

**Abbreviation Key**

- CAC – Comprehensive Aggregate Cap (former Arlington) waiver**
- CMS – Centers for Medicare and Medicaid Services**
- DIDD – Department of Intellectual and Developmental Disabilities**
- HCBS – Home and Community Based Services**
- ICF/IID – Intermediate Care Facility for Individuals with Intellectual Disabilities**
- I/DD – Intellectual and Developmental Disabilities**
- ISC – Independent Support Coordinator**
- MCO – Managed Care Organization**
- MLTSS – Managed Long-Term Services and Supports**
- NF – Nursing Facility**
- PASRR – Pre Admission Screening and Resident Review**
- SIS-Supports Intensity Scale**

**SUBJECT: Stakeholder Input**

<p><b>Why did the Community Meeting invitations say that people attending would be working in small groups to give input and then that didn't happen?</b></p>	<p><b>Answer:</b> After the Community Meeting invitations were sent, TennCare received requests from stakeholders to allow more time during the Community Meetings for questions and answers, with less 'structured' discussion and opportunities for input. The meeting format was modified to accommodate those requests and to ensure adequate time for presentation of materials and response to questions in order to better inform stakeholder input on the proposal.</p>
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**SUBJECT: HCBS Waiver Benefits**

<p><b>Are protocols still in play where PA will be capped at 50 hours/week?</b></p>	<p><b>Answer:</b> The protocols and the 215 hour per month limit on Personal Assistance (PA) are separate programmatic requirements. Each of the current HCBS waivers for individuals with ID has a 215 hour per month limit on PA services. We do not plan to make any changes to the PA benefit limits in the existing waivers. The protocols establish objective criteria that are consistently applied in determining whether a particular service, including the amount of that service, is medically necessary. These determinations are required pursuant to federal court order; thus, the protocols will continue to be applied.</p>
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**SUBJECT: Quality**

<p><b>How will quality of care concerns in the existing waivers be addressed for people currently receiving services?</b></p>	<p><b>Answer:</b> Tennessee has made significant strides in its quality management and protection from harm systems. In the recent review of evidence provided by the State to CMS to demonstrate that these waivers are operating in compliance with federal requirements in order to renew them, CMS commended the State’s quality management strategy as a “model of best practices for other states.” That said, we recognize that, despite our best efforts, adverse events do occur, and there are always opportunities for improvement. Good quality strategies ensure that there are processes in place to identify and promptly resolve such events and to improve overall system performance.</p> <p>Stakeholders identified important opportunities to ensure that staff are consistently assigned, well trained and provide high quality supports. We agree that there are opportunities to review and revise training programs and requirements and to better align financial incentives in order to help achieve these important objectives. However, these kinds of quality improvement efforts are not necessarily part of the waiver renewal process, and thus, not included in the Concept Paper. We will continue to work with stakeholders on these aspects of program improvement.</p>
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**SUBJECT: Program Enrollment**

<p><b>Can people already enrolled in CHOICES (i.e., seniors and adults with physical disabilities) transfer to the new program if more appropriate for them?</b></p>	<p><b>Answer: Employment and Community First CHOICES</b> is being developed for people not currently enrolled in an HCBS waiver that will begin receiving HCBS in the new program. These are people not receiving <i>any</i> services who should therefore be prioritized for enrollment. However, once the new program is established, we can explore whether the new program option should also be available to seniors or individuals with physical disabilities who may have similar employment and independent living goals, or how to offer comparable appropriate benefits in the existing CHOICES program.</p>
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**SUBJECT: Program Eligibility**

<p><b>Does family income have to be at Medicaid level for a child to receive the Essential Family Support Services?</b></p>	<p><b>Answer:</b> We contemplate that we would use income eligibility standards and practices comparable to those currently applied for the CHOICES program. This includes the application of institutional income standards (up to 300 percent of the SSI federal benefit rate) and the use of</p>
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	institutional budgeting, in which the parent’s income is not deemed to the child.
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**Subject: Individual Cost Cap**

<b>Is the average cost of private ICF/IID services (the individual cost cap amount for the Statewide waiver) determined from providers' cost reports or payments to providers?</b>	<p>(NOTE: ICF/IID providers were among a large number of TennCare providers who experienced a 2.5% recurring rate reduction in January 2012. The FY 2015 TennCare budget includes an additional 1% reduction for an even broader group of TennCare providers, again including ICFs/IID.)</p> <p><b>Answer:</b> ICF/IID rates are set by the Comptroller's Office based on cost reports submitted by each facility. Any rate reduction must be applied to the cost-based rate. The federal cost neutrality formula (applicable to all Section 1915(c) HCBS waivers) is based on a comparison of Medicaid <i>payments</i> for HCBS and other Medicaid services to what Medicaid <i>payments</i> would be in an institution. Thus, the average cost of private ICF/IID services is based on the Medicaid <i>payment</i> amount, which would take into account any rate reductions.</p>
<b>Is there a current comptroller's average of cost of services?</b>	<p><b>Answer:</b> The current average cost of private ICF/IID services as determined by the Office of the Comptroller is \$153,400. This does not take into account the 1% rate reduction effective July 1, 2014.</p>

**Subject: Support Coordination**

<b>Will people get to keep their ISC if they move to the new program?</b>	<p><b>Answer:</b> If a person enrolled in an existing HCBS waiver program <i>chooses</i> to move into <b>Employment and Community First CHOICES</b> once it is implemented and open for such transitions, the individual’s person-centered support coordination will be provided by a Support Coordinator employed by the MCO in which the person is enrolled. It will be important to provide educational materials to help individuals and their families understand how support coordination will be provided in order to help them make an informed decision about whether to transition to the new program or continue receiving services in the HCBS waiver in which they’re enrolled.</p>
<b>Is care coordination like ISC services; will it take that person's (the ISC's) place, and does it count against the expenditure cap?</b>	<p><b>Answer:</b> Care coordination, ISC services and Support Coordination are all ways to provide person-centered coordination of services and supports, although the entity responsible for providing the coordination services and the range of services coordinated may differ, depending on the model.</p> <p><b>Person-centered care coordination</b> is currently provided to seniors and adults with physical disabilities enrolled in the existing CHOICES program. Care coordinators employed by MCOs are responsible for coordinating all of</p>

	<p>the physical and behavioral health and HCBS and social support needs for CHOICES members.</p> <p><b>ISC services</b> are currently provided to people enrolled in the Arlington and Statewide waivers. ISCs are employed by ISC agencies contracted with TennCare and DIDD, and primarily coordinate HCBS waiver services. They will continue to perform this function for people in the CAC (former Arlington) and Statewide waivers.</p> <p><b>Similar to care coordination, person-centered support coordination</b> will be provided to everyone enrolled in the new <b>Employment and Community First CHOICES</b> program. Support Coordinators employed by MCOs will function very much like they would if support coordination was provided through contracted ISC agencies, except that MCO Support Coordinators will be responsible for coordinating the full array of physical and behavioral health, as well as long-term services and supports. MCO Care Coordinators in the CHOICES program today advocate on behalf of the people they support to help ensure that their needs are met. Support coordination provided by the MCOs will <u>not</u> be counted as part of the person’s budget.</p>
<p><b>If a person is currently in the Statewide waiver but will qualify for Essential Supports for Independent Living, will they keep their ISC or move over to the MCO?</b></p>	<p><b>Answer: Employment and Community First CHOICES</b> is being developed for people not currently enrolled in an HCBS waiver that will begin receiving HCBS in the new program. Once the new program is up and running, if a person enrolled in an existing HCBS waiver program wants to move into <b>Employment and Community First CHOICES</b>, they will be able to do so. They would have a Support Coordinator employed by the MCO to ensure all their needs are met. If the person chooses not to move, they can stay in the waiver program in which they are enrolled and continue to receive ISC services (in the CAC or Statewide waiver) or State case management services (in the Self-Determination waiver).</p>
<p><b>Who will take on role of the ISC in the new program?</b></p>	<p><b>Answer:</b> Person-centered support coordination will be provided by Support Coordinators employed by the individual’s MCO.</p>
<p><b>What is the difference in the Health Home Agency with Choice services, ISC services, and person centered MCO support coordination services?</b></p>	<p><b>Answer:</b> All of the above are ways to provide person centered coordination of services and supports, although the entity responsible for providing the coordination services and the range of services coordinated may differ, depending on the model.</p> <p><b>ISC services</b> are currently provided to people enrolled in the Arlington and Statewide waivers. ISCs are employed by ISC agencies contracted with TennCare and DIDD, and primarily coordinate HCBS waiver services. They will continue to perform this function for people in the CAC</p>

	<p>(former Arlington) and Statewide waivers.</p> <p><b>Person centered support coordination</b> will be provided to everyone enrolled in the new <b>Employment and Community First CHOICES</b> program. Support Coordinators will be employed by MCOs contracted with TennCare and overseen by TennCare and DIDD. They will be responsible for coordinating all of the physical and behavioral health and HCBS and social support needs for individuals enrolled in <b>Employment and Community First CHOICES</b>.</p> <p><b>Health Home Agency with Choice</b> is a model that will be available in the new <b>Employment and Community First CHOICES</b> program, and only to people eligible for the Comprehensive Supports for Community Living benefit package. An individual choosing this model to deliver their services in the new <b>Employment and Community First CHOICES</b> program will choose a qualified HCBS agency to help coordinate physical and behavioral health services and HCBS, help manage chronic physical or behavioral health conditions, and to assist them in managing their HCBS budget. The person will be able to help choose and supervise the staff who deliver their supports, but the staff will be employed by the Health Home Agency. Individuals in the Comprehensive Supports for Community Living target group who choose the Health Home with Agency with Choice model will also have an MCO Support Coordinator who will work with the Health Home Agency to help coordinate the person’s services and ensure that their needs are met.</p>
<p><b>What do ISC services look like going forward?</b></p>	<p><b>Answer:</b> ISC services are one way to provide person-centered coordination of services and supports. ISC services are currently provided to people enrolled in the Arlington and Statewide waivers. ISCs are employed by ISC agencies contracted with TennCare and DIDD, and primarily coordinate HCBS waiver services. They will continue to perform this function for people in the CAC (former Arlington) and Statewide waivers.</p> <p>There are other ways to provide person-centered coordination of services and supports. Regardless of the model, what the service is called, or who provides it, there is always a need in HCBS programs for someone who is responsible for conducting a person-centered assessment of needs, developing and implementing a person-centered plan, and making sure the person’s needs are met.</p> <p>In the new <b>Employment and Community First CHOICES</b> program, this function will be called support coordination. Support Coordinators will be employed by MCOs contracted with TennCare and overseen by TennCare and</p>

	<p>DIDD. They will be responsible for coordinating all of the physical and behavioral health and HCBS and social support needs for individuals enrolled in <b>Employment and Community First CHOICES</b>.</p>
<p><b>Health Home Agency model - will providers hire an ISC for the members? Did not see ISC in the packages in the new program design.</b></p>	<p><b>Answer:</b> There are many ways to provide person centered coordination of services and supports. Regardless of the model, what the service is called, or who provides it, there is always a need in HCBS programs for someone who is responsible for conducting a person centered assessment of needs, developing and implementing a person centered plan, and making sure the person’s needs are met.</p> <p>ISC services are currently provided to people enrolled in the Arlington and Statewide waivers. For people enrolled in the Arlington and Statewide waivers, ISCs are employed by ISC agencies contracted with TennCare and DIDD, and primarily coordinate HCBS waiver services. They will continue to perform this function for people in the CAC (former Arlington) and Statewide waivers going forward.</p> <p>In the new <b>Employment and Community First CHOICES</b> program, this function will be called ‘support coordination.’ Support Coordinators will be employed by MCOs contracted with TennCare and overseen by TennCare and DIDD. They will be responsible for coordinating all of the physical and behavioral health and HCBS and social support needs for individuals enrolled in <b>Employment and Community First CHOICES</b>.</p> <p>Health Home Agency with Choice is a model that will be available in the new <b>Employment and Community First CHOICES</b> program, and only to people eligible for the Comprehensive Supports for Community Living benefit package. An individual choosing this model to deliver their services in the new <b>Employment and Community First CHOICES</b> program will choose a qualified HCBS agency to help coordinate physical and behavioral health services and HCBS, help manage chronic physical or behavioral health conditions, and to assist them in managing their HCBS budget. The Health Home Agency will not hire an ISC <i>per se</i>, but will have staff who perform these person centered needs assessment and care management functions. Individuals in the Comprehensive Supports for Community Living target group who choose the Health Home with Agency with Choice model will also have an MCO Support Coordinator who will work with the Health Home Agency to help coordinate the person’s services and ensure that their needs are met.</p>

**Subject: Participant Rights**

<p><b>If staff is not doing a good job, how are a person’s concerns going to be heard? How will their rights be protected?</b></p>	<p><b>Answer:</b> MLTSS programs are required by the federal government to have mechanisms in place to protect participant rights. As with the current HCBS waiver programs and the existing CHOICES MLTSS program, there will be ways to report and address concerns and file and resolve complaints. This will include the ability to report to the State (TennCare and/or DIDD). Members in the existing CHOICES program are permitted to change Care Coordinators. In addition, members in the current CHOICES program have a Consumer Advocate to assist them with filing and resolving complaints, requesting a new Care Coordinator, etc. We would provide the same options in the new <b>Employment and Community First CHOICES</b> program. We are currently exploring options for an HCBS Ombudsman for all CHOICES MLTSS participants; we will need to think about how to prioritize this as funding is identified to support the new program.</p> <p>In addition, it is important to understand that Support Coordinators employed by MCOs will function very much like they would if support coordination was provided through contracted ISC agencies, except that MCO Support Coordinators will be responsible for coordinating the full array of physical and behavioral health, as well as long-term services and supports. MCO Care Coordinators in the CHOICES program today advocate on behalf of the people they support to help ensure that their needs are met.</p>
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**Subject: Current Waiver Participants**

<p><b>My concern is the choice part –who will introduce the new packages to them (people in the current waivers)?</b></p>	<p><b>Answer:</b> <b>Employment and Community First CHOICES</b> is being developed for people not currently enrolled in an HCBS waiver that will begin receiving HCBS in the new program. Once the new program is up and running, if a person enrolled in an existing HCBS waiver program wants to move into <b>Employment and Community First CHOICES</b>, they will be able to do so. TennCare and DIDD will work together with stakeholders to develop educational materials and to determine the best way to share information with current waiver participants and their families in order to help them make an informed decision.</p>
<p><b>When will people in the Statewide waiver who are moving to the Comprehensive Aggregate Cap (CAC, formerly Arlington) waiver receive notification that they are moving to a new waiver?</b></p>	<p><b>Answer:</b> Once the renewal applications are approved, the State will issue notice to people enrolled in the Statewide waiver who will move to the CAC waiver. People who will remain in the Statewide waiver will also be notified of the new individual cost cap.</p>
<p><b>Can people enrolled in the Arlington, Statewide and Self-Determination waivers choose to stay where they are or</b></p>	<p><b>Answer:</b> People enrolled in the current HCBS waivers will be able to choose whether to move to the new</p>

<p><b>do they have to move to new program?</b></p>	<p><b>Employment and Community First CHOICES</b> program once it is up and running or continue to receive services in the waiver in which they are enrolled.</p>
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**Subject: Vision and Dental Services**

<p><b>Please clarify vision and dental service changes.</b></p>	<p><b>Answer:</b> Once the Arlington and Statewide waivers are renewed and the Arlington waiver becomes the CAC waiver, the benefits in the CAC (former Arlington) waiver will change slightly to match the benefits currently covered in the Statewide waiver. This will affect two services: vision and adult dental.</p> <p>Currently, vision services are covered for adults age 21 and older in the Arlington waiver. Once the Arlington and Statewide waivers are renewed, vision services will no longer be covered in the Arlington waiver (which will be re-named to the CAC waiver).</p> <p>Once the Arlington and Statewide waivers are renewed, the removal of plaque and stains will no longer be covered in the Arlington waiver (which will be re-named to the CAC waiver).</p> <p>Currently, dental services are covered for adults age 21 and older in all 3 of the State’s HCBS waivers, including the Arlington, Statewide and Self-Determination waivers. However, there have been two specific dental service codes that have been covered in the Arlington waiver that have not been covered in the Statewide and Self-Determination waivers. One of those two service codes expired in December 2012, and has not been covered in any waiver since that time. The second code is for the removal of plaque and stains.</p> <p>Very few people have used these two dental service codes, so we don’t anticipate that this change will have a significant impact on current Arlington waiver participants.</p> <p>All other dental services, including exams, X-rays, fillings, etc., that have previously been covered in the Arlington, Statewide and Self-Determination waivers, will continue to be covered.</p>
<p><b>If the CAC (former Arlington) waiver will eliminate preventative dental and vision services, how will people in the CAC waiver receive the preventative care and how will it be paid for?</b></p>	<p><b>Answer:</b> While we have typically referred to the Arlington waiver as covering preventative dental services and the other two waivers as covering only restorative care, there have actually only been two service codes covered in the Arlington waiver that have not been covered in the Statewide and Self-Determination waivers. One of those two service codes expired in December 2012, and has not</p>

	<p>been covered in any waiver since that time. The second code is for the removal of plaque and stains.</p> <p>Once the Arlington and Statewide waivers are renewed, the removal of plaque and stains will no longer be covered in the Arlington waiver (which will be re-named to the CAC waiver).</p> <p>Very few people have used these two dental service codes, so we don't anticipate that this change will have a significant impact on current Arlington waiver participants.</p> <p>All other dental services, including exams, X-rays, fillings, etc., (including many of the services one typically thinks of as 'preventative') that have previously been covered in the Arlington, Statewide and Self-Determination waivers, will continue to be covered.</p> <p>Likewise, very few people have used the adult vision benefit that has been covered in the Arlington waiver. TennCare covers evaluation and management of abnormal conditions, diseases, and disorders of the eye (not including evaluation and treatment of the refractive state) for adults, Routine, periodic assessment, evaluation or screening of normal eyes, and examinations for the purpose of prescribing, fitting, or changing eyeglasses and/or contact lenses are not covered. Since very few people have used the vision benefit in the Arlington waiver, we do not anticipate significant impact.</p>
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**Subject: Employment**

<p><b>How will making someone use employment services benefit someone who is not able to get a job?</b></p>	<p><b>Answer:</b> The intent is not to 'make' people use employment services or get a job. Rather, we want to ensure that as we support people, employment is recognized <i>by everyone</i> as the first and preferred option. If, during the person-centered planning process, it is determined that pursuing employment is not appropriate or preferred for a particular person, there will be other services and supports available to help that person achieve <i>their</i> goals.</p>
<p><b>What are the other options for people who can't or don't want to work?</b></p>	<p><b>Answer:</b> If, during the person-centered planning process, it is determined that pursuing employment is not appropriate or preferred for a particular person, there will be other services and supports available to help that person achieve <i>their</i> goals.</p>

**Subject: Nursing**

<p><b>Will nursing services go through DIDD or the MCO?</b></p>	<p><b>Answer:</b> Home health services (including part-time and intermittent nursing services) and private duty nursing services are covered benefits in the TennCare program and are administered by TennCare MCOs. This will not change. For people currently enrolled in the Arlington, Statewide and Self-Determination waivers who need additional nursing services (beyond those provided through the TennCare home health and private duty nursing benefits, waiver nursing services are delivered by waiver providers contracted with TennCare and DIDD. This will not change. However, we will be exploring ways to perform health care tasks and provide nursing services more efficiently for people enrolled in one of the existing waivers, including sharing nursing resources and reimbursing residential providers to deliver skilled nursing services when needed, rather than providing a nursing benefit at the same time that residential or other services are also being reimbursed.</p>
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**Subject: Specialized Services in a Nursing Facility**

<p><b>Who will be responsible for oversight of specialized services in the NF...who will be monitoring the individuals there?</b></p>	<p><b>Answer:</b> The Department of Health's Division of Health Care Facilities functions as the State Survey Agency and the State licensure authority for nursing facilities in the State. In that role, they work directly with CMS to assure that NFs continue to meet federal conditions of participation including compliance with federal PASRR regulations. However, while they may assess whether aspects of the PASRR regulations were followed with respect to a particular NF resident, they do not assess the overall effectiveness of the State's PASRR program.</p> <p>TennCare is in process of reviewing and strengthening Tennessee's PASRR process where possible to ensure that screening processes appropriately identify people known or suspected to have a mental illness (MI) or ID, people with MI or ID are only placed in a NF when it is the most appropriate placement based on their individualized needs, and when NF services are determined to be needed, specialized services needed by the person related to his or her MI or ID are in fact included in the plan of care and provided while in the NF.</p> <p>In addition to the statutory responsibility that NFs have in ensuring compliance with federal PASRR provisions, we anticipate that MCOs may also have a role in coordinating specialized services and ensuring they are delivered to Medicaid-eligible members. We are also exploring</p>
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	additional audit processes that we might put into place to monitor PASRR compliance.
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**Subject: MCO**

<b>Will Blue Cross be the MCO?</b>	<b>Answer:</b> The current MCOs are Amerigroup, BlueCare, and United Healthcare Community Plan. These MCOs were selected to continue as part of a competitive procurement process. As of Jan 2015 when the new contract becomes effective, all three MCOs will operate statewide.
<b>Will the MCOs' role, going forward, be enhanced in some way or different?</b>	<b>Answer:</b> In the proposed new program, MCOs will be responsible for coordinating physical and behavioral health <i>and LTSS</i> for people enrolled in the new program. In addition, we think there are opportunities to engage MCOs in working more closely with providers serving people in existing 1915(c) programs--in particular, with respect to behavioral (mental health) services, to help ensure that supports are tailored to meet the unique needs of people with I/DD, as appropriate.

**Subject: Waivers**

<b>Will the managed care program be a waiver?</b>	<b>Answer:</b> The purpose of a 'waiver' is to waive certain provisions of federal law that would otherwise apply in a Medicaid program. There are different types of 'waivers,' named for the section of the Social Security Act which authorizes the Secretary to waive these provisions. In the past, HCBS have typically been provided under Section 1915(c) waivers. The current Arlington, Statewide, and Self-Determination waivers are Section 1915(c) waivers. In recent years, more states have begun to use Section 1115 waivers to provide HCBS. TennCare, including the existing CHOICES MLTSS program, operates under a Section 1115 waiver. The proposed new <b>Employment and Community First CHOICES</b> program would also operate under a Section 1115 waiver.
<b>What is the approval time frame once the waiver application is submitted to CMS?</b>	<b>Answer:</b> For Section 1915(c) waivers, including the renewal applications for the Arlington and Statewide waivers and the amendment to the Self-Determination waivers, CMS has 90 days to review the application. However, the clock can be stopped with a formal request for additional information. It re-starts when the additional information is submitted by the State.  For 1115 waivers, there is no specified review period for CMS. The 1115 amendment to establish the current CHOICES program took nearly a year. Given that we have an existing MLTSS program in place, we would hope that the approval period for the <b>Employment and Community</b>

June 2014 Concept Paper Community Forum Questions & Answers

	<b>First CHOICES</b> program will be shorter.
<b>Will we have two systems in place for a while?</b>	<b>Answer:</b> Yes, we will have two delivery systems in place. We will continue to operate the existing 1915(c) waivers for individuals with intellectual disabilities using a fee-for-service delivery system. In addition, we will implement a new MLTSS program for people with intellectual and other kinds of developmental disabilities. It will be important that our quality systems allow us to look holistically at provider as well as system performance in order to design and implement improvements and ensure high quality service delivery across the system.

**SUBJECT: SIS**

<b>Who will do the SIS?</b>	<b>Answer:</b> The SIS will continue to be administered by an objective contracted entity.
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