

Name:
DOB:

ID#:

SAR #:

SAR Submit Date:

State- Funded Services
Supervised Living I to VI Residents – YM811-YM816
Initial Review Criteria

Met	Not Met	N/A	Required Elements to Approve Service
<input type="checkbox"/>	<input type="checkbox"/>		Requested Supervised Living service code is determined by the number of residents in the home: 1 Resident = YM811 2 Residents = YM812 3 Residents = YM813 4 Residents = YM814 5 Residents = YM815 6 Residents = YM816
<input type="checkbox"/>	<input type="checkbox"/>		The person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a) AND
<input type="checkbox"/>	<input type="checkbox"/>		The person has an NC-SNAP or Supports Intensity Scale (SIS) and other documents per the Partners BHM Benefit Plan AND
<input type="checkbox"/>	<input type="checkbox"/>		The recipient is experiencing difficulties in at least one of the following areas: ○ Functional impairment, ○ Crisis intervention/diversion/aftercare needs, and/or ○ At risk of placement outside the natural home setting AND
<input type="checkbox"/>	<input type="checkbox"/>		The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply: ○ At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. ○ Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. ○ At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. ○ Requires a structured setting to foster successful integration into the community through individualized interventions and activities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural supports and community supports been assessed and attempted.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The service goals/interventions will assist individual to prepare to live as independently as possible.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The service goals/interventions will assist individual to become connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The individual requires 24-hour supervision but care in a more intensive treatment setting is considered unnecessary on a daily basis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The PCP indicate that one (1) staff member shall be present at all times when the individual is on the premises except when the individual has been deemed capable of remaining in the home without supervision for a specified time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The PCP indicates that staff live with the client or staff coverage is provided on an overnight basis in order to provide the appropriate level of care and supervision.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other support services which serve the habilitation or treatment needs of the individual may be provided in the Supervised Living setting, but are documented as separate periodic services.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This service may be billed only when specific number of individuals are presently residing in a setting, even if the setting is established for more than one person (i.e., has more than one [1] residential bed), if other beds are not presently filled.

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This is an initial or continuing service request for up to 365 days maximum per Partners BHM Benefit Plan and is within the current treatment plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is a supportive, therapeutic relationship between the providers and person which addresses and/or implements interventions outlined in the service plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person Centered Planning has resulted in goals/outcomes based on the service definition criteria.

Supervised Living – MR/MI – YM811-YM816
Continuation/ Utilization Review Criteria

Met	Not Met	N/A	Required Elements to Approve Service
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This is an initial or continuing service request for up to 365 days maximum per Partners BHM Benefit Plan and is within the current treatment plan.
<input type="checkbox"/>	<input type="checkbox"/>		The person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a) AND
<input type="checkbox"/>	<input type="checkbox"/>		The person has an NC-SNAP or Supports Intensity Scale (SIS) and other documents per the Partners BHM Benefit Plan AND
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The person continues to meet admission requirements for this service.
			<u>Service Maintenance Criteria</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The recipient is functioning effectively with this service and discharge would otherwise be indicated, Supervised Living-MR/MI should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The decision is based on any one of the following: <ul style="list-style-type: none"> ○ Evidence that gains will be lost in the absence of Supervised Living-MR/MI is documented in the service record OR ○ In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM-5 (or any subsequent editions of this reference material) diagnosis would necessitate a disability management approach.

Supervised Living – MR/MI – YM811-YM816
Discharge Criteria

Met	Not Met	N/A	Required Elements to Approve Request
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The recipient's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The decision is based on one of the following: <ul style="list-style-type: none"> ○ Consumer has achieved service plan goals, discharge to a lower level of care is indicated. ○ Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Guidance: Request requires clinical review if any periodic services are in place at the time.

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Initial Review:

All Criteria Met: YES – APPROVE NO Review with Clinical Reviewer

Comments:

Care Manager Name, Credentials:

Date:

Clinical Review:

Approved Send to Peer Review

Comments:

Reviewer Name, Credentials:

Date: