STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE

TENNCARE LONG TERM SERVICES & SUPPORTS

OPERATIONAL PROTOCOL

Protocol Title	CHOICES Transitions between HCBS Groups
Effective Date	July 1, 2012

Background

CHOICES is made up of two (2) home and community based services groups, each with distinct eligibility and enrollment requirements and benefits.

CHOICES Group 2 consists ***only*** of persons age 65 and older and adults age 21 and older with physical disabilities who meet the nursing facility (NF) level of care (LOC), and who qualify either as SSI recipients or in an Institutional category (i.e., as members of the 217-Like demonstration population which includes persons who could have been eligible under 42 CFR 435.217 had the state continued its 1915(c) HCBS waiver for elders and/or persons with physical disabilities), and who need and are ***receiving*** HCBS as an alternative to NF care.

CHOICES Group 3, upon implementation will consist ***only*** of persons age 65 and older and adults age 21 and older with physical disabilities who do not meet the nursing facility level of care, but who, in the absence of HCBS, are “at risk” for nursing facility care, and who qualify for TennCare as SSI recipients (please refer to Interim CHOICES Group 3 definition for alternate TennCare eligibility criteria that will be in place from the date of Group 3 implementation through December 31, 2013). CHOICES Group 3 recipients will receive a more limited package of HCBS services to help meet their needs, maintain their lifestyle in the community, and prevent or delay the need for institutional care. Please note that with the exception of individuals with conditional enrollment, all individuals enrolled into CHOICES Group 3 between the date of implementation and December 31, 2013 will be enrolled into the Interim CHOICES Group 3.

Interim Group

Interim CHOICES Group 3, (open for new enrollment only between the date of CHOICES Group 3 implementation and December 31, 2013) Persons age 65 and older and adults age 21 and older with physical disabilities who qualify for TennCare as SSI eligibles or as members of At Risk Demonstration Group and who meet the NF LOC criteria in place as of the date immediately preceding the date of CHOICES Group 3 implementation (i.e., if CHOICES Group 3 is implemented on July 1, 2012, “at risk” criteria is the NF LOC in place on June 30, 2012). There is no enrollment target on Interim Group 3.

A member’s enrollment into Group 2/3 is determined in part by a member’s decision regarding freedom of choice of home and community-based services and LOC determination. Members are presented with such

choice upon entering the CHOICES program. The member will be asked if they are interested in receiving needed services in their home or other community setting. The care coordinator will assist the member in making this choice by answering the member's questions and educating the member about services that are available to them in the community.

Freedom of Choice does not end at the member's initial decision, however. To enroll in a particular CHOICES group and to thus receive the HCBS benefits available for group participants, a person must satisfy all applicable eligibility and enrollment criteria for the group. To remain enrolled in the group, the person must continue to satisfy all applicable eligibility and enrollment criteria. If a member is enrolled in a CHOICES group and subsequently no longer meets eligibility and/or enrollment criteria to remain enrolled in that group, a member may ***elect*** to transition to another CHOICES group if s/he qualifies to enroll in that group. Further, a member may ***elect*** to transition between CHOICES groups based on his or her preferences, or changes in needs and/or circumstances.
Transitioning between CHOICES groups is not merely the act of moving from one care setting to another; it is a process that includes eligibility, enrollment, and care coordination functions; occurs over time; and ensures that the CHOICES member receives needed LTSS in the appropriate setting with no gaps in service.

Requirements

Applicable CRA references include:

2.9.6.5 Needs Assessment
2.9.6.6 Plan of Care
2.9.6. 9 On-going Care Coordination

In addition to requirements specified in the Contractor Risk Agreement (CRA), CHOICES eligibility and enrollment criteria are set forth in federal and state law and regulation and the approved Section 1115 Waiver application.

It is the responsibility of the MCO to monitor whether CHOICES members continue to meet certain CHOICES eligibility and enrollment criteria, namely requirements pertaining to target population; safety and/or cost neutrality/expenditure cap; and payment of patient liability, and to take action to resolve issues when they are identified so that a member may continue to qualify for and remain enrolled in CHOICES,

which may involve transition to a different service delivery setting, and/or transition to a different CHOICES group.

Finally, an MCO is obligated to honor a member's right to exercise his/her freedom of choice regarding receipt of HCBS, so long as s/he satisfies all applicable eligibility/enrollment criteria for receipt of services in the applicable setting and for enrollment in that CHOICES group.

Protocol

This protocol establishes specific expectations regarding the responsibilities of the MCO regarding the transition of members between HCBS CHOICES Groups.

Transition from Group 2 to Group 3
An MCO may find it necessary to request to transition a member from Group 2 to Group 3 when there has been a change to the member's health condition resulting in a lower service need. It will be necessary for the MCO to then reassess the member's level of care eligibility. Along with the transition request, a new LOC determination must be submitted and reviewed by TennCare for At Risk LOC.

In order to transition to CHOICES Group 3 a member must:
- meet At Risk LOC criteria
- have an approved, unexpired PAE (CHOICES, NF or HCBS)
- have an approved safety determination
- be Medicaid eligible in an active SSI or 217-Like MOE category

Transition from Group 3 to Group 2

An MCO may find it necessary to request to transition a member from Group 2 to Group 3when there has been a change to the member's health condition resulting in a higher service need. It will be necessary for the MCO to then reassess the member's level of care eligibility. Along with the transition request, a new LOC determination must be submitted and reviewed by TennCare for NF LOC.

In order to transition to CHOICES Group 2 a member must:
- be in one of the target populations
- have an approved, unexpired PAE (CHOICES, NF or HCBS)

- have an approved safety and cost neutrality determination
- be Medicaid eligible in an active SSI or institutional category (no asset transfer penalty period)
- be within enrollment target or meet specified exception (NF Transition or CEA)

Conditional Enrollment for Group 2

Conditional enrollment occurs for CHOICES Group 2 enrollment requests when a non-Medicaid eligible individual has been approved for NF LOC through the Advance Determination process (refer to the *Determining the Need of Inpatient Nursing Care (Advanced Determination)* Protocol to clarify this process). Once the applicant is Medicaid eligible and enrolled in CHOICES Group 2, the MCO will receive an 834 file indicating CHOICES enrollment for a period of 30 days. The member will be indicated as a CHOICES Group 2A-c.

Transition from Group 2A-c to Group 3A-i

Before CHOICES conditional enrollment expires, the MCO must submit to TennCare a CHOICES Conditional Enrollment Transition request via TPAES. If the MCO determines that the member's needs can be safely met through CHOICES Group 3, a CHOICES Group 2A-c to Group 3A-i transition request will be initiated.

The transition process from Group 2A-c to Group 3A-i consists of the following:

- MCO must submit a CHOICES Conditional Enrollment Transition request via TPAES;
- In order to transition to CHOICES Group 3A-i a member must:
  - meet At Risk LOC criteria;
  - have an approved, unexpired PAE (CHOICES, NF or HCBS);
  - have an approved safety determination;
  - be Medicaid eligible in an active SSI or 217-Like MOE category;
- Should the transition request be approved, the MCO will receive an 834 file indicating CHOICES enrollment for group 3A-i.
- If approved, the MCO will receive an 834 file indicating CHOICES enrollment for group 3-Ai and Tenncare will history the Group 2 conditional assignment and make the Group 3 assignment effective retroactively;

Transition from Group 2A-c to Group 2A-r

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE

TENNCARE LONG TERM SERVICES & SUPPORTS
OPERATIONAL PROTOCOL

Protocol Title	CHOICES Transitions between HCBS Groups
Effective Date	July 1, 2012

If the MCO determines that the member's needs can NOT be safely met through CHOICES Group 3 and is requesting a Group 1 PAE approval through an Advanced Determination process, a CHOICES Group 2A-c to Group 2A –r transition request will be initiated and must include supporting documentation.

The transition process from Group 2A-c to Group 2A-r consists of the following:

- MCO must submit a new PAE for CHOICES Group 1 through the Advanced Determination process;
- To qualify for Advanced Determination an applicant must meet the following guidelines:
    - The applicant has a total acuity score of at least six (6) but no more than eight (8);
    - The applicant has an individual acuity score of at least three (3) for the Orientation measure;
    - The applicant has an individual acuity score of at least two (2) for the Behavior measure;
    - The absence of intervention and supervision at the frequency specified in the PAE would result in imminent and serious risk of harm to the applicant and/or others;
    - Sufficient evidence, as required and determined by TennCare, to demonstrate that the necessary intervention and supervision needed by the person cannot be safely provided within the array of services and supports that would be available if the applicant was enrolled in CHOICES Group 3, including CHOICES HCBS up to the expenditure cap of $15,000, non-CHOICES HCBS available through TennCare (e.g., home health), services available through Medicare, private insurance or other funding sources, and unpaid supports provided by family members and other caregivers;
- To initiate the transition request the following supporting documentation must be submitted:
    - A comprehensive needs assessment performed by an MCO Care Coordinator pursuant to requirements set forth in the MCO's Contractor Risk Agreement;
    - A person centered plan of care developed by the MCO Care Coordinator which specifies the CHOICES HCBS that would be necessary and that would be approved by the MCO to safely support the person in the community, including non-CHOICES HCBS available through TennCare (e.g., home health), services available through Medicare, private insurance or other funding sources, and unpaid supports provided by family members and other caregivers;
    - Explanation regarding why an array of covered services and supports, including CHOICES HCBS within the $15,000 expenditure cap for CHOICES 3 and non-CHOICES HCBS (e.g., home health), services available through Medicare, private insurance or other funding sources, and unpaid supports provided by family members and other caregivers would not be sufficient to safely meet the person's needs in the community;
    - Detailed explanation of: a) the member's living arrangements and the services and supports the member has received for the six (6) months prior to application for CHOICES, including non-CHOICES HCBS available through TennCare (e.g., home

health), services available through Medicare, private insurance or other funding sources, and unpaid supports provided by family members and other caregivers; and b) any recent significant event(s) or circumstances that have impacted the applicant's need for services and supports, including how such event(s) or circumstances would impact the person's ability to be safely supported within the array of covered services and supports that would be available if the person were enrolled in CHOICES Group 3;

- If approved, the MCO will receive an 834 file indicating CHOICES enrollment for group 2A-r and Tenncare will history the Group 2 conditional assignment and make the Group 2 regular assignment effective retroactively.

Transition

Once an MCO has determined the criteria appears to have been met, a CHOICES Group transition request and cost neutrality determination will be created in TPAES (the TennCare PAE System) and submitted to TennCare for review and approval. TennCare will forward information to DHS to recalculate the member's patient liability based on his/her personal needs allowance. Although an MCO may receive notification of approval of request to transition a member between CHOICES groups via TPAES, a member's transition between groups is not "official" until the MCO receives notification via the 834 enrollment file that the member has been enrolled in a different CHOICES group. Upon receipt of such notification via the 834 enrollment file, the MCO shall issue notice of transition between CHOICES groups to the member. Because the member remains enrolled in the CHOICES program and has ***chosen*** to transition between CHOICES groups, such transition shall not constitute an adverse action. Thus, the notice does not include the right to appeal or to request a fair hearing regarding the member's decision.

The care coordinator/care coordination team must monitor the entire transition and immediately address any barriers or factors that may impact the member's transition. The care coordinator/care coordination team must use the EVV and other methods to monitor service delivery and to verify that the member is receiving services as described in the plan of care. Variations or gaps in services must be resolved ***immediately*.**

Transition Denials

At any point in the transition process, if the MCO determines that a CHOICES member does not meet criteria to transition to another CHOICES group, then a request for review and approval is sent to TennCare. The request must specify the eligibility and/or enrollment criteria not met and must include

supporting documentation. When a transition denial requested by the MCO is denied, then the MCO is expected to facilitate the transition as necessary. When a transition denial requested by the MCO is approved, the MCO is responsible for issuing notice to the member.

If upon review, TennCare or DHS determines that a CHOICES member does not meet criteria to transition to another CHOICES group, appropriate member notice is issued by the agency making the determination.