Evaluation to Receive Community Habilitation-Residential (CH-R) in a Certified Residence

The purpose of this evaluation is to determine the appropriateness of in-residence CH-R services that are intended to be a long-term service delivery option as defined in 21-ADM-02. This evaluation must be completed by the Care Manager in collaboration with the individual and/or the family/representative when appropriate, and the individual's care planning team.

Individual's Name	
TABS ID	
Day Service Provider Agency	
Care Coordination Organization (CCO)	
Care Manager Name	
Care Manager Contact Info (Phone & E-mail)	
Date Completed	

Table 1. Proposed Service Delivery Schedule for Community Habilitation Services

Community Habilitation	# of hours requested	Frequency: per day, week, or month
In-Residence Services		
Out-of-Residence		

Table 2. Appropriateness of In-Residence CH-R Service Delivery

<u>Instructions:</u> When requesting in-residence CH-R services, the response to one (1) of the following qualifications must be YES.

YES	NO	QUALIFICATION
☐	☐	1. Individual is elderly (i.e. 65+ years)
☐	☐	2. Individual is medically frail*
☐	☐	3. Individual presents with complex behavioral needs**

*A medical frailty diagnosis alone may not indicate that an individual is appropriate for in-residence CH-R services. Documentation supporting the delivery of in-residence CH-R services from the individual's physician or other health care professional is required to document that the individual would benefit from in-residence services because of his/her/their health status.

**Complex behavioral needs alone may not indicate that an individual is appropriate for in-residence CH-R services. A Behavior Support Plan is required to support the delivery of these service in the individual's residence.

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Instructions: When requesting in-residence CH-R services, the response to the following must be YES. If the response is NO, then the delivery of in-residence CH-R services is not permitted. (The Care Manager must document that the individual and/or the family/representative when appropriate, have chosen and consent to receiving in-residence CH-R services. The Care Manager must document this in a separate consent that is incorporated into the Life Plan or in the Life Plan itself, in the narrative in section I, in the special considerations in section II or III, or in the meeting summary in section VI).

YES	NO	CHOICE AND CONSENT
☐	☐	1. The individual and/or the family/representative when appropriate, have affirmatively expressed an informed choice to receive in-residence CH-R services?

Instructions: When requesting in-residence CH-R services, the response to ALL of the following items must be YES. If the response to any of the following items is NO, then the delivery of CH-R services in the residence is not permitted

YES	NO	POTENTIAL FOR ENGAGEMENT
☐	☐	1. The provider has explained to the individual and/or the family/representative when appropriate, that CH-R may occur at a variety of sites, including but not limited to the residence.
☐	☐	2. The provider ensures that in-residence CH-R services will meet the individual's habilitative needs and provide comparable benefits to delivery in other settings.
☐	☐	3. The provider ensures that in-residence CH-R services will include strategies and activities that align with the individual's habilitative plans and Life Plan outcomes.
☐	☐	4. At least 51% of the individual's Community Habilitation services will be provided out of the residence. The Life Plan, Care Management record, and corresponding Staff Action Plan will explain any instance when the individual receives less than 51% of their Community Habilitation services out of the residence with justification based on qualifying factors such as geriatric age, medical frailty, or complex behavioral needs.
☐	☐	5. The individual and/or the family/representative when appropriate, have been informed by the provider that they have the ability to change from receiving in-residence CH-R services to an alternative form of habilitative services outside of the residence at any point in time if they choose.

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YES	NO	POTENTIAL FOR ENGAGEMENT
☐	☐	6. The provider ensures that all necessary materials needed for any activities are provided during the scheduled in-residence service delivery sessions.
☐	☐	7. The provider has explained to the individual and/or the family/representative when appropriate, how community integration opportunities will be incorporated during the time that the individual is receiving in-residence CH-R services.

YES	NO	RESIDENTIAL CAPACITY
☐	☐	1. The provider ensures that the residence offers an environment appropriate for learning and there is adequate space for the successful delivery of in-residence CH-R services in the residence (e.g., privacy, staffing).