Name: ID#: SAR #: SAR Submit Date:
DOB:

State- Funded Services
Supervised Living - Low – YP710
Initial Review Criteria

Met	Not Met	N/A	Required Elements to Approve Service
☐	☐		There is a mental health or substance use diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).
☐	☐	☐	Natural supports and community supports been assessed and attempted.
☐	☐	☐	The Supervised Living location is the individual's home and is not a licensed facility. This may be an individual apartment or may be apartments clustered in a small development that may or may not have a manager on site during regularly scheduled hours.
☐	☐	☐	The requested service includes only room and periodic support care.
☐	☐	☐	The person may be receiving periodic Mental Health services in their home or elsewhere, but those services are not programmatically linked to the supervised living service.
☐	☐	☐	The person may be receiving other cognitive and behavioral services in order to maintain this placement, but the individual is not required to receive those services in order to reside in a supervised living apartment.
☐	☐	☐	The person may be receiving Personal Assistance services to allow for different frequencies of needed supervision.
☐	☐	☐	**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.**

Supervised Living – YP710
Continuation/ Utilization Review Service Maintenance Criteria

Met	Not Met	N/A	Required Elements to Approve Service
☐	☐	☐	**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.**
☐	☐		There is a mental health or substance use diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).
☐	☐		The person continues to meet admission requirements for this service.

Supervised Living – YP710
Discharge Criteria

Met	Not Met	N/A	Required Elements to Approve Request
☐	☐		The person no longer meets admission requirements for this service.
			There is no discharge criteria for the service currently defined as "supervised living" service. North Carolina landlord/tenant laws and conditions of the signed lease apply.

Name: ID#: SAR #: SAR Submit Date:
DOB:

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: