



Division of TennCare

TennCare III Demonstration

Project No. 11-W-00369/4

Amendment 5

Supporting Strong Families

DRAFT

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Amendment 5 to the TennCare III Demonstration

Supporting Strong Families

Since 1994, Tennessee has operated its Medicaid program under the authority of an 1115 demonstration known as TennCare. TennCare is a comprehensive Medicaid reform project, consisting of innovations in multiple aspects of Medicaid, including eligibility, benefits, and service delivery systems. Tennessee currently provides Medicaid coverage to more than 1.7 million Tennesseans under the authority of the TennCare demonstration.

In this amendment, Tennessee is proposing changes to the demonstration that will enhance coverage and benefits for children and their caregivers and strengthen families in Tennessee. The proposed changes contained in this amendment are part of a broader strategy to enhance coverage, improve maternal and child health outcomes, and strengthen families. This proposed amendment also includes changes to enhance the employment supports available to persons with disabilities under the TennCare demonstration.

I. Description of the Amendment

This proposed amendment consists of three primary components:

1. Expanding access to care for low-income parents and caretaker relatives of dependent children,
2. Covering a supply of diapers for children under age 2, and
3. Enhancing the home- and community-based services (HCBS) available under the demonstration, with particular emphasis on supporting employment.

Each of these proposals is described below.

Expanding Access to Care for Low-Income Parents and Caretaker Relatives of Dependent Children

In this amendment, Tennessee proposes to increase its coverage of parents/caretaker relatives by aligning its income standard for these individuals with the federal poverty level (i.e., 100 percent of the FPL).

Like all Medicaid programs, TennCare covers low-income parents and other caretaker relatives of dependent children.¹ In Tennessee, eligibility for this category of coverage is based on fixed dollar amounts, which vary by household size. Because these fixed dollar amounts are not adjusted for inflation, they have become progressively lower, in real terms, over time. Since 2016, the income standard for all multi-person households has been less than the federal poverty level. See Table 1.

¹ See 42 CFR § 435.110.

Table 1. TennCare Income Standard for Parents/Caretaker Relatives.

Household Size	Income Standard (Dollars per Month)	2023 FPL		Household Size	Income Standard (Dollars per Month)	2023 FPL
1	\$1,018	\$1,215		11	\$3,259	\$5,498
2	\$1,329	\$1,643		12	\$3,431	\$5,927
3	\$1,611	\$2,072		13	\$3,601	\$6,355
4	\$1,867	\$2,500		14	\$3,770	\$6,783
5	\$2,102	\$2,928		15	\$3,935	\$7,212
6	\$2,320	\$3,357		16	\$4,098	\$7,640
7	\$2,524	\$3,785		17	\$4,257	\$8,068
8	\$2,718	\$4,213		18	\$4,411	\$8,497
9	\$2,903	\$4,642		19	\$4,557	\$8,925
10	\$3,084	\$5,070		20	\$4,693	\$9,353

Tennessee’s income standard for parents/caretaker relatives is already at the maximum level allowed under regulation. Therefore, in this amendment, Tennessee is requesting expenditure authority under Section 1115(a)(2) of the Social Security Act to extend coverage to parents/caretaker relatives whose incomes exceed the state’s current income standard, up to a maximum of 100 percent of the federal poverty level.

Linking TennCare’s income standard for parents/caretaker relatives to 100 percent of the federal poverty level will improve access to care in Tennessee and otherwise support more efficient program administration in several important ways:

1. Linking eligibility for parents/caretaker relatives to the federal poverty level will create administrative efficiencies by aligning eligibility processes for this group more closely with those used for other TennCare populations, which are generally also based on percentages of the federal poverty level.
2. Linking TennCare eligibility for parents/caretaker relatives to the federal poverty level will ensure that the income standard for these individuals is appropriately adjusted over time for inflation, since the federal poverty level is adjusted annually for inflation. This will help ensure that a consistent level of coverage is maintained over time.
3. Aligning TennCare’s eligibility for parents/caretaker relatives with the federal poverty level (i.e., 100 percent of the FPL) will also eliminate a coverage “gap” that currently exists in Tennessee. The Health Insurance Marketplace makes subsidized insurance available to persons whose incomes are 100 percent of the federal poverty level or higher, meaning that currently, it is possible for a parent in Tennessee to earn too much income to qualify for TennCare but not enough income to qualify for federally subsidized coverage on the Marketplace. Adjusting

TennCare's income threshold for parents/caretaker relatives to 100 percent of the federal poverty level will eliminate this gap and help ensure that all parents in Tennessee have access to health care coverage.

Aligning TennCare's income standard for parents/caretaker relatives to the federal poverty level will expand access to care in Tennessee and will increase the number of insured persons in the state. In addition, this change is expected to support improved child health outcomes. The parents and caretakers of children enrolled in TennCare play an outsized role in helping to ensure that children access needed preventive and medical care to ensure that children have the best chance for success. Research has shown that when parents have continuous health coverage, they and their children both are more likely to access key preventive services such as well child visits.²

Parents/caretaker relatives enrolled under this authority will receive their care through TennCare's existing managed care service delivery system, will receive the same benefits as all other persons enrolled in TennCare,³ and will be subject to the same cost sharing as other adults enrolled in TennCare.⁴ Tennessee estimates that around 8,100 individuals will gain access to Medicaid coverage in Tennessee based on this change.

Covering Diapers for Children under Age 2

In this amendment, Tennessee is also proposing to cover a supply of diapers for TennCare-enrolled children under age 2. Although TennCare currently covers diapers and other incontinence products for individuals with illnesses or conditions that impact their ability to control their bladder or bowels, TennCare has not historically covered these products for children younger than age 2. The benefit proposed in this amendment is expected to support improved health outcomes for children enrolled in TennCare.

Research has increasingly documented the importance of access to diapers for the health of infants and young children, as well as their caregivers. A lack of an adequate supply of diapers is linked to multiple adverse infant and caregiver outcomes. Without diaper changes at regular intervals, young children are susceptible to dermatological and urinary tract infections (UTIs).⁵ Diaper dermatitis and UTIs in young

² Venkatarami, M., Pollack, C.E., & Roberts, E.T. (2017). Spillover effects of adult Medicaid expansions on children's use of preventive services. *Pediatrics*, 140(6); Davidoff, A., Dubay, L., Kenney, G., and Yemane, A. (2003). The effect of parents' insurance coverage on access to care for low-income children. *Inquiry*, 40(3), 254-268.

³ Parents/caretaker relatives under age 21 will receive the benefits package otherwise applicable to children enrolled in TennCare. Parents/caretaker relatives age 21 and older will receive the benefits package applicable to adults enrolled in TennCare.

⁴ Subject to certain exceptions, non-pregnant adults enrolled in TennCare are subject to pharmacy copays of \$3.00 for brand name prescription drugs and \$1.50 for generic prescription drugs.

⁵ Adalat, S., Wall, D., & Goodyear H. (2007). Diaper dermatitis: Frequency and contributory factors in hospital attending children. *Pediatric Dermatology*, 24(5), 483-488; Sugimura, T., Tananari, Y., Ozaki, Y., et al. (2009). Association between the frequency of disposable diaper changing and urinary tract infection in infants. *Clinical Pediatrics*, 48(1):18-20.

children are responsible for numerous pediatric office and emergency department visits per year.⁶ A study of one diaper assistance program found that among children receiving diaper assistance, the incidence of diaper rash decreased by one third, and utilization of related medical services decreased by more than three quarters.⁷ The stress of diaper rash and the experience of diaper need are also associated with parental anxiety and elevated levels of maternal depressive symptoms.⁸

In addition, because most early education and childcare programs require a supply of diapers in order to participate, a lack of sufficient diapers can have a negative impact on children's ability to participate in, and benefit from, early childhood education, early intervention programs, and therapy appointments; for the same reason, diaper need may also disrupt parents' ability to participate in the workforce or attend school.⁹ One recent study found that parents unable to access child care because of a lack of diapers miss an average of 4 days of school or work per month.¹⁰

Despite the importance of diapers to child and caregiver health and well-being, research indicates that low-income families often struggle to obtain a sufficient supply of diapers to keep children clean, dry, and healthy.¹¹ In one study, researchers found that more than one in four families reported not having enough diapers to meet the needs of their babies.¹²

In this amendment, Tennessee is requesting expenditure authority under Section 1115(a)(2) to cover a supply of diapers for children under age 2 enrolled in TennCare. TennCare will cover 100 disposable diapers per month per child as a means to help ensure that children enrolled in TennCare have access to an adequate supply of diapers. At this time, TennCare is proposing only to cover disposable diapers.

⁶ Adalat, S. Wall, D., & Goodyear, H. (2007). Diaper dermatitis frequency and contributory factors in hospital attending children. *Pediatrics*, 24(5), 483-488; Lee, B.P., Azimi, P.H., Staat, M.A., et al. (2005). Nonmedical costs associated with rotavirus disease requiring hospitalization. *Pediatric Infectious Disease Journal*, 24(11), 984-988.

⁷ Carstensen, F. & Gunther, P. (2018). *Better health for children and increased opportunities for families: The social and economic impacts of The Diaper Bank of Connecticut*. Storrs, CT: Connecticut Center for Economic Analysis.

⁸ Smith, M. V., Kruse, A., Weir, A., & Goldblum, J. (2013). Diaper need and its impact on child health. *Pediatrics*, 132(2), 253–259; Adalat, S., Wall, D., & Goodyear H. (2007). Diaper dermatitis: Frequency and contributory factors in hospital attending children. *Pediatric Dermatology*, 24(5), 483–488; Austin, A.E. & Smith, M.V. (2017). Examining material hardship in mothers: Associations of diaper need and food insufficiency with maternal depressive symptoms. *Health Equity*, 1(1), 127-133.

⁹ Smith, M. V., Kruse, A., Weir, A., & Goldblum, J. (2013). Diaper need and its impact on child health. *Pediatrics*, 132(2), 253–259; Porter, S. & Steefel, L. (2015). Diaper need: A change for better health. *Pediatric Nursing*, 41(3), 141-144.

¹⁰ Carstensen, F. & Gunther, P. (2018). *Better health for children and increased opportunities for families: The social and economic impacts of The Diaper Bank of Connecticut*. Storrs, CT: Connecticut Center for Economic Analysis.

¹¹ Massengale, K.E.C., Comer, L.H., Austin, A.E., & Goldblum, J.S. (2020). Diaper need met among low-income US children younger than 4 years in 2016. *American Journal of Public Health*, 110(1), 106-108; Massengale, K.E.C., Erasquin, J.T., & Old, M. (2017). Health, social, and economic outcomes experienced by families as a result of receiving assistance from a community-based diaper bank. *Maternal and Child Health Journal*, 21(10), 1985-1994; Porter S. & Steefel L. (2015). Diaper need: A change for better health. *Pediatric Nursing*, 41(3), 141-144; Smith, M. V., Kruse, A., Weir, A., & Goldblum, J. (2013). Diaper need and its impact on child health. *Pediatrics*, 132(2), 253–259.

¹² Smith, M. V., Kruse, A., Weir, A., & Goldblum, J. (2013). Diaper need and its impact on child health. *Pediatrics*, 132(2), 253–259.

To ensure successful implementation of this initiative, Tennessee will work with CMS to develop policies and procedures for administration and oversight of the proposed diaper benefit. At this time, Tennessee anticipates that this benefit will be operationalized through TennCare's pharmacy benefit. Diapers are widely available in pharmacies. Tennessee believes that providing access to enrollees in need of diapers through pharmacies will ensure access for individuals who need diapers closer to real-time and at the point-of-sale, thus limiting potential delays in accessing diapers when a child may need them the most. TennCare will work with its Pharmacy Benefit Manager to operationalize this benefit and establish needed processes with appropriate controls.

Enhancing Home- and Community-Based Services

Under the TennCare demonstration, Tennessee operates several programs of managed long-term services and supports (MLTSS), which are fully integrated into TennCare's larger managed care program. CHOICES provides supports for persons who are elderly or who have physical disabilities. Employment and Community First CHOICES (ECF CHOICES) provides supports to persons with intellectual or other developmental disabilities. In this amendment, Tennessee is proposing several enhancements to the HCBS benefits available under the demonstration, with particular emphasis on enhancing the availability of employment support services for individuals enrolled in CHOICES.

1. Adding Employment Services/Supports to CHOICES

CHOICES is TennCare's program of managed long-term services and supports for persons who are elderly or who have physical disabilities. Individuals enrolled in CHOICES Group 1 receive care in nursing facilities, and individuals enrolled in CHOICES Group 2 and CHOICES Group 3 receive HCBS. CHOICES provides services to individuals who meet Tennessee's level of care criteria for nursing facility services, as well as individuals who do not meet the nursing facility level of care criteria but who are determined to be at risk of needing institutional care.

In this amendment, Tennessee proposes to add Employment Services and Supports to CHOICES as a covered HCBS benefit for individuals enrolled in CHOICES Groups 2 and 3. This benefit, which is funded under the state's approved HCBS Spending Plan under Section 9817 of the American Rescue Plan Act (ARP), will remain in effect until March 31, 2025 (or any subsequent date by which states are allowed to expend funds attributable to the enhanced FMAP for HCBS provided for in Section 9817 of the ARP).

Employment Services and Supports are defined as follows:

Employment Services and Supports. Employment Services and Supports are provided on an individual basis for a person who, because of his or her disabilities, needs support that is not available to the person through a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) in order to obtain, maintain and/or advance in a competitive or customized job, or self-employment, in an integrated community setting for which the individual is compensated at or above the minimum wage.

The expected outcome of these services is individualized integrated employment or self-employment defined as follows:

1. Sustained paid employment in a competitive or customized job with an employer for which an individual is compensated at or above the state's minimum wage, with the optimal goal being not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities; or
2. Sustained paid self-employment that is home-based or conducted in an integrated setting(s) where net income in relation to hours worked is equivalent to no less than the state's minimum wage, after a reasonable self-employment start-up period.

These services are designed to support the achievement of individualized integrated employment and self-employment outcomes consistent with the individual's personal and career goals, as determined through Exploration, Discovery and/or other similar career planning processes and which include an introduction to the variety of work incentives available to individuals receiving Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI), Medicaid and/or Medicare.

The Supported Employment—Individual Employment Support provider shall be responsible for any personal assistance needs during the time that Supported Employment-Individual Employment Support services are provided; however, personal assistance services may not comprise the entirety of the Supported Employment—Individual Employment Support service(s) being rendered at any given time. All providers of personal assistance under Supported Employment—Individual Employment Support shall meet the Personal Assistance service provider qualifications, except that a separate PSSA license shall not be required.

Transportation of the individual to and from these services is not included in the rates paid for these services. Transportation during the provision of these services is included in the rates paid for these services.

An individual's person-centered support plan may include more than one non-residential habilitation service; however, they may not be billed for during the same period of time (e.g., the same 15 minute or hour unit of time).

CHOICES will not cover Supported Employment—Individual Employment Support services which are otherwise available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If one or more of these services are authorized, documentation is maintained that the service is not available to the individual under a

program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

These services will not duplicate other services provided through CHOICES or the Medicaid State Plan.

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment;
- Payments that are passed through to users of supported employment services; or
- Payments for training that is not directly related to an individual's supported employment program.

A provider of Supported Employment-Individual Employment Support services may also receive Social Security's Ticket to Work Outcome and Milestone payments. These payments do not conflict with Centers for Medicare and Medicaid Services (CMS) regulatory requirements and do not constitute an overpayment of Federal dollars for services provided.

2. *Revising Service Definitions to Combine Attendant Care and Personal Care in CHOICES*

In this amendment, Tennessee proposes to combine Attendant Care and Personal Care services into one service, to be referred to as Personal Care. These services, once billed at a separate rate, are now aligned with the same rate and hold only one differing factor, which is in how they are scheduled. The actual services provided are the same.

By combining these services into one service—Personal Care—CHOICES members will have more flexibility in scheduling services with the provider; members will not be required to request a new service be authorized solely because a different type of schedule is needed.

The new service definition for Personal Care will read as follows:

Personal Care. Help or hands-on assistance, safety monitoring and supervision for an enrollee who, due to age and/or physical disability, needs assistance with activities of daily living (ADLs) such as bathing, dressing and personal hygiene, eating, toileting, transfers and ambulation. For enrollees requiring hands-on assistance with ADLs, personal care may also include homemaker services: assistance with the following instrumental activities of daily living (IADLs) such as picking up medications or shopping for groceries, and meal preparation or household tasks such as making the bed, washing soiled linens or bedclothes, that are essential, although secondary, to the personal care tasks needed by the enrollee in order to continue living at home, or continuous monitoring and supervision because there is no household member, relative, caregiver, or volunteer to meet the specified need.

Personal Care does not include:

- 1) Care or assistance including meal preparation or household tasks for other residents of the same household;
- 2) Yard work; or
- 3) Care of non-service related pets and animals.

Personal care services are covered with a limit of 1,400 hours per calendar year per member. Personal care services are not covered when an enrollee is living in an Assisted Care Living Facility (ACLF), Adult Care Home, Residential Home for the Aged or other group residential setting, or receiving any of the following HCBS: Adult Day Care, Community-Based Residential Alternative (CBRA) Services (including Companion Care), or Short-Term NF Care.

3. *Revising the Definition of individualized Integrated Employment*

Employment and Community First CHOICES (ECF CHOICES) is TennCare's program of managed LTSS for persons who have intellectual or developmental disabilities. In this amendment, Tennessee is proposing to revise the definition of Individualized Integrated Employment in ECF CHOICES to provide additional clarity and to better align with the Workforce Innovation and Opportunity Act (WIOA). This definition is used by partnering Tennessee state agencies that collaboratively support members by coordinating services to promote employment and community integration for individuals with disabilities. For example, the definitions currently reflected in the demonstration do not expressly specify that individualized integrated employment involves a business typically found in the community that was not formed for the specific purpose of employing people with disabilities. The revised definition of Individualized Integrated Employment will also apply to employment services provided in CHOICES.

All references to individualized integrated employment in CHOICES and ECF CHOICES shall have this meaning:

Individualized Integrated Employment. Sustained paid employment in a competitive or customized job with an employer:

- A. For which an individual is compensated at or above the state's minimum wage and is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, not including supervisory personnel or individuals providing services to the employee with a disability, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills; or in the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training,

experience, and skills; and is eligible for the level of benefits provided to other employees; and is engaged, preferably, in full-time work; and

- B. Is at a location that is typically found in the community; to be typically found in the community, an employment location should be found in the competitive labor market and not formed for the specific purpose of employing individuals with disabilities; and
- C. Where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons; and
- D. That, as appropriate, presents opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions; and
- E. That is not paid employment or training in a business enterprise owned or operated by a provider of the individual's employment services.

4. *Adding Community Transportation as a Covered CHOICES Benefit*

The current CHOICES transportation service is limited to circumstances in which a member requires Adult Day Care that is not available within 30 miles of the member's residence.¹³ CHOICES HCBS providers may elect to provide transportation to accompany and support members in performing instrumental activities of daily living (IADLs), such as grocery shopping or picking up prescriptions, but such transportation is limited to the provider agency's agreement to provide such transportation. Community Transportation is a necessary service to fully support individuals with disabilities pursuing their integrated employment goals. In contrast, ECF CHOICES members have access to a Community Transportation benefit intended to support individuals in gaining access to the employment, community life, activities, and other resources identified in their person-centered support plan (PCSP).

In this amendment, Tennessee is proposing to add a comparable Community Transportation as a covered HCBS benefit for members enrolled in CHOICES. The CHOICES Community Transportation benefit will support individuals enrolled in CHOICES in achieving their employment and community living goals. The CHOICES Community Transportation benefit will be defined as follows:

Community Transportation. Community Transportation services are non-medical transportation services offered in order to enable individuals, and their personal assistants as needed, to gain access to employment, community life, activities and resources that are identified in the person-centered support plan. These services allow individuals to get to and from typical day-to-day, non-medical activities such as individualized integrated employment or self-employment (if not home-based), the grocery store or bank, social

¹³ CHOICES members also have access to non-emergency medical transportation under the Medicaid State Plan.

events, clubs and associations and other civic activities, or attending a worship service. This service is made available when public or other no-cost community-based transportation services are not available and the person does not have access to transportation through any other means (including natural supports).

Whenever possible, family, neighbors, co-workers, carpools or friends are utilized to provide transportation assistance without charge. When this service is authorized, the most cost-effective option should be considered first. This service is in addition to the medical transportation service offered under the Medicaid State Plan, which includes transportation to medical appointments as well as emergency medical transportation.

Community Transportation shall be limited to no more than \$225 per month for persons electing to receive this service through Consumer Direction.

5. *Revising the Definition of Benefits Counseling*

ECF CHOICES includes a Benefits Counseling service. As currently defined, only Community Work Incentives Coordinators (CWICs) are authorized to perform this service. To create additional provider capacity and greater flexibility for members choosing to receive this service—and in anticipation of additional need for Benefits Counseling in the CHOICES program—Tennessee is proposing to add the Work Incentive Practitioner (WIP-C) certification as an option for providers eligible to deliver this service.

The revised definition of Benefits Counseling will read as follows:

Benefits Counseling. A service designed to inform the individual (and guardian, conservator and/or family, if applicable) of the multiple pathways to ensuring individualized integrated employment or self-employment results in increased economic self-sufficiency (net financial benefit) through the use of various work incentives. This service should also repudiate myths and alleviate fears and concerns related to seeking and working in individualized integrated employment or self-employment through an accurate, individualized assessment. The service provides information to the individual (and guardian, conservator and/or family, if applicable) regarding the full array of available work incentives for essential benefit programs including SSI, SSDI, Medicaid, Medicare, ECF CHOICES, housing subsidies, food stamps, etc.

The service also will provide information and education to the person (and guardian, conservator and/or family, if applicable) regarding income reporting requirements for public benefit programs, including the Social Security Administration.

Benefits counseling provides work incentives counseling and planning services to persons actively considering or seeking individualized integrated employment or self-employment, or career advancement in either of these types of employment.

This service is provided by a certified Community Work Incentives Coordinator (CWIC) or certified Work Incentive Practitioner (WIP-C). In addition to ensuring this service is not otherwise available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.), ECF CHOICES may not fund this service if CWIC Benefits Counseling services funded through the Federal Work Incentives Planning and Assistance (WIPA) program are available to the individual.

Service must be provided in a manner that supports the person's communication style and needs, including, but not limited to, age-appropriate communications, translation/interpretation services for persons of limited English-proficiency or who have other communication needs requiring translation including sign language interpretation, and ability to communicate with a person who uses an assistive communication device.

Benefits Counseling services are paid for on an hourly basis and limited in the following ways:

- a. Initial Benefits Counseling for someone actively considering or seeking individualized integrated employment or self-employment, or career advancement in these types of employment: up to twenty (20) hours. This service may be authorized no more than once every two (2) years (with a minimum of two 365-day intervals between services).
- b. Supplementary Benefits Counseling for someone evaluating an individualized integrated job offer/promotion or self-employment opportunity: up to an additional six (6) hours. This service may be authorized up to three (3) times per year if needed.
- c. PRN Problem-Solving services for someone to maintain individualized integrated employment or self-employment: up to eight (8) hours per situation requiring PRN assistance. This service may be authorized up to four (4) times per year if necessary for the individual to maintain individualized integrated employment or self-employment.

6. *Revising the Definition of Self-Employment*

Tennessee is proposing to revise self-employment services in ECF CHOICES to include more specificity for providers as well as more clarity around the requirements for completing the services. The same framework for self-employment will be used in the CHOICES program. (See Section 3 above.)

Job Development of Self-Employment Start-Up. This is a time-limited service designed to implement a Job Development or Self-Employment Plan as follows:

- **Job Development Start-Up** is support to obtain an individualized competitive or customized job in an integrated employment setting in the general workforce, for which an individual is compensated at or above the minimum wage, but ideally not

less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The Job Development strategy should reflect best practices and be adjusted based on whether the individual is seeking competitive or customized employment.

- **Self-Employment Start-Up** is support in implementing a self-employment business plan.

The outcome of this service is expected to be the achievement of an individualized integrated employment or self-employment outcome consistent with the individual's personal and career goals, as determined through Exploration, Discovery and/or the Situational Observation and Assessment, if authorized, and as identified in the Job Development or Self-Employment Plan that guides the delivery of this service.

This service will be paid on an outcome basis once the person has completed two calendar weeks of individualized integrated employment or self-employment. Payment for self-employment will be following ten (10) business days "open." Self-employment business "open" means the first day of offering the sale of goods or services. Proof of licensure is needed for self-employment outcome, indicating active self-employment. Outcome payment amounts for Job Development Start-Up are tiered based upon the assessed level of challenge anticipated to achieve the intended outcome of this service for the individual being served. The outcome payment amounts for Self-Employment Start-Up are not tiered. Outcome payments for both Start-Up services are also paid over three phases (two calendar weeks, six calendar weeks, and ten calendar weeks following the start of individualized integrated employment or self-employment, so long as employment or self-employment is sustained) to incentivize retention of the job or self-employment situation.

After an individual has received the service for the first time, re-authorization may occur a maximum of once per year (with a minimum 365-day interval between services), and only if the person, at the time of re-authorization, is not already engaged in individualized integrated employment or self-employment, or other services to obtain such employment, and the person has a goal to obtain individualized integrated employment or self-employment within nine (9) months.

7. Providing Exceptions to Individual Cost Neutrality Tests and Expenditure Caps

HCBS expenditures for persons in CHOICES Group 2 are subject to an individual cost-neutrality test, as specified in the special terms and conditions (STCs) of the TennCare demonstration. HCBS expenditures for persons in CHOICES Group 3 and ECF CHOICES are subject to expenditure caps specified in the TennCare demonstration.

In addition to the exceptions to the individual cost-neutrality tests and expenditure caps already provided for in the TennCare demonstration, Tennessee proposes to permit persons enrolled in CHOICES and ECF CHOICES to exceed the limitations applicable to their HCBS expenditures when

additional Supported Employment—Individual Supports are requested and utilized. These exceptions will support better employment outcomes for individuals in CHOICES and ECF CHOICES and will ensure compliance with federal regulations governing HCBS settings in Medicaid.

1. ECF CHOICES benefits for persons receiving Essential Family Supports (Group 4) are subject to an \$18,000 expenditure cap, not counting the cost of minor home modifications. The state may grant an exception to the \$18,000 expenditure cap under the following circumstances:
 - a. The expenditure cap may be exceeded by an amount to be determined per individual based on the individual's need when necessary to permit access to Supported Employment and/or Individual Employment Support benefits.
2. ECF CHOICES benefits for persons receiving Essential Supports for Employment and Independent Living (Group 5) are subject to a \$30,000 cap. The state may grant an exception to the \$30,000 cap under the following circumstances:
 - a. The expenditure cap may be exceeded by an amount to be determined per individual based on the individual's need when necessary to permit access to Supported Employment and/or Individual Employment Support benefits.
3. CHOICES benefits for persons enrolled in CHOICES Group 2 are subject to an individual cost neutrality cap that is based on the average cost of the level of nursing facility reimbursement that would be paid if the member were institutionalized in a nursing facility. The state may grant an exception to the cost neutrality cap under the following circumstances:
 - a. The expenditure cap may be exceeded by an amount to be determined per individual based on the individual's need when necessary to permit access to Supported Employment and/or Individual Employment Support benefits.
4. CHOICES benefits for persons enrolled in CHOICES Group 3 are subject to an \$18,000 cap, not counting the cost of minor home modifications. The state may grant an exception to the \$18,000 cap under the following circumstances:
 - a. The expenditure cap may be exceeded by an amount to be determined per individual based on the individual's need when necessary to permit access to Supported Employment and/or Individual Employment Support benefits.

8. *Adding Electronic Signatures/Verbal Authorizations as Option for PCSP*

Tennessee seeks to add language to the demonstration to explicitly allow electronic signatures and/or verbal authorizations as an additional option for the person supported and/or their legal representative, as applicable, to approve the PCSP. During the period of the COVID-19 emergency, electronic signatures and/or verbal authorizations were permitted. Tennessee seeks to continue the use of this flexibility when a member requests substantive changes to their PCSP prior to their required face-to-face meeting. Verbal consent will be obtained via telephone or videoconferencing from the member or their legal representative. The consent will be documented in the member's record. After verbal consent is received, changes to the PCSP will be authorized and the member will provide a signature electronically or by mail.

The use of e-signatures that meets privacy and security requirements will be added as a method for the member or legal guardian signing the PCSP to indicate approval of the plan. Services may start while waiting for the signature to be returned to the Care Coordinator/Support Coordinator, whether electronically or by mail. Signatures will include a date reflecting the PCSP meeting date.

A redline document illustrating the proposed changes to CHOICES and ECF CHOICES is attached to this amendment.

II. Proposed Waiver and Expenditure Authorities

All waiver and expenditure authorities currently approved for the TennCare demonstration will continue to be in effect. To effectuate the changes described in this amendment, the state requests the following new expenditure authorities:

1. Coverage of Low-Income Parents/Caretaker Relatives of Dependent Children.

The state requests expenditure authority under Section 1115(a)(2) of the Social Security Act to provide coverage as described above to parents/caretaker relatives of dependent children in Tennessee whose incomes exceed the income standard described in the Medicaid State Plan, up to a maximum income level equivalent to 100 percent of the federal poverty level.

2. Coverage of Diapers for Children under age 2.

The state requests expenditure authority under Section 1115(a)(2) to cover a supply of diapers for children under age 2 enrolled in TennCare as described above.

The state is not proposing any new waiver or expenditure authorities to effectuate the changes related to the demonstration's HCBS programs described in this amendment. These modifications will involve changes and clarifications to the demonstration's existing special terms and conditions. (See Attachment A.)

III. Expected Impact on Budget Neutrality

The implementation of the changes proposed in this demonstration amendment is expected to result in changes to TennCare enrollment and expenditures as follows:

Proposal	Projected Increase in TennCare Enrollment	Projected Increase in Annual Aggregate Expenditures
Increase income standard for parents/caretaker relatives to 100% FPL.	8,100	\$40,067,461
Coverage of diapers for children under age 2.	N/A	\$27,532,278
Enhancements to HCBS programs	N/A	N/A
TOTAL	8,100	\$67,599,739

Note that the enhancements to the demonstration’s HCBS programs described in this amendment will not result in any additional enrollment in the demonstration. These changes to HCBS benefits are also not expected to result in material changes to aggregate expenditures under the demonstration. Individuals receiving HCBS under the demonstration will continue to be subject to an individual cost neutrality test (CHOICES Group 2) or an HCBS expenditure cap (CHOICES Group 3 and ECF CHOICES). Although this amendment proposes to expand the employment supports available through the demonstration’s HCBS programs, these expenditure limits will continue to be in place.

Attached is an updated overview of the demonstration’s finances that reflects these adjustments.

IV. Expected Impact on CHIP Allotment Neutrality

This amendment will not result in any changes to Tennessee’s CHIP allotment neutrality.

V. Updates to Monitoring and Evaluation Processes

The anticipated impacts of this amendment on the monitoring and evaluation processes for the TennCare demonstration are described below.

Coverage of Low-Income Parents/Caretaker Relatives of Dependent Children

Tennessee does not anticipate modifying its evaluation design based on the proposed change to the eligibility standard for parents/caretaker relatives. This change is expected to contribute to key goals of the TennCare demonstration already reflected in the demonstration’s evaluation design (currently under CMS review). These include enhancing coverage and benefits available under the TennCare demonstration and supporting improved member health outcomes.

The tools used by CMS and the state to monitor the implementation of the TennCare demonstration will be modified to reflect, on an ongoing basis, the number of persons enrolled in TennCare under this new demonstration authority.

Coverage of Diapers for Children under Age 2

The table below presents an overview of the state’s plan for evaluating the proposed expenditure authority related to coverage of diapers outlined in this amendment. This plan is subject to change based on input from CMS.

Hypothesis	Methodology	Data Sources and Metrics
Costs associated with treatment of diaper rash/diaper dermatitis in children under age 2 (office visits, emergency department visits, and prescriptions/over-the-counter products) will decrease following implementation of the diaper benefit	Comparison of costs during the period prior to the implementation of the diaper benefit with costs following the implementation of the diaper benefit	State administrative data
Costs associated with treatment of UTIs in children under age 2 (office visits, emergency department visits, and prescriptions) will decrease following implementation of the diaper benefit	Comparison of costs during the period prior to the implementation of the diaper benefit with costs following the implementation of the diaper benefit	State administrative data

Demonstration monitoring reports and processes will be modified to include the number of children receiving diapers under this new demonstration authority.

Enhancements to HCBS

The state does not anticipate modifying its evaluation design based on the proposed changes to the demonstration’s HCBS programs. These changes are expected to contribute to key goals of the TennCare demonstration already reflected in the demonstration’s evaluation design (currently under CMS review). These include enhancing coverage and benefits available under the TennCare demonstration and supporting access to safe and appropriate HCBS (including employment supports).

VI. Demonstration of Public Notice and Input

The state has used multiple mechanisms for notifying the public about this amendment and for soliciting public input on the amendment. These public notice and input procedures are informed by—and comply with—the requirements specified in STC 12 of the TennCare demonstration and 59 Fed. Reg. 49249.

Public Notice

The state held a formal notice and comment period on this proposed demonstration amendment from September 12, 2023, through October 13, 2023. During this time, a comprehensive description of the amendment to be submitted to CMS was available for public review and comment on an amendment-specific webpage on the TennCare website. In addition, a notice of the state’s intent to submit a demonstration amendment was published in newspapers of general circulation in Tennessee communities with 50,000 or more residents. This newspaper notice described the major elements of the proposed amendment and provided instructions for how to access the full proposal on the TennCare website. The newspaper notice also provided instructions for submitting comments on the proposed amendment to the state during the notice and comment period. In addition, the state notified the public of its intent to submit a demonstration amendment via social media (e.g., Facebook, Twitter) with links to the comprehensive notice on the state’s website. The state made copies of its notice available in county health departments throughout the state. TennCare also notified the members of the Tennessee General Assembly of this amendment via an electronically transmitted letter.

DRAFT

Attachment A
Proposed HCBS Changes

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Proposed HCBS Changes

This attachment illustrates the changes proposed to the demonstration’s STCs in order to effectuate the proposed enhancements to HCBS programs contained in this amendment.

V. BENEFITS

29. TennCare Benefits

- i. The following table (Table 2b) lists HCBS benefits for TennCare Medicaid enrollees and CHOICES demonstration eligibles who are enrolled in the designated CHOICES groups (specified in STC 33.a, *Determination of CHOICES Benefits by Designation into a TennCare CHOICES Group*). These benefits are in addition to the benefits that are available to them through the regular TennCare program.
- i. The cost of medical assistance provided to an eligible participant in CHOICES 2 is limited to the amount calculated in the individual cost-neutrality test used in Section 1915(c) waivers as set forth in Section 1915(c)(4)(A). The state may delegate implementation of the cost neutrality test to the MCOs.
 - A. The individual cost neutrality cap may be exceeded by an amount to be determined per individual based on the individual’s need when necessary to permit access to Supported Employment and/or Individual Employment Support benefits.
- ii. For purposes of determining capitation rates, the cost of room and board, as defined in Attachment E, is not included in non-institutional care costs.
- iii. For persons in CHOICES 3 or Interim CHOICES 3, in addition to the service limits stated in Table 2b, the total cost of the HCBS identified in Table 2b shall not exceed \$15,000 per calendar year, excluding the cost of minor home modifications (as described in Attachment E and Table 2b).
 - A. The expenditure cap may be exceeded by an amount to be determined per individual based on the individual’s need when necessary to permit access to Supported Employment and/or Individual Employment Support benefits.
- iv. Definitions for CHOICES benefits are provided in Attachment E of these STCs.

Benefit (Definitions provided in Attachment E)	CHOICES 1	CHOICES 2	CHOICES 3
Nursing facility care	X	Short-term only	Short-term only
Community-based residential alternatives (CBRAs)		X	X
Personal care visits (up to 2 visits per day <u>1400 hours per calendar year</u>)		X	X

Benefit (Definitions provided in Attachment E)	CHOICES 1	CHOICES 2	CHOICES 3
Attendant care (up to 1080 hours per calendar year); up to 1400 hours per calendar year ONLY when Homemaker services are needed in addition to hands-on care		X	X
Home-delivered meals (up to 1 meal per day)		X	X
Personal Emergency Response System		X	X
Adult day care (up to 2080 hours per calendar year)		X	X
In-home respite care (up to 216 hours per calendar year)		X	X
In-patient respite care (up to 9 days per calendar year)		X	X
Assistive technology (up to \$900 per calendar year)		X	X
Minor home modifications (up to \$6,000 per project; \$10,000 per calendar year; and \$20,000 per lifetime)		X	X
Pest control (up to 9 units per calendar year)		X	X
<u>Employment services and supports (subject to limitations specified in Attachment E)*</u> <ul style="list-style-type: none"> - <u>Supported employment— individual employment support</u> - <u>Exploration</u> - <u>Benefits counseling</u> - <u>Discovery</u> - <u>Situational observation and assessment</u> - <u>Job development plan or self-employment plan</u> - <u>Job development or self-employment start up</u> - <u>Job coaching for individualized, integrated employment or self-employment</u> - <u>Co-worker supports</u> - <u>Career advancement</u> - <u>Integrated Employment Path Services</u> 		X	X
<u>Community transportation (limited to \$225 per month for members electing to receive this benefit through consumer direction)</u>		X	X

* Employment services and supports is a covered benefit for CHOICES members until March 31, 2025, or until any subsequent deadline for states to expend funds associated with the enhanced FMAP for HCBS provided for by the American Rescue Plan Act of 2021, whichever is later.

- j. The following tables (Tables 2c and 2d) list the HCBS benefits (and limits on those benefits) for TennCare Medicaid enrollees and demonstration eligibles who are enrolled in the ECF CHOICES benefit groups (specified in STC 34.a. *Determination of ECF CHOICES Benefits by*

Designation into an ECF CHOICES Benefit Group). These benefits are in addition to the benefits that are available to them through the regular TennCare program. In addition, the following rules apply to the ECF CHOICES benefits.

- iv. ECF CHOICES benefits will be subject to an annual per member expenditure cap as follows. The cost of medical assistance provided to an eligible participant in ECF CHOICES, including any exceptions to the expenditure cap granted under this STC, is limited to the amount calculated in the individual cost-neutrality test used in Section 1915(c) waivers as set forth in Section 1915(c)(4)(A). The state may delegate implementation of the cost neutrality test to the MCOs.
 - A. Individuals receiving Essential Family Supports benefits will be subject to an \$18,000 cap (on benefits), not counting the cost of minor home modifications (as described in Attachment E and Table 2b). The state may grant an exception to the \$18,000 cap under the following circumstances:
 - 1. The expenditure cap may be exceeded by an amount to be determined per individual based on the individual's need when necessary to permit access to Supported Employment and/or Individual Employment Support benefits;
 - B. Individuals receiving Essential Supports for Employment and Independent Living benefits will be subject to a \$30,000 cap on benefits. The state may grant an exception to the \$30,000 cap under the following circumstances:
 - 1. The expenditure cap may be exceeded based on emergency needs by up to \$6,000 per member per year.
 - 2. ~~For an individual receiving Community Living Supports, t~~he expenditure cap may be exceeded by an amount to be determined per individual based on the individual's need when necessary to permit access to Supported Employment and/or Individual Employment Support benefits.
 - 3. For an individual requiring a Community Stabilization and Transition rate of reimbursement for Community Living Supports, the higher cost of transitional Community Living Supports may be excluded from the individual's expenditure cap for the year in which the transitional Community Living Supports are required. This exception would be made only if the individual is expected to be safely and appropriately served within the customary expenditure cap once transition to the appropriate ongoing Community Living Supports level occurs and the transitional rate ends.

VI. CHOICES, ECF CHOICES, KATIE BECKETT, AND MEDICAID DIVERSION ENROLLMENT

33. Operations of the TennCare CHOICES Programs

k. Other Provisions Related to CHOICES Enrollment and Implementation

- ii. The state may permit the use of electronic signature and/or verbal authorizations as an additional option to approve the PCSP when a member requests changes to their PCSP prior to their required face-to-face meeting.

34. Operations of Employment and Community First (ECF) CHOICES

g. Other Provisions Related to ECF CHOICES Enrollment and Implementation

- i. The state may permit the use of electronic signature and/or verbal authorizations as an additional option to approve the PCSP when a member requests changes to their PCSP prior to their required face-to-face meeting.

35. Operations of the TennCare Katie Beckett and Medicaid Diversion Programs

j. Other Provisions Related to Katie Beckett and Medicaid Diversion Enrollment and Implementation

- ii. The state may permit the use of electronic signature and/or verbal authorizations as an additional option to approve the PCSP when a member requests changes to their PCSP prior to their required face-to-face meeting.

ATTACHMENT E

Glossary Of Terms For TennCare Choices

All references to individualized integrated employment or self-employment in any of the following definitions shall have this meaning:

Individualized Integrated Employment: Sustained paid employment in a competitive or customized job with an employer:

- A. For which an individual is compensated at or above the state's minimum wage and is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals without disabilities, not including supervisory personnel or individuals providing services to the employee with a disability, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills; or in the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-

employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and is eligible for the level of benefits provided to other employees; and is engaged, preferably, in full-time work; and

- B. Is at a location that is typically found in the community; to be typically found in the community, an employment location should be found in the competitive labor market and not formed for the specific purpose of employing individuals with disabilities; and
- C. Where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons; and
- D. That, as appropriate, presents opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions; and
- E. That is not paid employment or training in a business enterprise owned or operated by a provider of the individual's employment services.

Individualized Integrated Self-Employment: Sustained paid self-employment that is homebased or conducted in an integrated setting(s) where net income in relation to hours worked is equivalent to no less than the state's minimum wage, after a reasonable self-employment startup period.

~~**Attendant care.** Hands-on assistance, safety monitoring and supervision for an enrollee who, due to age and/or physical disability, needs more extensive assistance than can be provided through intermittent personal care visits (more than four (4) hours per visit or visits at intervals of less than four (4) hours between visits). This may include assistance with activities of daily living (ADLs) such as bathing, dressing and personal hygiene, eating, toileting, transfers and ambulation. For enrollees requiring hands-on assistance with ADLs, attendant care may also include the following homemaker services: assistance with instrumental activities of daily living (IADLs) such as picking up medications or shopping for groceries, and meal preparation or household tasks such as making the bed, washing soiled linens or bedclothes, that are essential, although secondary, to the personal care tasks needed by the enrollee in order to continue living at home, or continuous monitoring and supervision because there is no household member, relative, caregiver, or volunteer to meet the specified need. Attendant care shall not be provided for enrollees who do not require hands-on assistance with ADLs.~~

~~Attendant care does not include:~~

- ~~1) Care or assistance including meal preparation or household tasks for other residents of the same household;~~
- ~~2) Yard work; or~~
- ~~3) Care of non-service related pets and animals.~~

~~Only for persons who require homemaker services in addition to hands-on assistance with ADLs, the annual benefit shall be up to 1400 hours per full-calendar year.~~

Community transportation. Community transportation services are non-medical transportation services offered in order to enable individuals, and their personal assistants as needed, to gain access to employment, community life, activities and resources that are identified in the person-centered support

plan. These services allow individuals to get to and from typical day-to-day, non-medical activities such as individualized integrated employment or self-employment (if not home-based), the grocery store or bank, social events, clubs and associations and other civic activities, or attending a worship service. This service is made available when public or other no-cost community-based transportation services are not available and the person does not have access to transportation through any other means (including natural supports).

Whenever possible, family, neighbors, co-workers, carools or friends are utilized to provide transportation assistance without charge. When this service is authorized, the most cost-effective option should be considered first. This service is in addition to the medical transportation service offered under the Medicaid State Plan, which includes transportation to medical appointments as well as emergency medical transportation.

Community transportation shall be limited to no more than \$225 per month for persons electing to receive this service through Consumer Direction.

Employment Services and Supports

Supported Employment—Individual Employment Support

These services are provided on an individual basis for a person who, because of his or her disabilities, needs support that is not available to the person through a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) in order to obtain, maintain and/or advance in a competitive or customized job, or self-employment, in an integrated community setting for which the individual is compensated at or above the minimum wage.

The expected outcome of these services is individualized integrated employment or self-employment defined as follows:

1. Sustained paid employment in a competitive or customized job with an employer for which an individual is compensated at or above the state's minimum wage, with the optimal goal being not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities; or
2. Sustained paid self-employment that is home-based or conducted in an integrated setting(s) where net income in relation to hours worked is equivalent to no less than the state's minimum wage, after a reasonable self-employment start-up period.

These services are designed to support the achievement of individualized integrated employment and self-employment outcomes consistent with the individual's personal and career goals, as determined through Exploration, Discovery and/or other similar career planning processes and which include an introduction to the variety of work incentives available to individuals receiving SSI and/or SSDI, Medicaid and/or Medicare.

The Supported Employment—Individual Employment Support provider shall be responsible for any personal assistance needs during the time that Supported Employment-Individual Employment Support services are provided; however, personal assistance services may not

comprise the entirety of the Supported Employment—Individual Employment Support service(s) being rendered at any given time. All providers of personal assistance under Supported Employment—Individual Employment Support shall meet the Personal Assistance service provider qualifications, except that a separate PSSA license shall not be required.

Transportation of the individual to and from these services is not included in the rates paid for these services. Transportation during the provision of these services is included in the rates paid for these services.

An individual's person-centered support plan may include more than one non-residential habilitation service; however, they may not be billed for during the same period of time (e.g., the same 15 minute or hour unit of time).

CHOICES will not cover Supported Employment-Individual Employment Support services which are otherwise available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If one or more of these services are authorized, documentation is maintained that the service is not available to the individual under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

These services will not duplicate other services provided through CHOICES or the Medicaid State Plan.

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment;
- Payments that are passed through to users of supported employment services; or
- Payments for training that is not directly related to an individual's supported employment program.

A provider of Supported Employment-Individual Employment Support services may also receive Social Security's Ticket to Work Outcome and Milestone payments. These payments do not conflict with CMS regulatory requirements and do not constitute an overpayment of Federal dollars for services provided.

Supported Employment—Individual Employment Support services are individualized and may include one or more of the following components:

1. Exploration:

This is a time-limited and targeted service designed to help a person make an informed choice about whether s/he wishes to pursue individualized integrated employment or self-employment, as defined above. The Exploration service shall be completed no more than sixty (60) calendar days from the date of service initiation. This service is not appropriate for-CHOICES members who already know they want to pursue individualized integrated employment or self-employment.

This service includes career exploration activities to identify a person's specific interests and aptitudes for paid work, including experience and skills transferable to individualized integrated employment or self-employment. This service also includes exploration of individualized integrated employment or self-employment opportunities in the local area that are specifically related to the person's identified interests, experiences and/or skills through four to five uniquely arranged business tours, informational interviews and/or job shadows. (Each person seeking individualized integrated employment who is receiving this service should participate in business tours, informational interviews and/or job shadows uniquely selected based on his or her individual interests, aptitudes, experiences, and skills most transferable to employment. All persons should not participate in the same experiences.) Each business tour, informational interview and/or job shadow shall include time for set-up, prepping the person for participation, and debriefing with the person after each opportunity.

This service also includes introductory education on the numerous work incentives for individuals receiving publicly funded benefits (e.g., SSI, SSDI, Medicaid, Medicare, etc.). This service further includes introductory education on how Supported Employment services work (including Vocational Rehabilitation services). Educational information is provided to the person and the legal guardian/conservator and/or most involved family member(s), if applicable, to ensure legal guardian/conservator and/or family support for the person's choice to pursue individualized integrated employment or self-employment. The educational aspects of this service shall include addressing any concerns, hesitations or objections of the person and the legal guardian/conservator and/or most involved family member(s), if applicable.

Self-Employment Exploration to include but not limited to: Initial meeting with job coach or job developer to discuss self-employment goals, collecting information to assist the person in making an informed choice on the pursuit of self-employment, and feasibility study and consultation with local advisory agencies. This may consist of virtual or in-person meetings with job developer and advisory agencies with the goal of informing the person on self-employment. At the conclusion of Exploration, the individual will choose whether to continue pursuing self-employment. Additionally, the job developer will work to identify supports needed, discuss fading of paid job supports, and the expectations of job developer and job seeker. Completion and approval of SE Exploration template required for completion. Benefits counseling is mandatory during this phase through Vocational Rehabilitation or CHOICES.

This service is expected to involve, on average, forty (40) hours of service. The provider shall document each date of service, the activities performed that day, and the duration of each activity. This service culminates in a written report summarizing the process and outcomes, using a standard template prescribed by TennCare. The written report is due no later than fourteen (14) calendar days after the last date of service is concluded. Exploration is paid on an outcome basis, after the written report is received and approved, and the provider submits documentation detailing each date of service, the activities performed that day, and the duration of each activity.

After an individual has received the service for the first time, re-authorization may occur a maximum of once each per year for Exploration for Individualized Integrated Employment or Exploration for Self-Employment (with a minimum 365-day interval between services) and only if the person, at the time of re-authorization, is not already engaged in individualized integrated employment or self-employment, or other services to obtain such employment.

2. Benefits Counseling:

A service designed to inform the individual (and guardian, conservator and/or family, if applicable) of the multiple pathways to ensuring individualized integrated employment or self-employment results in increased economic self-sufficiency (net financial benefit) through the use of various work incentives. This service should also repudiate myths and alleviates fears and concerns related to seeking and working in individualized integrated employment or self-employment through an accurate, individualized assessment. The service provides information to the individual (and guardian, conservator and/or family, if applicable) regarding the full array of available work incentives for essential benefit programs including SSI, SSDI, Medicaid, Medicare, CHOICES, housing subsidies, food stamps, etc.

The service also will provide information and education to the person (and guardian, conservator and/or family, if applicable) regarding income reporting requirements for public benefit programs, including the Social Security Administration.

Benefits counseling provides work incentives counseling and planning services to persons actively considering or seeking individualized integrated employment or self-employment, or career advancement in either of these types of employment.

This service is provided by a certified Community Work Incentives Coordinator (CWIC) or certified Work Incentive Practitioner (WIP-C). In addition to ensuring this service is not otherwise available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.), CHOICES may not fund this service if CWIC Benefits Counseling services funded through the Federal Work Incentives Planning and Assistance (WIPA) program are available to the individual.

Service must be provided in a manner that supports the person's communication style and needs, including, but not limited to, age-appropriate communications, translation/interpretation services for persons of limited English-proficiency or who have other communication needs requiring translation including sign language interpretation, and ability to communicate with a person who uses an assistive communication device.

Benefits Counseling services are paid for on an hourly basis and limited in the following ways:

- a. Initial Benefits Counseling for someone actively considering or seeking individualized integrated employment or self-employment, or career advancement in these types of employment: up to twenty (20) hours. This service may be authorized no more than once every two (2) years (with a minimum of two 365-day intervals between services).
- b. Supplementary Benefits Counseling for someone evaluating an individualized integrated job offer/promotion or self-employment opportunity: up to an additional six (6) hours. This service may be authorized up to three (3) times per year if needed.
- c. PRN (pro re nata/as needed) Problem-Solving services for someone to maintain individualized integrated employment or self-employment: up to eight (8) hours per situation requiring PRN assistance. This service may be authorized up to four (4) times per

year if necessary for the individual to maintain individualized integrated employment or self-employment.

3. Discovery

This is a time-limited and targeted service for an individual who wishes to pursue individualized integrated employment or self-employment but for whom more information is needed to determine the following prior to pursuing individualized integrated employment or self-employment:

- Strongest interests toward one or more specific aspects of the labor market;
- Skills, strengths and other contributions likely to be valuable to employers or valuable to the community if offered through self-employment;
- Conditions necessary for successful employment or self-employment.

Discovery involves a comprehensive analysis of the person in relation to the three bullets above. Activities include observation of person in familiar places and activities, interviews with family, friends and others who know the person well, observation of the person in an unfamiliar place and activity, identification of the person's strong interests and existing strengths and skills that are transferable to individualized integrated employment or self-employment, Discovery also involves identification of conditions for success based on experience shared by the person and others who know the person well, and observation of the person during the Discovery process. The information developed through Discovery allows for activities of typical life to be translated into possibilities for individualized integrated employment or self-employment.

Discovery results in the production of a detailed written Profile, using a standard template prescribed by TennCare, which summarizes the process, learning, and recommendations to inform identification of the person's individualized integrated employment or self-employment goal(s) and strategies to be used in securing this employment or self-employment for the person.

If Discovery is paid for through CHOICES, the person will be assisted by his or her Care Coordinator to apply to Vocational Rehabilitation (VR) for services to obtain individualized integrated employment or self-employment. The Discovery Profile will be shared with VR staff to facilitate the expeditious development of an Individual Plan for Employment (IPE). Discovery shall be limited to no more than ninety (90) calendar days from the date of service initiation. This service is expected, on average, to involve fifty (50) hours of service.

The provider shall document each date of service, the activities performed that day, and the duration of each activity. The written Profile is due no later than fourteen (14) days after the last date of service is concluded. Discovery is paid on an outcome basis, after the written Profile is received and approved, and the provider submits documentation detailing each date of service, the activities performed that day, and the duration of each activity.

After an individual has received the service for the first time, re-authorization may occur a maximum of once every three years (with a minimum of three 365-day intervals between services), and only if the person, at the time of re-authorization, is not already engaged in individualized integrated employment or self-employment, or other services to obtain such

employment, and the person has a goal to obtain individualized integrated employment or self-employment within twelve (12) months.

4. Situational Observation and Assessment

This is a time-limited service that involves observation and assessment of an individual's interpersonal skills, work habits and vocational skills through practical experiential, community integrated volunteer experiences and/or paid individualized, integrated work experiences that are uniquely arranged and specifically related to the interests, preferences, and transferable skills of the job seeker as established through Discovery or a similar process. This service involves a comparison of the actual performance of the individual being assessed with core job competencies and duties required of a skilled worker in order to further determine the work competencies and skills needed by the individual to be successful in environments similar to where the Assessment is taking place. It also permits the individual to evaluate and confirm areas of employment interest based on real-life experience. The individual shall be reimbursed at least the minimum wage and all applicable overtime for work performed, except as permitted pursuant to the Fair Labor Standards Act for unpaid internships.

Situational Observation and Assessment shall be completed within thirty (30) calendar days from the date of service initiation, provided that this period may be extended for up to thirty (30) additional calendar days when needed for completion of all four (4) work experiences. Situational Observation and Assessment shall be limited to more than sixty (60) calendar days from the date of service initiation. Each job seeker may be authorized for up to four (4) such experiences within the sixty (60) calendar day period. A summary report, using a standard template prescribed by TennCare, is due within ten (10) days after the last date of service is concluded. Reimbursement is paid on an outcome basis for each individual experience, which is expected to involve an average of twelve (12) hours of service per individual experience. The Situational Observation and Assessment outcome payment is made after the written summary report is received and approved, and the provider submits documentation detailing each date of service, the activities performed that day, and the duration of each activity.

The learning from this service described in the summary report is to be used to help inform the job development plan or self-employment plan.

After an individual has received the service for the first time, re-authorization may occur a maximum of once every three years (with a minimum of three 365-day intervals between services), and only if the person, at the time of re-authorization, is not already engaged in individualized integrated employment or self-employment, or other services to obtain such employment, and the person has a goal to obtain individualized integrated employment or self-employment within twelve (12) months.

5. Job Development Plan or Self-Employment Plan

This is a time-limited and targeted service designed to create a clear and detailed plan for Job Development or for the start-up phase of Self-Employment. This service is limited to thirty (30) calendar days from the date of service initiation for Job Development Plan and is limited to ninety (90) calendar days from the date of service initiation for Self-Employment Plan. This service includes a planning meeting involving the individual and other key people who will be

instrumental in supporting the individual to become employed in individualized integrated employment or self-employment. For Self-Employment Plan, the following additional items are required, and the service is expected to take around 50 hours to complete:

- Attend one of the small business orientation classes if not completed during Self-Employment (SE) Exploration – options listed under SE Exploration.
- Complete Feasibility Study with business mentor.
- Completion of Self-Employment Plan Template and business plan. This should promote further questions for start-up consultant, person supported, etc.
- Contacting sources of start-up capital, beginning process of obtainment. (PASS, VR, Loans, Crowdsourcing).
- Identifying licensure needed, inspections, liability insurance, etc. – and begin process of licensure. Reference the following site to determine if licensure is required: [Registration and Licensing \(tn.gov\)](http://www.tn.gov)
- Identifying total cost and how to obtain all resources and licensure needed. Confirm funding.
- Final consultation with job developer and the advisor to review Self-Employment Plan and business plan and give further recommendations prior to start-up.
- Benefits counseling consultation – if individual did not elect to pursue SE Exploration, ensure benefits counseling is received during this phase
- A final template verifying not only Self-Employment Plan, but resources, funding, licensure needed, how it was obtained, and next steps. Submission and approval of the template is required and will need approval at the completion of this phase. The expected outcome of this phase is to obtain all needed goods, licensure, services, and assistive/enabling technology necessary for a person to start their business. A final meeting with person supported, job developer, and advisor is required before completion. The business plan and completed SE Plan Template need to be submitted to Employment Specialist in order to complete service.

This service culminates in a written plan, using a template prescribed by TennCare that incorporates the results of Exploration, Discovery, and/or Situational Observation and Assessment, if previously authorized. The written plan is due no later than thirty (30) calendar days after the service commences. For self-employment goals, this service results in the development of a self-employment business plan, including potential sources of business financing (such as VR, Small Business Administration loans, PASS plans), given that Medicaid funds may not be used to defray the capital expenses associated with starting a business. This service is paid on an outcome basis, after the written plan is received and approved, and the provider submits documentation detailing each date of service, the activities performed that day, and the duration of each activity.

After an individual has received the service for the first time, re-authorization may occur a maximum of once every three years (with a minimum of three 365-day intervals between services), and only if the person, at the time of re-authorization, is not already engaged in individualized integrated employment or self-employment, or other services to obtain such employment, and the person has a goal to obtain individualized integrated employment or self-employment within twelve (12) months.

Job Development may not include placement services of an employment agency or business/financial services.

6. Job Development Start-Up or Self-Employment Start-Up

This is a time-limited service designed to implement a Job Development or Self--Employment Plan as follows:

- **Job Development Start-Up** is support to obtain an individualized competitive or customized job in an integrated employment setting in the general workforce, for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The Job Development strategy should reflect best practices and be adjusted based on whether the individual is seeking competitive or customized employment.
- **Self-Employment Start-Up** is support in implementing a self-employment business plan.

The outcome of this service is expected to be the achievement of an individualized integrated employment or self-employment outcome consistent with the individual's personal and career goals, as determined through Exploration, Discovery and/or the Situational Observation and Assessment, if authorized, and as identified in the Job Development or Self-Employment Plan that guides the delivery of this service.

This service will be paid on an outcome basis once the person begun participation in individualized integrated employment or self-employment. First payment for Self-Employment Start-Up will be following ten (10) business days "open." Self-employment business "open" means the first day of offering the sale of goods or services. Proof of licensure is needed for self-employment outcome, indicating active self-employment. Outcome payment amounts for Job Development Start-Up are tiered based upon the assessed level of challenge anticipated to achieve the intended outcome of this service for the individual being served. The outcome payment amounts for Self-Employment Start-Up are not tiered. Outcome payments for both Start-Up services are also paid over three phases (two calendar weeks, six calendar weeks, and ten calendar weeks following the start of individualized integrated employment or self-employment, so long as employment or self-employment is sustained) to incentivize retention of the job or self-employment situation.

After an individual has received the service for the first time, re-authorization may occur a maximum of once per year (with a minimum 365-day interval between services), and only if the person, at the time of re-authorization, is not already engaged in individualized integrated employment or self-employment, or other services to obtain such employment, and the person has a goal to obtain individualized integrated employment or self-employment within nine (9) months.

7. Job Coaching

- **Job Coaching for Individualized, Integrated Employment** includes identifying, through job analysis, and providing services and supports that assist the individual in maintaining individualized integrated employment that pays at least minimum wage but not less

than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Job coaching includes supports provided to the individual and his/her supervisor and/or co-workers, either remotely (via technology) or face-to-face. Supports during each phase of employment must be guided by a Job Coaching Fading Plan which incorporates an appropriate mix of best practices for the individual to achieve fading goals as identified in the Plan (e.g. systematic instruction utilizing task analysis to teach the individual to independently complete as much of his/her job duties as possible; high or low tech assistive technology; and effective engagement of natural supports including co-workers and supervisor(s) as needed). If progress on fading ceases at some point, adaptations to job duties, negotiated with the supervisor/employer, or transition to Co-Worker Supports may be utilized if no reduction in hours or hourly pay results.

The amount of time authorized for this service is a percentage of the individual's hours worked and is tiered, based on the individual's level of disability and the length of time the person has been employed on the job. An exception policy applies for individuals with exceptional circumstances.

Transportation of the supported employee to and from the job site is not included in the rate paid for the service. Transportation of the supported employee, if necessary, during the provision of job coaching is included in the rate paid for the service.

- **Job Coaching for Individualized, Integrated Self-Employment** includes identification and provision of services and supports that assist the individual in maintaining self-employment., Job coaching for self-employment includes supports provided to the individual, either remotely (via technology) or face-to-face. Supports must enable the individual to successfully operate the business (with assistance from other sources of professional services or suppliers of goods necessary for the type of business). Job Coaching supports should never supplant the individual's role or responsibility in all aspects of the business. Supports during each phase of self-employment must be guided by a Job Coaching Fading Plan which incorporates an appropriate mix of best practices for the individual to achieve fading goals as identified in the Plan (e.g. systematic instruction utilizing task analysis to teach the individual to independently complete as much of his/her roles and responsibilities as possible); high or low tech assistive technology; and effective engagement of any business partners and/or associates and/or suppliers of goods or services. If progress on fading ceases at some point, business plan adaptations may be utilized if no reduction in paid hours or net hourly pay results.

The amount of time authorized for this service is a percentage of the individual's hours engaged in self-employment and is tiered, based on the individual's level of disability and the length of time the person has been self-employed in the current business. An exception policy applies for individuals with exceptional circumstances.

Transportation of the supported self-employed person to and from the place of work is not included in the rate paid for the service. Transportation of the supported self-employed person, if necessary, during the provision of job coaching is included in the rate paid for the service.

8. Co-Worker Supports

This service involves a provider of Job Coaching for Individualized Integrated Employment entering into an agreement with an individual's employer to reimburse the employer for supports provided by one or more supervisors and/or co-workers, acceptable to the individual, to enable the person to maintain individualized integrated employment with the employer. This service cannot include payment for the supervisory and co-worker supports rendered as a normal part of the business setting and that would otherwise be provided to an employee without a disability. As well, additional natural supports for the individual, already negotiated with the employer, and provided through supervisors and co-workers, are not eligible for reimbursement under Co-Worker Supports. Only supports that must otherwise be provided by a Job Coach may be reimbursed under this service category. Co-Worker Supports would be authorized in situations where any of the following is true:

1. From the start of employment or at any point during employment, if the employer prefers (or the individual prefers and the employer agrees) to provide needed Job Coach supports, rather than having a Job Coach, either employed by a third-party agency or self-employed, present in the business. Fading expectations should still be in place to maximize independence of the employed individual.
2. At any point in the individual's employment where needed Job Coaching supports can be most cost effectively provided by Co-Worker Supports and both the employer and individual agree to the use of Co-Worker Supports. Fading of Job Coaching supports may or may not still be occurring, but Co-Worker Supports should always be considered when on-going fading of Job Coaching has stopped occurring.
3. For individuals who are expected to be able to transition to working only with employer supports available to any employee and additional negotiated natural supports if applicable. In this situation, Co-Worker Supports are authorized as a temporary (maximum twelve months) bridge to relying only on employer supports, and additional negotiated natural (unpaid) supports if applicable, to maintain employment.

The supervisor(s) and/or co-worker(s) identified to provide the support to the individual must meet the qualifications for a legally responsible individual as provider of this service. The provider is responsible for ensuring these qualifications are met and also for oversight and monitoring of paid co-worker supports.

The amount of time authorized for this service is negotiated with the employer and reflective of the specific needs the individual has for co-workers supports above and beyond negotiated natural supports and supervisory/co-worker supports otherwise available to employees without disabilities. A 10% add-on to the 15--minute unit rate for the employer is applied to cover the service provider's role in administering Co-Worker Supports.

9. Career Advancement:

This is a time-limited career planning and advancement support service for persons currently engaged in individualized integrated employment or self-employment who wish to obtain a promotion and/or a second individualized integrated employment or self-employment

opportunity. The service is time-limited and focuses on developing and successfully implementing a plan for achieving increased income and economic self-sufficiency through promotion to higher paying position or through a second individualized integrated employment or self-employment opportunity.

The outcomes of this service are: (1) the identification of the person's specific career advancement objective; (2) development of a viable plan to achieve this objective; and (3) implementation of the plan which results in the person successfully achieving his/her specific career advancement objective.

Career Advancement is paid on an outcome basis, after key milestones are accomplished:

- a. Outcome payment number one is paid after the written plan to achieve the person's specific career advancement objective is reviewed and approved. Note: The written plan must follow the template prescribed by TennCare.
- b. Outcome payment number two is paid after the person has achieved his/her specific career advancement objective and has been in the new position or second job for a minimum of two (2) weeks.

This service may not be included on a Person-Centered Support Plan if the PCSP also includes any of the above services numbered one (1) through six (6). This service may not be authorized retroactive to a promotion or second job being made available to a person. Supports for Career Advancement may be authorized and paid once every three (3) years (with a minimum of three 365-day intervals between services), if evidence exists that the individual is eligible for promotion or able to present as a strong candidate for employment in a second job (e.g., has strong reference, performance reviews and attendance record from current employer). The only exception is in situations where the provider previously authorized and paid for outcome payment number one did not also earn outcome payment number two (because they did not successfully obtain a promotion or second job for the person). In this situation, reauthorization for outcome payments number one and two may occur a maximum of once per year (with a minimum 365-day interval between services), so long as the reauthorization involves the use of a new/different provider.

10. Integrated Employment Path Services

(Time-Limited, Community-Based Prevocational Training)

The provision of time-limited learning and work experiences, including volunteering opportunities, where a person can develop general, non-job-task-specific strengths and skills that contribute to employability in individualized integrated employment or self-employment. Services are expected to specifically involve strategies that facilitate a participant's successful transition to individualized integrated employment or self-employment.

Individuals receiving Integrated Employment Path Services must have a desire to obtain some type of individualized integrated employment or self-employment and this goal must be documented in the PCSP as the goal that Integrated Employment Path Services are specifically authorized to address.

Services should be customized to provide opportunities for increased knowledge, skills and experiences specifically relevant to the person's specific individualized integrated employment and/or self-employment goals and career goals. If such specific goals are not known, this service can also be used to assist a person to identifying his/her specific individualized integrated employment and/or self-employment goals and career goals.

The expected outcome of this service is measurable gains in knowledge, skills and experiences that contribute to the individual achieving individualized integrated employment or self-employment.

Integrated Employment Path Services are intended to develop and teach general skills that lead to individualized integrated employment or self-employment including but not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; and general workplace safety and mobility training.

Service limitations:

- This service is limited to no more than twelve (12) months. One extension of up to twelve (12) months can be allowed only if the individual is actively pursuing individualized integrated employment or self-employment in an integrated setting and has documentation that a service(s) (i.e.. Job Development or Self-Employment Start-Up funded by Tennessee Rehabilitation Services, ECF CHOICES or another similar source) is concurrently authorized for this purpose. The twelve (12) month authorization and one twelve (12) month reauthorization may be repeated only if a person loses individualized integrated employment or self-employment and is seeking replacement opportunities.
- This service must be delivered in integrated, community settings and may not be provided in sheltered workshops or other segregated facility-based day, vocational or prevocational settings.
- Integrated Employment Path Services shall not be provided or reimbursed if the person is receiving Job Coaching (for Individualized Integrated Employment or Self-Employment) Co-Worker Supports or is working in individualized integrated employment or self-employment without any paid supports. Integrated Employment Path Services are only appropriate for individuals who are not yet engaged in individualized integrated employment or self-employment.

Transportation of the individual to and from this service is not included in the rate paid for this service but transportation during the service is included in the rate.

CHOICES will not cover services which are otherwise available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not available to the individual under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

This service will not duplicate other services provided through the waiver or Medicaid state plan services.

Supported Employment – Individual Employment Supports Service Limitations:

- These services are *only* for individuals seeking or engaged in individualized integrated employment or self-employment. These services are not for group employment of any size or variation.
- Job Coaching services do not include supports for volunteering or any form of unpaid internship, work experience or employment.
- These services do not include supporting paid employment or training in a sheltered workshop or similar facility-based setting.

These services do not include supporting paid employment or training in a business enterprise owned or operated by a provider of these services. These services do not include payment for supervisory activities rendered as a normal part of the business setting and supports otherwise available to employees without disabilities filling the same or similar positions in the business.

Personal care visits. ~~Intermittent visits of limited duration not to exceed four (4) hours per visit and two (2) visits per day at intervals of no less than four (4) hours between visits to provide hands-on assistance to~~ Help or hands-on assistance, safety monitoring and supervision for an enrollee who, due to age and/or physical disability, needs help assistance with activities of daily living (ADLs) such as bathing, dressing and personal hygiene, eating, toileting, transfers and ambulation. For enrollees requiring hands-on assistance with ADLs, personal care ~~visits~~ visits may also include the following homemaker services: assistance with instrumental activities of daily living (IADLs) such as picking up medications or shopping for groceries, and meal preparation or household tasks such as making the bed, washing soiled linens or bedclothes, that are essential, although secondary, to the personal care tasks needed by the enrollee in order to continue living at home, or continuous monitoring and supervision because there is no household member, relative, caregiver, or volunteer to meet the specified need.

Personal care ~~visits~~ visits ~~does~~ not include:

- ~~1) Companion or sitter services, including safety monitoring and supervision;~~
- ~~21) Care or assistance including meal preparation or household tasks for other residents of the same household;~~
- ~~32) Yard work; or~~
- ~~43) Care of non-service related pets and animals.~~

Personal care services are covered with a limit of 1,400 hours per calendar year per member. Personal care services are not covered when an enrollee is living in an ACLF, Adult Care Home, Residential Home for the Aged or other group residential setting, or receiving any of the following HCBS: Adult Day Care, CBRA Services (including Companion Care), or Short-Term NF Care.

ATTACHMENT H
Employment and Community First CHOICES Service Definitions

I. NON-RESIDENTIAL HABILITATION SERVICES:

All references to individualized integrated employment or self-employment in any of the following definitions shall have this meaning:

Individualized Integrated Employment: Sustained paid employment in a competitive or customized job with an employer:

- A. ~~For~~ For which an individual is compensated at or above the state's minimum wage, with the optimal goal being and is not less than the customary wage and level of benefits rate paid by the employer for the same or similar work performed by other employees who are not individuals without disabilities, not including supervisory personnel or individuals providing services to the employee with a disability, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills; or in the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and is eligible for the level of benefits provided to other employees; and is engaged, preferably, in full-time work; and
- B. Is at a location that is typically found in the community; to be typically found in the community, an employment location should be found in the competitive labor market and not formed for the specific purpose of employing individuals with disabilities; and
- C. Where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons; and
- D. That, as appropriate, presents opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions; and
- E. That is not paid employment or training in a business enterprise owned or operated by a provider of the individual's employment services.

A. Employment Services/Supports

Supported Employment—Individual Employment Support

2. Benefits Counseling:

A service designed to inform the individual (and guardian, conservator and/or family, if applicable) of the multiple pathways to ensuring individualized integrated employment or self-employment results in increased economic self-sufficiency (net financial benefit) through the use of various work incentives. This service should also repudiate myths and

alleviate^s fears and concerns related to seeking and working in individualized integrated employment or self-employment through an accurate, individualized assessment. The service provides information to the individual (and guardian, conservator and/or family, if applicable) regarding the full array of available work incentives for essential benefit programs including SSI, SSDI, Medicaid, Medicare, ECF [CHOICES](#), housing subsidies, food stamps, etc.

The service also will provide information and education to the person (and guardian, conservator and/or family, if applicable) regarding income reporting requirements for public benefit programs, including the Social Security Administration.

Benefits counseling provides work incentives counseling and planning services to persons actively considering or seeking individualized integrated employment or self-employment, or career advancement in either of these types of employment.

This service is provided by a certified Community Work Incentives Coordinator (CWIC) [or certified Work Incentive Practitioner \(WIP-C\)](#). In addition to ensuring this service is not otherwise available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.), ECF [CHOICES](#) may not fund this service if CWIC Benefits Counseling services funded through the Federal Work Incentives Planning and Assistance (WIPA) program are available to the individual.

Service must be provided in a manner that supports the person's communication style and needs, including, but not limited to, age-appropriate communications, translation/interpretation services for persons of limited English-proficiency or who have other communication needs requiring translation including sign language interpretation, and ability to communicate with a person who uses an assistive communication device.

Benefits Counseling services are paid for on an hourly basis and limited in the following ways:

- a. Initial Benefits Counseling for someone actively considering or seeking individualized integrated employment or self-employment, or career advancement in these types of employment: up to twenty (20) hours. This service may be authorized no more than once every two (2) years (with a minimum of two 365-day intervals between services).
- b. Supplementary Benefits Counseling for someone evaluating an individualized integrated job offer/promotion or self-employment opportunity: up to an additional six (6) hours. This service may be authorized up to three (3) times per year if needed.
- c. PRN Problem-Solving services for someone to maintain individualized integrated employment or self-employment: up to eight (8) hours per situation requiring PRN assistance. This service may be authorized up to four (4) times per year if necessary for the individual to maintain individualized integrated employment or self-employment.

6. Job Development or Self-Employment Start Up

This is a time-limited service designed to implement a Job Development or Self-Employment Plan as follows:

- **Job Development** is support to obtain an individualized competitive or customized job in an integrated employment setting in the general workforce, for which an individual is compensated at or above the minimum wage, but ideally not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The Job Development strategy should reflect best practices and adjusted based on whether the individual is seeking competitive or customized employment.
- **Self-Employment Start Up** is support in implementing a self-employment business plan.

The outcome of this service is expected to be the achievement of an individualized integrated employment or self-employment outcome consistent with the individual's personal and career goals, as determined through Exploration, Discovery and/or the Situational Observation and Assessment, if authorized, and as identified in the Job Development or Self-Employment Plan that guides the delivery of this service.

~~This service will be paid on an outcome basis once the person begun participation in individualized integrated employment or self-employment. Outcome payment amounts are tiered based upon the assessed level of challenge anticipated to achieve the intended outcome of this service for the individual being served. Outcome payments are also paid over three phases (two calendar weeks, six calendar weeks, and ten calendar weeks following the start of individualized integrated employment or self-employment, so long as employment or self-employment is sustained) to incentivize retention of the job or self-employment situation.~~

This service will be paid on an outcome basis once the person has completed two calendar weeks of individualized integrated employment or self-employment. Payment for self-employment will be following ten (10) business days "open." Self-employment business "open" means the first day of offering the sale of goods or services. Proof of licensure is needed for self-employment outcome, indicating active self-employment. Outcome payment amounts for Job Development Start-Up are tiered based upon the assessed level of challenge anticipated to achieve the intended outcome of this service for the individual being served. The outcome payment amounts for Self-Employment Start-Up are not tiered. Outcome payments for both Start-Up services are also paid over three phases (two calendar weeks, six calendar weeks, and ten calendar weeks following the start of individualized integrated employment or self-employment, so long as employment or self-employment is sustained) to incentivize retention of the job or self-employment situation.

After an individual has received the service for the first time, re-authorization may occur a maximum of once per year (with a minimum 365-day interval between services), and only if the person, at the time of re-authorization, is not already engaged in individualized integrated employment or self-employment, or other services to obtain such employment, and the person has a goal to obtain individualized integrated employment or self-employment within nine (9) months.

Attachment B
Data Analysis

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