

MEDICAL RESIDENTIAL SERVICES PROTOCOL

TABLE OF CONTENTS	PAGE
Criteria for Medical Residential Services	
A. Initial Request for Medical Residential Services	1
B. Continuation of Medical Residential Services in the Same Home	3
C. Transfer to a Different Medical Residential Services Home and Continuation of Services	6

A. Initial request for Medical Residential Services

1. 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?

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 (when the Medical Residential Services provider is licensed as a Supported Living provider):
 - 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 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, or 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); **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?

If **YES to all four** of the criteria specified in “2.a” through “2.d” above, proceed to Question #3.

If **NO to any** criterion specified in “2.a” through “2.d” above, stop and deny as **not medically necessary**. All of the unmet medical necessity criteria 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 covered, medically necessary alternative to Medical Residential Services, such service will be specified in the denial notice.

3. Is the service recipient requesting Medical Residential Services in a 1-person home where there would be no other service recipients?

If **YES**, proceed to Question #4.

If **NO**, stop and approve the Medical Residential Services.

4. Medical necessity review questions for Medical Residential Services in a 1-person home where there would be no other service recipients:

- 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:

- (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:
 - (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**
 - (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**
- (3) The service recipient’s aggressive behavior cannot be reasonably and adequately managed in a shared residential setting; **OR**

- b. Is there documentation in the Individual Support Plan (ISP) and/or supporting documentation of *exceptional circumstances* 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?

NOTE: Any request for 1-person Medical Residential Services based on such *exceptional circumstances* must be approved by the Central Office of the Division of

Intellectual Disabilities Services. 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.

If **YES** to all of the criteria specified in "4.a(1)" through 4.a(3)" above OR if **YES** to criterion "4.b" above, stop and approve Medical Residential Services in a 1-person Medical Residential Services home.

If **NO to any** criterion specified in "4.a(1)" through "4.a(3)" above AND if **NO** to criterion "4.b" above, stop and deny as not medically necessary. All of the unmet medical necessity criteria 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 covered, medically necessary alternative to Medical Residential Services in a 1-person home, such service will be specified in the denial notice.

B. Continuation of Medical Residential Services in the same home

1. 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?

If **YES**, stop and deny *continuation* of Medical Residential Services as non-covered based on the waiver service definition.

If previously approved Medical Residential Services 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 Medical Residential Services 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 Medical Residential Services 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 Medical Residential Services 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 criteria for *continuation* of Medical Residential Services:
 - 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?

If **YES** to all three criteria specified in "2.a" through "2.c" above, proceed to Question #3.

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**. All of the unmet medical necessity criteria 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 Medical Residential Services 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 Medical Residential Services 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 Medical Residential Services 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 Medical Residential Services pending resolution of the appeal, in which case such previously approved Medical Residential Services 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 covered, medically necessary alternative to *continuation* of Medical Residential Services, such service will be specified in the denial notice.

- 3. Is the service recipient *currently* receiving Medical Residential Services in a 1-person Medical Residential Services home?

If **YES**, proceed to Question #4.

If **NO**, stop and approve the Medical Residential Services.

- 4. Medical necessity review questions for *continuation* of Medical Residential Services in a 1-person Medical Residential Services home:
 - 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 continued Medical Residential Services in a 1-person home:

- (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:
 - (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**
 - (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**
- (3) The service recipient's aggressive behavior cannot be reasonably and adequately managed in a shared residential setting; **OR**
- b. Is there documentation in the Individual Support Plan (ISP) and/or supporting documentation of *exceptional circumstances* 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?

NOTE: Any request for 1-person Medical Residential Services based on such *exceptional circumstances* must be approved by the Central Office of the Division of Intellectual Disabilities Services. 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.

If **YES** to all of the criteria specified in "4.a(1)": through "4.a(3)" above OR if **YES** to criterion "4.b" above, stop and approve *continuation* of Medical Residential Services in the 1-person home.

If **NO to any** criterion specified in "4.a(1)" through "4.a(3)" above AND if **NO** to criterion "4.b" above, stop and approve *continuation* of Medical Residential Services in a 1-person Medical Residential Services home on a short-term basis, as follows, until other housemates can be arranged.

- a. Approve *continuation* of Medical Residential Services in a 1-person Medical Residential Services 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. The approval letter should specify that Medical Residential Services in a 1-person Medical Residential Services 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 Medical Residential Services in a 1-person home 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 Medical Residential Services home is not medically necessary. 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."

The covered, medically necessary alternative for the remainder of the requested duration (e.g., Medical Residential Services in a 2 or 3-person Medical Residential Services home) will be specified in the denial notice.

The service recipient may file a timely appeal regarding the reduction/termination of Medical Residential Services (including the reduction from Medical Residential Services in a 1-person Medical Residential Services home to Medical Residential Services in a 2 or 3-person Medical Residential Services home) within 40 days from the date of the notice (inclusive of mail time), or *any time prior* to the effective date of the action (i.e., the expiration of the limited period of authorization). If an appeal is received within 20 days from the date of notice (inclusive of mail time), or *any time prior* to the effective date of the action (i.e., the expiration of the limited period of authorization), the service recipient may request continuation of the previously approved Medical Residential Services (including the type of Medical Residential Services home, i.e., 1-person) pending resolution of the appeal, in which case such previously approved Medical Residential Services shall continue pending notification from TennCare that the appeal has been resolved and that continuation of benefits may be stopped.

- b. If Medical Residential Services in a 1-person Medical Residential Services home has previously been approved at least one time as described above and housemates have not yet been arranged, a final extension of Medical Residential Services in a 1-person Medical Residential Services home may be approved for *only* one additional 6-month period.
- c. The provider must submit a transition plan, which identifies how the service recipient will be transitioned to shared Medical Residential Services within the final 6-month period and any barriers to such a transition, with any request for approval of continuation of Medical Residential Services in the 1-person home. If such a transition plan is submitted, continuation of Medical Residential Services in the 1-person Medical Residential Services home may be approved for one final 6-month transition period.

If the requested duration of Medical Residential Services in the 1-person home extends past the final 6 month transition period, treat the approval as a partial approval. Approve 1-person Medical Residential Services for the final 6 month transition period. Deny the remainder as **not medically necessary** on the basis that *continuation* of Medical Residential Services in the 1-person Medical Residential Services home is not medically necessary, and approve the remainder at the 2-person Medical Residential Services level. 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.”

C. Transfer to a different Medical Residential Services home and *continuation* of services

1. 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?

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.

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.

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.

If the request for transfer *does* involve 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), notice of action is required.

If previously approved Medical Residential Services 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 Medical Residential Services 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 Medical Residential Services 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 Medical Residential Services 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 criteria:

- 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?

If **YES to all three criteria** specified in "2.a" through "2.c" above, proceed to Question #3.

If **NO to any criterion** specified in "2.a" through "2.c" above stop and deny as **not medically necessary**. All of the unmet medical necessity criteria 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 Medical Residential Services 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 Medical Residential Services 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 Medical Residential Services 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 Medical Residential Services pending resolution of the appeal in which case such previously approved Medical Residential Services 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 covered, medically necessary alternative, such service will be specified in the denial notice.

3. Is the request for transfer to a 1-person Medical Residential Services home?

If **YES**, proceed to Question #4.

If **NO**, skip to Question #5.

4. Medical necessity review questions for transfer to a 1-person Medical Residential Services home and *continuation* of Medical Residential Services:

- 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 Medical Residential Services home:

- (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:
 - (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**
- (3) The service recipient’s aggressive behavior cannot be reasonably and adequately managed in a shared residential setting; **OR**

- b. Is there documentation in the Individual Support Plan (ISP) and/or supporting documentation of *exceptional circumstances* 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?

NOTE: Any request for 1-person Medical Residential Services based on such *exceptional circumstances* must be approved by the Central Office of the Division of Intellectual Disabilities Services. 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.

If **YES** to all three criteria specified in "4.a(1)" through "4.a(3)" above, OR if **YES** to the exceptional circumstances criterion specified in "4.b" above stop and approve the transfer request and *continuation* of Medical Residential Services in a 1-person home.

If **NO to any criterion** specified in "4.a(1)" through "4.a(3)" above AND if **NO** to criterion "4.b" above, stop and deny the request for transfer and *continuation* of Medical Residential Services in a 1-person home as **not medically necessary**. All of the unmet medical necessity criteria 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 that previously authorized Medical Residential Services in a 2, 3, or 4-person home continues to be covered and medically necessary, *continuation* of such Medical Residential Services in the 2, 3, or 4-person home should be approved and specified in the notice.

5. Would such transfer require approval of additional Environmental Accessibility Modifications that would not be required in the *current* 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 *current* home?

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.

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.

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 (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 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.

If the request for transfer *does* involve a request for Environmental Accessibility Modifications or a request for Medical Residential Services in a *different type* of Medical Residential Services home (e.g., from 4-person Medical Residential Services home to a 3-person Medical Residential Services home), notice of action is required.

All of the unmet medical necessity criteria 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” (since it is less costly to continue providing Medical Residential Services in the current home).

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 request and *continuation* of Medical Residential Services.

If **NO**, approve the transfer request and *continuation* of Medical Residential Services.