

## **DAY SERVICES PROTOCOL**

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### **A. Initial Day Services (Facility-Based Day, Community-Based Day, Supported Employment)**

1. Medical necessity review questions:
  - a. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient has functional limitations involving self-help, socialization, and adaptive skills that are needed to participate in meaningful community-based activities, which may include acquiring and successfully maintaining paid employment; AND
  - b. Is there sufficient information in the Individual Support Plan (ISP) to justify that the service recipient needs individualized services and supports to enable the service recipient to:
    - (1) Acquire, retain, or improve self-help, socialization, and adaptive skills to participate in meaningful community-based activities with *specific* therapeutic goals and objectives; OR
    - (2) To acquire and successfully maintain paid employment?
  - c. Is the type of Day Services requested appropriate based on the service recipient's needs, therapeutic goals, and objectives?
  - d. Can the service recipient be safely supported in the Day Services setting requested with minimal risk of self-harm, harm to others, or damage to property and without more intensive staffing than would routinely be required in the service recipient's home?

If **YES to all** of the criteria specified in "1.a" through "1.d" above, proceed to Question #2.

If **NO to any** criterion specified in "1.a" through "1.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" ("1.a" through "1.c");
- "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.*") ("1.c" and "1.d"); and
- "Not the least costly adequate alternative" ("1.c" and "1.d").

In addition, deny as a **non-covered service** any portion of the requested amount of Day Services requested which *exceeds* the waiver service limit of five (5) days per week and 243 days per service recipient per program year.

2. Is the amount of Day Services requested *consistent with* and not *in excess of* the amount of Day Services needed to meet the service recipient's needs and to accomplish the therapeutic goals and objectives?

If **YES**, stop and approve the requested amount of Day Services, subject to waiver service limits of five (5) days per week and 243 days per service recipient per program year.

If **NO**, approve that portion of the total amount of Day Services requested that is *consistent with* the amount of Day Services needed to meet the service recipient's needs and to accomplish the therapeutic goals and objectives. Deny as **not medically necessary** that portion of the total amount of Day Services requested that is *in excess of* the amount of Day Services needed to meet the service recipient's needs and to accomplish the therapeutic goals and objectives. 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."

In addition, deny as a **non-covered service** any portion of the requested amount of Day Services requested which *exceeds* the waiver service limit of five (5) days per week and 243 days per service recipient per program year.

## **B. Continuation of Day Services**

1. Medical necessity review questions:
- a. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient *continues* to have functional limitations involving self-help, socialization, and adaptive skills that are needed to participate in meaningful community-based activities, which may include acquiring and successfully maintaining paid employment; **AND**
  - b. Is there sufficient information in the Individual Support Plan (ISP) to justify that the service recipient *continues* to need individualized services and supports to enable the service recipient to:
    - (1) Acquire, retain, or improve self-help, socialization, and adaptive skills to participate in meaningful community-based activities with *specific* therapeutic goals and objectives; **OR**
    - (2) To acquire and successfully maintain paid employment?
  - c. Is the type of Day Services requested *still* appropriate based on the service recipient's needs, therapeutic goals, and objectives?
  - d. Can the service recipient be safely supported in the Day Services setting requested with minimal risk of self-harm, harm to others, or damage to property

and without more intensive staffing than would routinely be required in the service recipient's home?

If **YES to all** of the criteria specified in "1.a" through "1.d" above, proceed to Question #2.

If **NO to any** criterion specified in "1.a" through "1.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" ("1.a" through "1.c");
- "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.*") ("1.c" and "1.d"); and
- "Not the least costly adequate alternative" ("1.c" and "1.d").

In addition, deny as a **non-covered service** any portion of the requested amount of Day Services requested which *exceeds* the waiver service limit of five (5) days per week and 243 days per service recipient per program year.

If previously approved Day Services are 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 amount of Day 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 Day 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 amount of covered Day Services pending resolution of the appeal, in which case such previously approved amount of covered Day Services shall continue pending notification from TennCare that the appeal has been resolved and that continuation of benefits may be stopped.

2. Does the amount of Day Services requested *continue* to be *consistent with* and not *in excess of* the amount of Day Services needed to meet the service recipient's needs and to accomplish the therapeutic goals and objectives?

If **YES**, stop and approve the requested amount of Day Services, subject to waiver service limits of five (5) days per week and 243 days per service recipient per program year.

If **NO**, approve that portion of the total amount of Day Services requested that *continues* to be *consistent with* the amount of Day Services needed to meet the service recipient's needs and to accomplish the therapeutic goals and objectives. Deny as **not medically necessary** that portion of the total amount of Day Services requested that is *in excess of* the amount of Day Services needed to meet the service recipient's needs and to accomplish the therapeutic goals and objectives. 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."

In addition, deny as a **non-covered service** any portion of the requested amount of Day Services requested which *exceeds* the waiver service limit of five (5) days per week and 243 days per service recipient per program year.

If previously approved Day Services are 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 amount of Day 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 Day 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 amount of covered Day Services pending resolution of the appeal, in which case such previously approved amount of covered Day Services shall continue pending notification from TennCare that the appeal has been resolved and that continuation of benefits may be stopped.