



# MEMO

## Department of DISABILITY & AGING

## Division of TENNCARE

To: DDA 1915(c) Providers

From: Jordan Allen, DDA Deputy Commissioner of Program Operations and Katie Evans, TennCare Chief of LTSS

Date: September 26, 2024

Subject: Memo 2024-1 Flexible Residential Support Model

The purpose of this memo is to note the importance of providing the most appropriate residential service model for each person supported to meet their needs and desires, as well as ensure appropriate staffing for the chosen residential service model. Included in this memo are background information about the residential staffing flexibilities provided by Appendix K during the COVID-19 public health emergency, an overview of the new Flexible Residential Support Model, expectations for appropriate staffing and billing for residential services, and an assortment of resources on the Flexible Residential Support Model.

### Background

During the COVID-19 public health emergency, the Centers for Medicare and Medicaid Services (CMS) approved an [Appendix K document](#) for Tennessee's 1915c waiver programs, the goals of which were:

- To provide flexibility in service provision to allow for persons to remain at home and exercise social distancing standards and maintain the health and safety of persons supported;
- To offer options for staffing ratio flexibility, enabling technology utilization, and telehealth services to ensure continuity of care;
- To temporarily modify regulatory requirements and other waiver provisions to allow for rapid response in a changing environment;
- To bolster provider and staff stability through temporary rate adjustments and hazard pay for staff supporting COVID+ persons.

Under these Appendix K flexibilities, many people used Enabling Technology, Remote Support Services, and other flexible staffing arrangements to meet their service needs and desires. While this approach was originally designed to reduce risk and keep people safe and healthy during the COVID-19 pandemic, many persons supported began experiencing new levels of independence and increased quality of life.

### Flexible Residential Support Model

With the end of the public health emergency and the expiration of the Appendix K flexibilities, DDA created a new residential service model to allow persons supported to continue benefitting from flexible staffing arrangements. The Flexible Residential Support Model was approved by CMS and on February 1, 2024 became available for persons supported receiving Supported Living or Residential Habilitation (Levels of Need 2 through 4). **At this time, providers are expected to be in compliance with the pre-COVID staffing expectations for each residential service.** For persons supported receiving the traditional Supported Living or Residential Habilitation service, there is an expectation of



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24/7 staffing. Providers who are using flexible staffing arrangements (i.e. less than 24 hours/day of in-person staffing) to support people in residential settings should be using the Flexible Residential Support Model. The following guidance helps delineate when the Flexible Residential Support Model may be appropriate for a person supported:

A person supported is not required to use the Flexible Residential Support Model if their time spent at home without in-person staff is infrequent, sporadic, and/or unplanned. However, a person supported should use the Flexible Residential Support Model if their time spent at home without in-person staff supports their interests or goals related to increasing independence and/or reducing staff support. A person supported should also use the Flexible Residential Support Model if their time spent at home without in-person staff is frequent, regular, and/or planned.

### Appropriate Staffing

Providers must ensure they are providing the appropriate staffing for the residential service model for which they are billing. Inappropriate staffing will be noted during QA surveys under Indicator 9.10 ("The provider ensures people have consistent and sufficient staff") and may result in a negative finding. Additionally, providers found to be providing inappropriate levels of residential staffing may be subject to negative findings on FAR audits and/or financial recoupments.

### Resources

DDA is committed to helping providers and persons supported identify the most appropriate residential service model to meet their needs and desires. Regional and central office staff are available to provide resources, guidance, and technical assistance. The following resources on the [DDA Waiver Information webpage](#) provide basic information about the Flexible Residential Support Model:

- [Updated Rates \(all services\)](#)
- [1915\(c\) Waiver Amendment Training Slides \(Updated January 2024\)](#)
- [Flexible Residential Support Model Slides \(January 2024\)](#)
- [Flexible Residential Support Model Recording \(January 2024\)](#)
- [Sample Cost Plan \(Titan\)](#)
- [Sample Cost Plan \(Therap\)](#)
- [Waiver Amendments Frequently Asked Questions](#)
- [Staffing requirements for a person's assessed Level of Need \(updated with Flex Model info\)](#)
- [Flexible Residential Support Model One-Pager](#)

Please do not hesitate to reach out with any questions or concerns.