



**Debra K. Payne**  
*Commissioner*

## Frequently Asked Questions

### What are waiver services?

The Tennessee Department of Intellectual and Developmental Disabilities (DIDD) offers Home and Community Based (HBCS) services also referred to as waiver services. These services are paid for with a combination of state and federal funds and are used to support people who have intellectual disabilities with services: such as Residential, Day, Personal Assistance, Support Coordination, Behavior and Clinical, etc. HCBS services are offered in order to support people in the community and to avoid institutionalization in places like developmental centers and nursing homes. Waiver services began in 1986 and DIDD is committed to continuing to support people in the community through its programs.

### What is a waiver amendment?

A waiver amendment is a change in the DIDD application authorized by the Centers for Medicare and Medicaid Services (CMS) to provide waiver services and supports. The waiver is generally approved for a five- year period and any change in service provision requires a waiver amendment to be approved by CMS.

### What changes can people expect to see as a result of the approved waiver amendments?

Three new services were added to the waiver in the amendment. These services are In-Home Day Services (added to the Day Services definition), Intensive Behavior Residential and Semi-Independent Living Services (added to the Self-Determination Waiver when it was renewed). A change in the way that family members can be paid as Direct Support Professionals was also included in this amendment. These changes will be explained in detail in this document.

### In-Home Day Services defined:

In-Home Day Services are provided in the person's residence if there is a health, behavioral, or other medical reason or if the person has chosen retirement or is unable to participate in services outside the home: such as Community-Based, Facility-Based, and Supportive Employment.

- Staffing requirements for In-Home Day Services are the same as the requirements for Community-Based Day Services, i.e., one (1) staff for every three (3) people receiving the service. In instances

when more than one person in the home requires this service, the service may be provided at a staff to person ratio up to 1:3. However, for people who live alone or in a non-residential service setting this service will be provided at a staff to person ratio of 1:1.

- People who receive this service cannot be “grouped” for the convenience of staff support. People’s homes will not be used as “de facto” Day Service facilities. In other words, people cannot be taken into the homes of other people receiving In-Home Day Services in order to accommodate a 1:3 staff to person supported staffing ratio. In-Home Day Services implies that the person supported is limited, for whatever reason, in his/her ability to leave the home to participate in Community-Based or Facility-Based Day Services. If there is more than one (1) person living in a house receiving In-Home Day Services, it is assumed that staffing would occur at the same ratios as Community-Based Day Services.

- The rates for In-Home Day Services are posted in the DIDD website. DIDD will not develop a single-person rate for In-Home Day Services at this time. The rate for In-Home Day Services was developed by taking the current Community-Based Day Service rate and removing the transportation component of that rate.

- Outcomes and action steps for In-Home Day Services should be developed by the Circle of Support (COS) based on assessing what is important to and/or important for the person supported specific to the reason they are staying at home. The COS should discuss outcomes that have a positive impact for the person supported and are appropriate for In-Home Day Services.

- The process for amending the Individual Support Plan (ISP) to add In-Home Day Services requires an ISP amendment. The Independent Support Coordinator (ISC) or Case Manager (CM) is responsible for convening the COS, facilitating the amendment of the ISP and submitting the request along with supporting documentation to the appropriate Regional Office Plans Review Unit.

- Supporting documentation to be submitted for a request for In-Home Day Services will be different according to the reason the service is being requested. If the service is being requested for a medical purpose, a physician’s statement or order outlining the reasons why In-Home Day Services might be needed should be submitted as supporting documentation. If the reason for the request is related to a behavior challenge, a Behavior Support Plan (BSP) discussing the necessity of In-Home Day Services would be needed. If the reason for the request is retirement, then information in the ISP should indicate that the individual was employed and has chosen retirement. It is not necessary that the person be the official retirement age according to Social Security guidelines.

- No blanket requests for In-Home Day services will be approved. For example, an organization cannot request that In-Home Day Services be added to the service plans of everyone they support.

- When short-term medical conditions such as common cold or flu occur, In-Home Day Services would not be the appropriate service to use. Instances of common, short-term illness would fall within the 20-days of leave time built into the current rate structure.

- There is no specific timeline for approving In-Home Day Services. The waiver states: In-home Day Services are provided in the person’s residence if there is a health, behavioral, or other medical reason or if the person has chosen retirement or is unable to participate in services outside the home: such as, community-based, facility-based, and supportive employment. A reasonable expectation would be that conditions meeting criteria for this service would last more than a week or be reoccurring more than monthly.

- In situations of retirement, In-Home Day services may be approved for an entire ISP year if the person has chosen retirement and the person's COS is in agreement with this choice.
- Self-direction of In-Home Day Services is an option for individuals enrolled in the SD Waiver who have elected to self-direct day services.
- In-Home Day Services cannot be the only Day Service requested for a person. DIDD expects people to have the opportunity to receive their Day Services outside their home as much as possible.
- If a person is approved for In-Home Day Services and any other Day Service, providers may bill for the service provided for the majority of the day. For example, if a person has both In-Home Day Services (e.g., for retirement) and Community-Based Day Services approved on their service plan and they spend the majority of the day at the Senior Service Center, the provider may bill Community-Based Day Services for that day.
- Community-Based Day Service in the home is no longer an available service option in any of the DIDD Waivers.

### Intensive Behavior Residential Services (IBRS) defined:

The Intensive Behavioral Residential Service is a clinical treatment model designed to meet the specific needs of each person supported by the program. The target population for this program is adults with intellectual disabilities who have exhibited high risk behavior, placing themselves and or others in danger of harm. This program is designed to be flexible enough to respond to the changing levels of need (LON) of the person supported and the level of risk (or lack thereof) presented by the person's current behavior. It is not an indefinite, long term, residential support service. A person with high risk behavior who is involved in this program will have opportunities to develop a lifestyle which includes developing healthy and meaningful relationships with others.

- There are no predetermined time limits for a person's use of this service. A formal review committee has been established by DIDD and will review each person every six months to determine if outcomes are being met and if the person should continue or be discharged from the service.
- A move into an IBRS setting is treated as a community transition. The agency the person is leaving is responsible for providing records and information to the IBRS provider in order to maintain continuity of care. There is no expectation that the sending provider hold the person's bed until they return. Once the person is ready to leave the IBRS home, they will choose their residential provider per the community transition process.
- Vacancy days were not calculated into the IBRS rate.
- The services are provided by trained clinicians. A clinician is a health care professional with expertise in patient care rather than research or administration. For example, a Behavior Analyst is a clinician. The role they are required to serve in the home is to provide clinical services to the person supported, in accordance with the person's individual treatment plan.
- Management staff must be qualified to oversee the services. These requirements are detailed in the provider application to deliver IBRS. Provider applications can be obtained upon request by contacting the DIDD Director of Behavior and Psychological Services at: [Bruce.Davis@tn.gov](mailto:Bruce.Davis@tn.gov).

## Semi-Independent Living Service (SILS) defined:

Semi-Independent Living Services (SILS) are designed to include training and assistance in managing money, preparing meals, shopping, personal appearance and hygiene, interpersonal and social skills building, and other activities needed to maintain and improve the capacity of an individual with an intellectual disability to live in the community. The service also includes oversight and assistance in managing self-administered medication and/or medication administration as permitted under Tennessee's Nurse Practice Act. The target population for this service is people who need intermittent or limited support to remain in their own home and do not require staff that lives on-site. However, access to emergency supports as needed from the provider on a 24/7 basis is an essential component of this residential service and is what differentiates it from Personal Assistance services.

- The Circle of Support (COS) must meet to discuss what this service would mean to the person supported and plan accordingly. Topics the COS might discuss include emergency response, specific safety needs, the type and frequency of routine staff support, etc. This information would be described in the person's ISP.
- Persons supported are not limited in their ability to move back and forth between waivers. Subject to the availability of a slot in the Waiver, transition between the Waivers within the same year would be seamless. Transition between the Waivers thereafter would require adherence to the DIDD intake and enrollment process. If there were multiple moves (back and forth) between waivers DIDD would need to evaluate the appropriateness of the ISP and COS activities.
- Persons supported who have a conservator can request SILS.
- At this time, Semi-Independent Living Services cannot be self-directed.
- Agencies that want to deliver this service must have an SILS service license. In addition, the SILS must be added to the agency's provider agreement. Any SILS home where people supported would reside must have a current, valid Supported Living Housing Inspection completed by one of DIDD's Housing Inspectors.
- It was assumed that persons supported using this service would need minimal environmental modifications. But, for persons with mobility issues, it is appropriate for the agency to initiate a therapeutic site assessment. Any requests for environmental accessibility modifications would be subject to review and approval per DIDD's medical necessity protocols.
- Presently, this service is available to persons enrolled in the Self-Determination Waiver. People on the DIDD Waiver Waiting List will be reviewed for enrollment based on the severity of their needs and as determined by the DIDD Intake Review Committee.
- This service cannot be provided in a home where others are receiving Supported Living Services.

## Day Services and School Aged Children

- A person who is "in school" is not able to receive Day Services at the same time. According to TennCare Rule 1200-13-01-.25(d)5, Day Services shall not replace services available under a program funded by the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act.

- Children who are “in school” are eligible for Day Services during the summer.
- Children who choose to graduate before their 22nd birthday are eligible to receive Day Services upon enrollment in the Waiver.

### Facility-Based Day Services

- On occasion, providers of Facility-Based Day Services may deliver services in locations such as community recreation centers or job sites. Examples of acceptable activities are bowling, dining out for lunch, or a trip to the park. DIDD expects that these outings occur during the typical schedule of activities for Facility-Based Day Services, for the person supported.
- Providers can deliver Facility-Based Day Services in a building that the agency does not own. But, applicable licensure rules continue to apply to any agency requesting a license for Facility-Based Day Services. Licensure requirements mandate the agency to identify a physical space for the licensure survey. If licensure requirements are met, the facility will be licensed.

### Forty Hour per Week Reimbursement Limit for Family Members

- The reimbursement limit of forty hours per week per family member paid to provide Waiver services became effective January 1, 2013. However, for monitoring purposes, DIDD will consider the effective date to be August 1, 2013.
- The reimbursement limit of forty hours per week per family member paid to provide Waiver services applies to all three (3) Waivers.
- The term “family member” does not just apply to immediate family members. The definition of family member in the approved Waiver is “...the mother, father, grandmother, grandfather, sister, brother, son, daughter, or spouse, whether the relationship is by blood, by marriage, or by adoption.”
- It is very important that COS and providers meet to plan for and implement the new forty hours per week requirement. COS should cite the Waiver requirement as basis for this change in reimbursement to family members.
- DIDD will provide support to any COS that is having difficulty in determining services and supports. Providers of Support Coordination or Waiver services may contact the Director of the Regional Office for assistance. Contact information is available on the DIDD website.
- The COS decision that it is/is not in the best interest of the person supported to receive Waiver services from family members should be documented in the Individual Support Plan for the person supported.

### Medical Necessity Protocols and Rate Methodology

- The DIDDs medical necessity protocols for the new services: IBRS, In-Home Day Services, and SILS are published on the DIDD website.