

Intensive Behavioral Residential Services Protocol Checklist

Person's Name _____
(Last, First)

Date of Birth _____

Reviewer's Name _____
(Last, First)

Appeals Submission Date _____

NOTE: The DIDD Central Office Admissions/Discharge Committee will review initial and continued requests for this service from state Case Managers, Independent Support Coordinators and DIDD providers.

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 ISP?</p> <p>If YES, continue to Question #1 in Section A or B 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 or B 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 applicable Waiver and in the TennCare rules applicable to the waivers.</p>
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A. Initial Intensive Behavioral Residential Services

<p>1.</p> <p>a. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions:</p> <p>a. Does the request for Intensive Behavioral Residential Services include the following supporting documentation which is required for review:</p> <ul style="list-style-type: none">(1) Intake Plan (which may provide information regarding the person's previous intensive behavioral issues and or/treatment that was received to address such issues); AND(2) Risk Assessment(s) which provide sufficient information regarding the person's elevated risk of harm to self or others; AND(3) Clinical assessment(s) and/or health evaluations which provide sufficient information regarding at least one of the following:
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<p>b. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>c. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>d. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>e. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>(a) The person's potential risk of harm to self or others in the absence of extraordinary staffing or support (e.g., staffing ratio 1 to 1 or higher); OR</p> <p>(b) The person's risks which have elevated over time, resulting in mental or physical injury to self or others; OR</p> <p>(c) A recent history of where the person has experienced repeated psychiatric hospitalizations (i.e., 2 or more in a 6 month period); AND</p> <p>b. Does the request for Intensive Behavioral Residential Services include an Individual Treatment Plan which describes ongoing assessment and monitoring of the service recipient and professional judgment regarding behavioral supervision, individual crisis plans, specific treatment objectives and treatment planning; AND</p> <p>c. Is there sufficient information in the ISP and supporting documentation to show that the person presents a potential danger to self, staff, or the community which is demonstrated by a documented history of one or more of the following high risk behaviors:</p> <p>(1) Behavior which has directly resulted in an injury (or injuries) to self, others or animals which has required professional medical treatment; OR</p> <p>(2) 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; OR</p> <p>(3) A history of sexual behavior with a person who did not consent, or is unable to consent to such behavior; OR</p> <p>(4) Criminal behavior (e.g., theft, physical assault, sexual assault); OR</p> <p>(5) Behavior which has resulted in significant damage to property (e.g., fire setting); AND</p> <p>d. Is there sufficient information in the ISP and supporting documentation to show that the person has been provided the highest levels of support for the treatment of high risk behaviors as defined above in terms of intensity and frequency, yet has received minimal benefit (the behavior continues to pose a frequent and persistent risk to self or others and continues to require significant support to maintain a safe environment) with staffing ratios greater than 1 to 1 for more than 6 hours per day; AND</p> <p>e. Is there sufficient information in the ISP and supporting documentation (e.g., clinical assessments and/or health evaluations) which show:</p> <p>(1) Repeated attempts to modify the person's environment to address risks to self or others which failed to reduce such risks; OR</p> <p>(2) The person requires more than 1 to 1 staffing for more than 6 hours per day in order to address the person's risks to self or others; AND</p>
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f. <input type="checkbox"/> YES <input type="checkbox"/> NO g. <input type="checkbox"/> YES <input type="checkbox"/> NO	f. The person's high risk behaviors can be reasonably expected to occur in the structured therapeutic environment which provides the person with the necessary support, supervision, and training in alternative behaviors; AND g. The request for Intensive Behavioral Residential Services is the least costly alternative that is adequate to meet the needs of the person rather than through the provision of other waiver services? If YES to "1.a." through "1.g." stop and approve the request. If NO to any criterion specified in "1.a." through "1.g.", stop and deny as not medically necessary. NOTE: A recipient shall be considered for discharge from Intensive Behavioral Residential Services if (1) the individual has met the clinical objectives identified in his/her clinical plan; or (2) the individual/legal representative has refused to participate in the treatment plan.
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	
Reviewer signature and date	

NOTE: Continued placement in this program requires a review by the agency Clinical Director which will be followed by a review by the DIDD Central Office Admissions/Discharge Committee. The DIDD Central Office Admissions/Discharge Committee's decision will be the final determination. These reviews shall occur at a minimum of every 6 months and may be held more frequently as needed.

B. Continuation of Intensive Behavioral Residential Services

1. a. <input type="checkbox"/> YES <input type="checkbox"/> NO b. <input type="checkbox"/> YES <input type="checkbox"/> NO	Medical necessity review questions: a. Does the request for continuation of Intensive Behavioral Residential Services include a current individual treatment plan which describes ongoing assessment and monitoring of the person and professional judgment regarding behavioral supervision, individual crisis plans, specific treatment objectives and treatment planning; AND b. Is there sufficient information in the ISP and supporting documentation to show that the person continues to present a potential danger to self staff, or the community which is demonstrated by a documented, historical pattern of one or more of the following high risk behaviors:
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<p>c. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>d. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>e. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>(1) Behavior which has directly resulted in an injury (or injuries) to self, others or animals which has required professional medical treatment; OR</p> <p>(2) 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; OR</p> <p>(3) A history of sexual behavior with a person who did not consent, or is unable to consent to such behavior; OR</p> <p>(4) Criminal behavior (e.g., theft, physical assault, sexual assault); OR</p> <p>(5) Behavior which has resulted in significant damage to property (e.g., fire setting); AND</p> <p>c. Is there sufficient information in the ISP and supporting documentation to show continuation of Intensive Behavioral Residential Services in order to meet the person's treatment objectives; AND</p> <p>d. The high risk behaviors can be reasonably expected to occur without continuation of a highly structured therapeutic environment which provides the person the necessary support, supervision, and training in alternative behaviors; AND</p> <p>e. The request for Intensive Behavioral Residential Services <i>continues</i> to be the least costly alternative that is adequate to meet the needs of the person rather than through the provision of other waiver services?</p> <p>If YES to "1.a", through "1.e.", stop and approve the request.</p> <p>If NO to any criterion specified in "1.a." through "1.e.", stop and deny as not medically necessary.</p>
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	
Reviewer signature and date	