled in the waiver program? (A 1)</p> <p>If YES, stop and deny as <u>non-covered service</u> based on the waiver service definition.</p> <p>If NO, proceed to Question #2.</p>
2. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Will the Medical Residential Services be provided by a provider who is licensed as a Residential Habilitation provider or as a Supported Living provider? (A 2)</p> <p>If the provider is licensed as a Supported Living provider, proceed to Question #3</p> <p>If the provider is licensed as a Residential Habilitation provider, skip to Question #8</p>
3. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Medical necessity review questions (when the Medical Residential Services provider is licensed as a Supported Living provider): (A 3)</p> <p>a. Is there an order by a physician, physician assistant, or nurse practitioner for skilled nursing services which specifies the <u>specific skilled nursing functions</u> to be performed and the <u>frequency</u> such skilled nursing functions are requested; AND</p> <p>b. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient has a medical diagnosis requiring the provision of skilled nursing services (excluding nursing assessment and oversight) by a registered nurse or licensed practical nurse on a daily basis and at a level</p>

	<p>which can not for practical purposes be provided through two or fewer daily skilled nursing visits; AND</p> <p>c. Is the service recipient age 18 years or older; AND</p> <p>d. Is it more cost-effective to meet the service recipient's needs for direct support services and skilled nursing services through Medical Residential Services rather than through the provision of waiver Nursing Services or TennCare Private Duty Nursing or Home Health Skilled Nursing Services and other waiver services in the service recipient's home or family home or through the provision of waiver Nursing Services or TennCare Private Duty Nursing or Home Health Skilled Nursing Services in other residential settings?</p> <p>If YES to all four of the criteria specified in "3.a" through "3.d" above, proceed to Question #4.</p> <p>If NO to any criterion specified in "3.a" through "3.d" above, stop and deny as <u>not medically necessary</u>.</p>
<p>4. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the service recipient requesting Medical Residential Services in a 1-person home where there would be no other service recipients? (A 4)</p> <p>If YES, proceed to Question #5.</p> <p>If NO, skip to Question #6.</p>
<p>5. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions for Medical Residential Services in a 1-person home where there would be no other service recipients: (A 5)</p> <p>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 Medical Residential Services 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; AND</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 Medical Residential Services home (including exposing others to a serious medical condition that is transmissible); OR</p> <p>(b) Has exhibited aggressive behavior within the past 12 months that posed a serious and imminent danger of harm to others; OR</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; AND</p> <p>(3) The service recipient's aggressive behavior cannot be reasonably</p>

	<p>and adequately managed in a shared residential setting; OR</p> <p>b. Is there documentation in the Individual Support Plan (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 Medical Residential Services based on such <i>exceptional circumstances</i> must be approved by the DMRS Central Office. 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 YES to all of the criteria specified in "5.a(1)" through 5.a(3)" above <u>OR</u> if YES to criterion "5.b" above, stop and approve Medical Residential Services in a 1-person Medical Residential Services home.</p> <p>If NO to any criterion specified in "5.a(1)" through "5.a(3)" above <u>AND</u> if NO to criterion "5.b" above, stop and deny as <u>not medically necessary.</u> Applicable prongs of medical necessity may include:</p>
<p>6. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the service recipient requesting to fill a vacancy in a Medical Residential Services home that will have only 2 service recipients because: (A. 6)</p> <p>a. The size of the currently existing Medical Residential Services home is such that it can only accommodate 2 service recipients; OR</p> <p>b. The service recipient has a documented history of significant psychiatric problems or behavioral problems which justify limiting the number of service recipients in the home to two?</p> <p>If YES, stop and approve the Medical Residential Services in a 2-person home.</p> <p>If NO, proceed to Question #7.</p>
<p>7. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the service recipient requesting to fill a vacancy to be the 3rd person in a 3-person Medical Residential Services home? (A. 7)</p> <p>If YES, stop and approve the Medical Residential Services in the 3-person home.</p> <p>If NO, stop and approve the Medical Residential Services in the 2-person Medical Residential Services home on a short-term basis until other housemates can be arranged, in accordance with the following:</p> <p>a. Approve Medical Residential Services in a 2-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. The approval letter should specify that Medical Residential Services in a 2-person 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 the Medical Residential Services 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 Medical Residential Services in a 2-person home are not medically necessary.</p>

<p>8. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions: questions (when the Medical Residential Services provider is licensed as a Residential Habilitation provider):</p> <ul style="list-style-type: none"> a. Is there an order by a physician, physician assistant, or nurse practitioner for skilled nursing services which specifies the <u>specific skilled nursing functions</u> to be performed and the <u>frequency</u> such skilled nursing functions are requested; AND b. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient has a medical diagnosis requiring the provision of skilled nursing services (excluding nursing assessment and oversight) by a registered nurse or licensed practical nurse on a daily basis and at a level which can not for practical purposes be provided through two or fewer daily skilled nursing visits; AND c. Is the service recipient age 18 years or older; AND d. Is it more cost-effective to meet the service recipient's needs for direct support services and skilled nursing services through Medical Residential Services rather than through the provision of waiver Nursing Services or TennCare Private Duty Nursing or Home Health Skilled Nursing Services and other waiver services in the service recipient's home or family home or through the provision of waiver Nursing Services or TennCare Private Duty Nursing or Home Health Skilled Nursing Services in other residential settings? <p>If YES to all four of the criteria specified in "8.a" through "8.d" above, proceed to Question #9.</p> <p>If NO to any criterion specified in "8.a" through "8.d" above, stop and deny as <u>not medically necessary</u>.</p>
<p>9. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the service recipient requesting Medical Residential Services in a 1-person home where there would be no other service recipients? (A 9)</p> <p>If YES, proceed to Question #10.</p> <p>If NO, skip to Question #11.</p>
<p>10. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions for Medical Residential Services in a 1-person home where there would be no other service recipients:</p> <ul style="list-style-type: none"> 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 Medical Residential Services in a 1-person home: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (a) Is currently exhibiting aggressive behavior that would pose a serious and imminent danger of harm to other housemates in a shared Medical Residential Services home (including exposing others to a serious medical condition that is transmissible); OR

	<p>(b) Has exhibited aggressive behavior within the past 12 months that posed a serious and imminent danger of harm to others; OR</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; AND</p> <p>(3) The service recipient's aggressive behavior cannot be reasonably and adequately managed in a shared residential setting OR</p> <p>b. Is there documentation in the Individual Support Plan (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: Note: Any request for 1-person Medical Residential Services based on such <i>exceptional circumstances</i> must be approved by the DMRS Central Office. 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 YES to all three of the criteria specified in "10.a.(1)" through "10.a.(3)" above <u>OR</u> if YES to criterion "10.b" above, stop and approve Medical Residential Services in a 1-person home.</p> <p>If NO to any criterion specified in "10.a.(1)" through "10.a.(3)" above <u>AND</u> if NO to criterion "10.b" above, stop and deny as <u>not medically necessary</u>.</p>
<p>11. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the service recipient requesting to fill a vacancy to be the 3rd person or 4th person in a Medical Residential Services home?</p> <p>If YES, stop and approve the Medical Residential Services in a 3 or 4-person home.</p> <p>If NO, proceed to Question #12.</p>
<p>12. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the service recipient requesting to fill a vacancy in a Medical Residential Services home that will have only 2 service recipients because:</p> <p>a. The size of the currently existing Medical Residential Services home is such that it can only accommodate 2 service recipients; OR</p> <p>b. The service recipient has a documented history of significant psychiatric problems or behavioral problems which justify limiting the number of service recipients in the home to two?</p> <p>If YES, stop and approve the Medical Residential Services in the 2-person Medical Residential Services home.</p> <p>If NO, proceed to Question #13.</p>

13. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the service recipient requesting to fill a vacancy in a Medical Residential Services home that will have more than 2 service recipients when vacancies can be filled?</p> <p>If YES, stop and approve the Medical Residential Services in a 2-person home on a short-term basis until another housemate can be arranged, in accordance with the following:</p> <p>a. Approve the Medical Residential Services in a 2-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. The approval letter should specify that Medical Residential Services in a 2-person 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 the Medical Residential Services in a 2-person home exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as <u>not medically necessary</u>.</p> <p>If NO, stop and deny as <u>not medically necessary</u>. All of the unmet medical necessity criteria must be specified in the denial letter.</p>
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	

B. Continuation of Medical Residential in the Same Home

1. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the request for Medical Residential Services to be provided in a home where the service recipient will live with family members who are not service recipients enrolled in the waiver program? (B .1)</p> <p>If YES, stop and deny continuation of Medical Residential Services as <u>non-covered</u> based on the waiver service definition.</p> <p>If NO, proceed to Question #2.</p>
2. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Medical necessity review criteria for continuation of Medical Residential Services:</p> <p>a. Is there an order by a physician, physician assistant, or nurse practitioner for skilled nursing services which specifies the specific skilled nursing functions to be performed and the frequency such skilled nursing functions are requested; AND</p> <p>b. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient continues to have a medical diagnosis requiring the provision of skilled nursing services (excluding nursing assessment and oversight) by a registered nurse or licensed practical nurse on a daily basis and at a level which can not for practical purposes be provided through two or fewer daily skilled nursing visits; AND</p> <p>c. Does it continue to be more cost-effective to meet the service recipient's needs for direct support services and skilled nursing services through Medical Residential Services rather than through the provision of waiver Nursing Services or TennCare Private Duty Nursing or Home Health Skilled Nursing Services and other waiver services in the service recipient's home or family home or through the provision of waiver Nursing Services or TennCare Private Duty Nursing or Home Health Skilled Nursing Services in other residential settings?</p>

	<p>If YES to all three criteria specified in “2.a” through “2.c” above, proceed to Question #3.</p> <p>If NO to any criterion specified in “2.a” through “2.c” above stop and deny continuation of Medical Residential Services as not medically necessary.</p>
3. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Will the number of housemates in the Medical Residential Services home remain the same?</p> <p>If YES, stop and approve continuation of Medical Residential Services.</p> <p>If NO, stop and approve the 1-person, 2-person, or 3-person Medical Residential Services, as applicable, on a short-term basis until other housemates can be arranged, in accordance with the following:</p> <p>a. Approve the Medical Residential Services in a 1-person, 2-person, or 3-person home, as applicable, 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 “3.b” and “3.c” below. If the requested amount of the Medical Residential Services exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as not medically necessary. The approval letter should specify that Medical Residential Services in a 1-person, 2-person, or 3-person home, as applicable, 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 Medical Residential Services in a 1-person, 2-person, or 3-person home, as applicable, 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 Medical Residential Services in a 1-person, 2-person, or 3-person home, as applicable, is not medically necessary.</p> <p>b. If Medical Residential Services in a 1-person, 2-person, or 3-person home, as applicable, has previously been approved one time as described above and housemates have not yet been arranged, Medical Residential Services in a 1-person, 2-person, or 3-person home, as applicable, may be approved one additional time such that the initial and second approvals do not exceed a total of 12 calendar months.</p> <p>c. If Medical Residential Services in a 1-person, 2-person, or 3-person home, as applicable, has previously been approved for a total of 12 calendar months as described above and housemates have not yet been arranged, deny the 1-person, 2-person, or 3-person Medical Residential Services home as <u>not medically necessary</u> and approve the applicable 2-person or 3-person (or more) Medical Residential Services home.</p>
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	

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

1. <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the request for transfer to a home where the service recipient will live with family members who are not service recipients enrolled in the waiver program? (C. 1)
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	<p>If YES, stop and deny the request for transfer. Medical Residential Services in a home where the service recipient will live with family members who are not service recipients enrolled in the waiver program is as non-covered based on the waiver service definition.</p> <p>NOTE: To the extent that previously authorized Medical Residential Services continues to be covered and medically necessary, continuation of the Medical Residential Services 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 Medical Residential Services in a different type of Medical Residential Services home (i.e., from a 2, 3 or 4-person Medical Residential Services home to a 1, 2, or 3-person Medical Residential Services 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 Medical Residential Services home, are outside the scope of the waiver service definition.</p> <p><i>If NO, proceed to Question #2.</i></p>
<p>2. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review criteria: (C. 2)</p> <ul style="list-style-type: none"> a. Is there an order by a physician, physician assistant, or nurse practitioner for skilled nursing services which specifies the specific skilled nursing functions to be performed and the frequency such skilled nursing functions are requested; AND b. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient continues to have a medical diagnosis requiring the provision of skilled nursing services (excluding nursing assessment and oversight) by a registered nurse or licensed practical nurse on a daily basis and at a level which can not for practical purposes be provided through two or fewer daily skilled nursing visits; AND c. Does it continue to be more cost-effective to meet the service recipient's needs for direct support services and skilled nursing services through Medical Residential Services rather than through the provision of waiver Nursing Services or TennCare Private Duty Nursing or Home Health Skilled Nursing Services and other waiver services in the service recipient's home or family home or through the provision of waiver Nursing Services or TennCare Private Duty Nursing or Home Health Skilled Nursing Services in other residential settings? <p>If YES to all three criteria specified in "2.a" through "2.c" above, proceed to Question #3.</p> <p>If NO to any criterion specified in "2.a" through "2.c" above stop and deny as not medically necessary.</p>
<p>3. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Will the number of housemates in the new Medical Residential Services home be the same as in the current Medical Residential Services home? (C. 3)</p> <p>If YES, proceed to Question #4.</p> <p>If NO, skip to Question #5.</p>

<p>4. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Would such transfer require approval of additional Environmental Accessibility Modifications or additional MR housing assistance that would not be required in the current Medical Residential Services home? (C.4)</p> <p>If YES and continuation of Medical Residential Services in the current home is adequate to meet the service recipient's needs, deny the transfer request.</p> <p>NOTE: To the extent that previously authorized Medical Residential Services continues to be covered and medically necessary, continuation of the Medical Residential Services should be approved. Only the request for transfer is denied.</p> <p>Unless the request for transfer involves a request for Environmental Accessibility Modifications, the denial of a request for transfer does not constitute an adverse action. Room and board, as well as the specific location of the Medical Residential Services home, are outside the scope of the waiver service definition.</p> <p>If YES, but continuation of Medical Residential Services in the current home is not adequate to meet the service recipient's needs, approve the transfer and continuation of Medical Residential Services.</p> <p>If NO, approve the transfer and continuation of Medical Residential Services.</p>
<p>5. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the request for transfer to a 1-person Medical Residential Services home?</p> <p>If YES, proceed to Question #6.</p> <p>If NO, skip to Question #7.</p>
<p>6. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions for transfer to a 1-person Medical Residential Services home and <i>continuation</i> of Medical Residential Services:</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to justify that the service recipient meets <u>all</u> of the following three criteria for Medical Residential Services in a 1-person Medical Residential Services home:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (a) Is currently exhibiting aggressive behavior that would pose a serious and imminent danger of harm to other housemates in a shared residential home (including exposing others to a serious medical condition that is transmissible); 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

	<p>(3) The service recipient's aggressive behavior cannot be reasonably and adequately managed in a shared residential setting; OR</p> <p>b. Is there documentation in the Individual Support Plan (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 Medical Residential Services based on such <i>exceptional circumstances</i> <u>must be approved by the DMRS Central Office</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 YES to all three criteria specified in "6.a(1)": through "6.a(3)" above, <u>OR</u> if YES to the exceptional circumstances criterion specified in "6.b" above stop and approve the transfer request and <i>continuation</i> of Medical Residential Services in a 1-person home.</p> <p>If NO to any criterion specified in "6.a(1)" through "6.a(3)" above <u>AND</u> if NO to criterion "6.b" above, stop and deny the request for transfer and <i>continuation</i> of Medical Residential Services in a 1-person home as <u>not medically necessary</u>.</p>
<p>7. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the service recipient requesting to fill a vacancy to be the 3rd person in a Medical Residential Services home or, if applicable, the 3rd or 4th person in a Medical Residential Services home licensed a Residential Habilitation facility? (C.7)</p> <p>If YES, proceed to Question #8.</p> <p>If NO, proceed to Question #9.</p>
<p>8. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Would such transfer require approval of additional Environmental Accessibility Modifications or additional MR housing assistance that would not be required in the <i>current</i> Medical Residential Services home OR would the cost of Medical Residential Services in the new Medical Residential Services home exceed the cost of Medical Residential Services in the <i>current</i> home? (C. 8)</p> <p>If YES and <i>continuation</i> of Medical Residential Services in the <i>current</i> home is adequate to meet the service recipient's needs, deny the transfer request.</p> <p>NOTE: To the extent that previously authorized Medical Residential Services continues to be covered and medically necessary, <i>continuation</i> of the Medical Residential Services 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 Medical Residential Services in a <i>different type</i> of Medical Residential Services home (e.g., from a 4-person Medical Residential Services home to a 3-person Medical Residential Services home), the denial of a request for transfer does <u>not</u> constitute an adverse action. Room and board, as well as the specific location of the Medical Residential Services home, are outside the scope of the waiver service definition.</p> <p>If YES, but <i>continuation</i> of Medical Residential Services in the current home is <u>not</u> adequate to meet the service recipient's needs, approve the transfer request and <i>continuation</i> of Medical Residential Services in a 3 or 4-person home, as applicable.</p>

	<p>If NO, approve the transfer request and <i>continuation</i> of Medical Residential Services in a 3 or 4-person home, as applicable.</p>
<p>9. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the service recipient requesting to fill a vacancy in a Medical Residential Services home that will have <u>only</u> 2 service recipients because: (C. 9)</p> <p>a. The size of the currently existing Medical Residential Services home is such that it can only accommodate 2 service recipients; OR</p> <p>b. The service recipient has a documented history of significant psychiatric problems or behavioral problems which justify limiting the number of service recipients in the home to two?</p> <p>If YES, proceed to Question #10.</p> <p>If NO, proceed to Question #11.</p>
<p>10. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Would such transfer require approval of additional Environmental Accessibility Modifications or additional MR housing assistance that would not be required in the <i>current</i> Medical Residential Services home OR would the cost of Medical Residential Services in the new Medical Residential Services home exceed the cost of Medical Residential Services in the <i>current</i> home? (C. 10)</p> <p>If YES and <i>continuation</i> of Medical Residential Services in the <i>current</i> home is adequate to meet the service recipient's needs, deny the transfer request.</p> <p>NOTE: To the extent that previously authorized Medical Residential Services continues to be covered and medically necessary, <i>continuation</i> of the Medical Residential Services 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 Medical Residential Services in a <i>different type</i> of Medical Residential Services home (e.g., from a 3 or 4-person Medical Residential Services home to a 2-person Medical Residential Services home), the denial of a request for transfer does <u>not</u> constitute an adverse action. Room and board, as well as the specific location of the Medical Residential Services home, are outside the scope of the waiver service definition.</p> <p>If YES, but <i>continuation</i> of Medical Residential Services in the current home is <u>not</u> adequate to meet the service recipient's needs, approve the transfer request and <i>continuation</i> of Medical Residential Services in a 2-person home.</p> <p>If NO, approve the transfer request and <i>continuation</i> of Medical Residential Services in a 2-person home.</p>
<p>11. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the service recipient requesting to fill a vacancy in a Medical Residential Services home that will have more than 2 service recipients when vacancies can be filled? (C. 11)</p> <p>If YES, proceed to Question #12.</p> <p>If NO, stop and deny the request for transfer as <u>not medically necessary</u>.</p> <p>NOTE: To the extent that previously authorized Medical Residential Services continues to be covered and medically necessary, <i>continuation</i> of the Medical Residential Services 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 Medical Residential Services in a <i>different type</i> of Medical Residential Services home (e.g., from a 3 or 4-person Medical Residential Services home to a 2-person Medical Residential Services home), the denial of a request for transfer does <u>not</u> constitute an adverse action. Room and board, as well as the specific location of the Medical Residential Services home, are outside the scope of the waiver service definition.</p>
12. <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Would such transfer require approval of additional Environmental Accessibility Modifications or additional MR housing assistance that would not be required in the <i>current</i> Medical Residential Services home OR would the cost of Medical Residential Services in a 2-person Medical Residential Services home exceed the cost of Supported Living in the current home? (C. 12)</p> <p>If YES, and <i>continuation</i> of Medical Residential Services in the current home is adequate to meet the service recipient's needs, deny the transfer request.</p> <p>NOTE: To the extent that previously authorized Medical Residential Services continues to be covered and medically necessary, <i>continuation</i> of the Medical Residential Services 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 Medical Residential Services in a <i>different type</i> of Medical Residential Services home (i.e., from a 3 or 4-person Medical Residential Services home to a 2-person Medical Residential Services home, as applicable), the denial of a request for transfer does <u>not</u> constitute an adverse action. Room and board, as well as the specific location of the Medical Residential Services home, are outside the scope of the waiver service definition.</p> <p>If the request for transfer <i>does</i> involve a request for Environmental Accessibility Modifications, or a request for Medical Residential Services in a <i>different type</i> of Medical Residential Services home (i.e., from a 3 or 4-person Medical Residential Services home to a 2-person Medical Residential Services home, as applicable), notice of action is required.</p> <p>If YES, but <i>continuation</i> of Medical Residential Services in the current Medical Residential Services home is <u>not</u> adequate to meet the service recipient's needs, approve Medical Residential Services in a 2-person home on a <i>short-term basis</i> until another housemate can be arranged, in accordance with the following:</p> <p>a. Approve the Medical Residential Services in a 2-person home for <i>the lesser of</i>: (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 "12.b" and "12.c" below. The approval letter should specify that Medical Residential Services in a 2-person home is approved <i>only</i> for the lesser of (1) the specified period of time; or (2) until other housemates can be arranged. If the requested duration of the Medical Residential Services in a 2-person home exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as <u>not medically necessary</u>.</p> <p>b. If Medical Residential Services in a 2-person home has previously been approved one time as described above and housemates have not yet been arranged, Medical Residential Services in a 2-person home may be approved <u>one additional time</u> such that the initial and second approvals do not exceed a total of 12 calendar months.</p>

	<p>c. If Medical Residential Services in a 2-person home has previously been approved for a total of 12 calendar months as described above and housemates have not yet been arranged, deny the 2-person Medical Residential Services home as <u>not medically necessary</u> and approve the 3-person Medical Residential Services home.</p> <p>If NO, approve Medical Residential Services in a 2-person home on a <i>short-term basis</i> until another housemate can be arranged, in accordance with the following:</p> <p>a. Approve the Medical Residential Services in a 2-person home for <i>the lesser of</i>: (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 “12.b” and “12.c” below. The approval letter should specify that Medical Residential Services in a 2-person home is approved <i>only</i> for the lesser of (1) the specified period of time; or (2) until other housemates can be arranged. If the requested duration of the Medical Residential Services in a 2-person home exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as <u>not medically necessary</u>. The covered, medically necessary alternative for the remainder of the requested duration (i.e., Medical Residential Services in a 3 or 4-person Medical Residential Services home) will be specified in the denial notice.</p> <p>b. If Medical Residential Services in a 2-person home has previously been approved one time as described above and housemates have not yet been arranged, Medical Residential Services in a 2-person home may be approved <u>one additional time</u> such that the initial and second approvals do not exceed a total of 12 calendar months.</p> <p>c. If Medical Residential Services in a 2-person home has previously been approved for a total of 12 calendar months as described above and housemates have not yet been arranged, deny the 2-person Medical Residential Services home as <u>not medically necessary</u> and approve the 3-person Medical Residential Services home.</p>
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	