



STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TN 37243

March 10, 2011

Dear Waiver Enrollee,

Your HCBS Waiver benefits are changing.

You are enrolled in a HCBS (Home and Community Based Services) waiver for people with Intellectual Disabilities. This could be the Statewide, Arlington or Self-Determination waivers.

The Centers for Medicare and Medicaid Services have approved changes to the services you can get through these waivers. The changes below were approved on February 15, 2011:

- 1. Vehicle Modifications** are **not covered** anymore. This is true even if they have been approved in your Individual Support Plan (ISP).
- 2. And, some services have new limits.** Services above these limits are **not covered** anymore. This is true even if they have been approved in your ISP.
 - **Nursing Services** are limited to 48 units (12 hours) per day.
 - **Personal Assistance (PA)** services are limited to 860 units (215 hours) per month.
 - **Nutrition Services** are limited to 6 visits per calendar year. Only 1 of those visits each year can be a Nutrition Services assessment.
 - **Dental Services** are limited to \$5,000 per calendar year and \$7,500 across 3 years in a row.
 - **Environmental Accessibility Modifications** are limited to \$15,000 across 3 years in a row. **AND**, going forward, they'll **only** be covered for someone who:
 - Is newly enrolled in the waiver;
 - OR has had a recent and severe loss of mobility.

These changes apply to **everyone** enrolled in these waivers.

The federal government gives the State the right to make these changes.

[Amendments to the Statewide Waiver (CMS Control #0128.R04), Arlington Waiver (CMS Control #0357.R02) and Self-Determination Waiver (CMS Control #0427.R01), approved February 15, 2011]

You can get a copy of the amended waivers on the Internet at:
http://www.tn.gov/didd/provider_agencies/index.html

OR, you can call DIDD at **615-231-5093**.

More facts about Nursing and PA Services

You can get up to **48 units (12 hours) of Nursing Services each day.**

You can get up to **860 units (215 hours) PA services each month.**

Are you getting Nursing or PA services above the new limits?

You'll keep getting the same amount of Nursing or PA services for now.

DIDD has asked your ISC (Independent Support Coordinator) and your Circle of Support to review your ISP (Individual Support Plan). They'll see if you'll need changes in your ISP once your Nursing or PA services are reduced. This could mean that family members or others will help with more of your care. It could also mean that you need other waiver services. If so, your ISC will help get those services in place before your Nursing or PA services are reduced.

It's VERY IMPORTANT that you and your family member/conservator help your ISC decide what services you will need. You are an important part of the Circle of Support.

What if you **don't** participate in putting together a new ISP? Then, the rest of your Circle of Support will put together the new ISP.

When will Nursing or PA Services above the new limits be reduced?

- **If you're getting Nursing Services above the new limits:**

Your new ISP will not start until any new services you need are ready to begin. You'll get another letter from DIDD that says when **your** Nursing Services will be reduced.

- **If you're getting PA services above the new limits:**

A complaint has been filed with the Office of Civil Rights (OCR) about the new PA limit. Until the complaint is resolved, you can keep getting the same amount of PA services you're getting now. What happens if OCR decides that DIDD can start the new PA limit? Your new ISP will not start until any new services you need are ready to begin. You'll get another letter from DIDD that says when **your** PA services will be reduced.

More facts about Nutrition Services:

You can get up to 6 visits each year. Only 1 of those visits can be an assessment. For **this** year, the annual limit will start on February 15 and end on December 31. Starting in 2012, we'll start counting on January 1 and stop counting on December 31 each year.

What about Nutrition Services above the new limit that you got BEFORE you got this letter? As long as they were in your approved ISP, DIDD will still pay for those services. But, Nutrition Services you got on or after February 15, 2011 will count against your new limit. If you already got more than 6 Nutrition Services visits, you won't get any more Nutrition Services until January 1, 2012. If you already got more than 1 Nutrition Services assessment, you won't get any more Nutrition Services assessments until January 1, 2012.

More facts about Dental Services:

You can get up to \$5,000 per calendar year and up to \$7,500 across 3 years in a row. For **this** year, the annual limit will start on February 15 and end on December 31. Starting in 2012, we'll start counting on January 1 and stop counting on December 31 each year.

The first 3-year limit will start on February 15, 2011 and end on December 31, 2013. Starting in 2014, we'll start counting on January 1, 2014 and stop counting on December 31, 2016. We'll count every 3 years after that.

What about Dental Services above the new annual or 3-year limit that you got BEFORE you got this letter? As long as they were in your approved ISP, DIDD will still pay for those services. But, Dental Services you got on or after February 15, 2011 will count against your limit. If you already got Dental Services that cost \$5,000 or more (but less than \$7,500), you won't get any more Dental Services until January 1, 2012. If you already got Dental Services that cost \$7,500 or more, you won't get any more Dental Services until January 1, 2014.

More facts about Environmental Accessibility Modifications:

You can get up to \$15,000 across 3 years in a row. This is the same limit that was in place before, except that now we'll count 3 years in a row instead of 2. So, services you got before February 15, 2011 count against your limit. The first 3 years will be 2011, 2012, and 2013. The next 3 years will be 2014, 2015, and 2016. If you already got Environmental Accessibility Modifications that cost \$15,000 or more, you won't get any more Environmental Accessibility Modifications until 2014.

What if you and DIDD disagree about how much care you've already gotten?

Then, you can appeal.

More facts about Vehicle Modifications:

Starting February 15, 2011, they are **not covered** anymore.

What about Vehicle Modifications you got BEFORE you got this letter?

As long as they were in your approved ISP, and were started before you got this letter, DIDD will still pay for those services. DIDD will **not** pay for Vehicle Modifications that were **not** started before you got this letter, even if they were in your approved ISP.

What if you and DIDD disagree about whether your Vehicle Modifications started before you got this letter? Then, you can appeal.

We presume that you got this letter within 5 days after it was mailed.

If you think we made a mistake, you can appeal. You have **30 days** after you get this letter to appeal. **After 30 days**, it's **too late** to appeal this decision.

When you appeal, you're asking to tell a judge the mistake you think DIDD made. It's called a fair hearing. To get a fair hearing, **both** of these things must be true:

- 1.** You must give TennCare the **facts** they need to work your appeal.
- 2.** And, you must tell TennCare the **mistake** you think we made. That mistake must be something that, if you're right, means that we'll pay for this care.

If you think we made a mistake about a fact, you can have a fair hearing. If you **don't** think we made a mistake about a fact, you **can't** have a fair hearing. You **don't** have a right to a fair hearing just because you don't like this decision or think it will cause problems for you. This means that **you won't get a hearing if** the only reason for your appeal is something like:

- You think this care should still be covered under the waiver.

- You need this care for a health or mental health problem that you have.
- You or your doctor thinks this care is medically necessary.
- You're getting this care now or it was in your approved ISP.
- You think TennCare has paid for this care before—for you or someone else.
- You don't have any other way to pay for this care.

People who lie on purpose to get TennCare services may be fined or sent to jail.

How to file a TennCare appeal

What you must tell TennCare in your appeal:

- Your **name** (the name of the person who wants the care)
- Your **Social Security number** or the number on your TennCare card (If you don't have those numbers, give TennCare your date of birth. Include the month, day and year.)
- The **kind of care** you are appealing about

To be sure TennCare can reach you about your appeal, **please also tell them:**

- Your **current mailing address**
- The name of the person TennCare should call if they have questions about your appeal
- A **daytime phone number** for that person

There are 3 ways to file an appeal.

Remember: You **only** have **30 days** after you get this letter to appeal.

1. **Mail.** You can mail an appeal page **or** a letter about your problem to:

**TennCare Solutions
P.O. Box 000593
Nashville, TN 37202-0593**

To print an appeal page off the Internet, go to:

www.tennessee.gov/tenncare/forms/medappeal.pdf

Or, to have TennCare mail you an appeal page, call them for free at **1-800-878-3192**.

2. **Fax.** You can fax your appeal page or letter for free to **1-888-345-5575**.

3. **Call.** You can call TennCare Solutions for free at **1-800-878-3192**.

Unless you have an emergency, please call during business hours. Business hours are Monday through Friday from 8:00 a.m. until 4:30 p.m. Central Time. If you have an emergency, you can call anytime.

Do you need help with this letter? Is it because you have a health, mental health, or learning problem or a disability? Or, do you need help in another language? If so, you have a right to get help, and TennCare can help you. Call TennCare Solutions at **1-800-878-3192**.

- Do you have a mental illness and need help with this letter?
The TennCare Advocacy Program can help you.

Call them for free at **1-800-758-1638**.

- If you have a hearing or speech problem you can call us on a **TTY/TDD** machine. Our TTY/TDD number is **1-866-771-7043**.

¿Habla español y necesita ayuda con esta carta? Llámenos gratis al **1-800-878-3192**.

We do not allow unfair treatment in TennCare. No one is treated in a different way because of race, color, birthplace, religion, language, sex, age, or disability. Do you think you've been treated unfairly? Do you have more questions or need more help? If you think you've been treated unfairly, call the Family Assistance Service Center for free at **1-866-311-4287**. In Nashville call **743-2000**.