



Division of TennCare

TennCare III Demonstration

Project No. 11-W-00369/4

Amendment 3

Enhancements to HCBS

DRAFT

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Amendment 3 to the TennCare III Demonstration

TennCare is an integrated managed care program that provides medical, behavioral, and long-term health benefits to approximately 1.6 million Tennesseans. Within the TennCare demonstration, CHOICES provides home- and community-based services (HCBS) to seniors and adults with physical disabilities. Employment and Community First CHOICES (ECF CHOICES) provides HCBS to individuals with intellectual or other developmental disabilities. In this amendment, the state proposes a number of enhancements to the HCBS benefits provided through CHOICES and ECF CHOICES. This amendment reflects changes that have been made to the demonstration's HCBS programs in response to the COVID-19 public health emergency, as well as changes intended to enhance, expand, and strengthen Medicaid HCBS programs pursuant to Section 9817 of the American Rescue Plan Act of 2021. In addition, the state is requesting a technical correction to the service definition of Automated Health Care and Related Expense Reimbursement in Attachment L of the demonstration.

I. Description of the Amendment

Over the course of the past year, Tennessee has made a number of enhancements to the HCBS programs authorized under the TennCare demonstration (CHOICES and ECF CHOICES). These enhancements reflect the state's response to the COVID-19 public health emergency, as well as the implementation of Tennessee's approved HCBS Spending Plan under Section 9817 of the American Rescue Plan Act (ARP). These enhancements, which are already in effect, were initially authorized under an emergency amendment to the TennCare demonstration. It is anticipated that the authority to implement these enhancements, which was granted on an emergency basis, will end six months after the end of the COVID-19 public health emergency. The purpose of this amendment is to continue these enhanced HCBS benefits beyond their current end date (six months following the end of the COVID-19 public health emergency).

The specific enhancements proposed in this amendment are:

1. Increasing certain expenditure caps in CHOICES and ECF CHOICES,
2. Providing a time-limited, one-time exception to certain HCBS expenditure limits in CHOICES and ECF CHOICES, and
3. Adding Enabling Technology as a covered benefit in CHOICES and ECF CHOICES (this benefit is time-limited in CHOICES).

These changes are currently in effect under the authority of an emergency amendment to the TennCare demonstration and have been instrumental to TennCare's ability to adequately support HCBS recipients during the COVID-19 public health emergency. These changes are also a part of Tennessee's HCBS Spending Plan under the American Rescue Plan Act, which was approved by CMS in September 2021.

Some of the changes proposed in this amendment—increasing CHOICES and ECF CHOICES expenditure caps and adding Enabling Technology as a benefit in ECF CHOICES—will be permanent changes to the demonstration's Special Terms and Conditions (STCs). The remaining changes, which are part of

Tennessee’s approved HCBS Spending Plan under Section 9817 of the ARP, will remain in effect until the expiration of the state’s authority to expend funds attributable to the enhanced FMAP for HCBS under the ARP.¹

The technical correction to Attachment L reflects a minor edit to allow additional flexibility to change the amount set aside annually for payment through the Automated Health Care and Related Expenses Reimbursement service in the Medicaid Diversion (Part B) program.

Each of these changes is discussed in more detail below.

1. Increasing Expenditure Caps for Certain Groups Receiving HCBS

HCBS benefits in CHOICES Group 3 and in ECF CHOICES are subject to annual expenditure caps as specified in the Special Terms and Conditions (STCs) of the TennCare demonstration.² In this amendment, the state proposes to adjust certain of these expenditure caps (where an individual cost neutrality test is not applicable) as indicated in the table below.

Benefit Group	Expenditure Cap Currently Specified in the STCs	New Expenditure Cap
CHOICES Group 3	\$15,000	\$18,000
ECF CHOICES Group 4	\$15,000	\$18,000
ECF CHOICES Group 5	\$30,000	\$36,000
ECF CHOICES Group 6 – Enrollees with Low Level of Need	\$45,000	\$54,000
ECF CHOICES Group 6 – Enrollees with Moderate Level of Need	\$67,500	\$82,000
ECF CHOICES Group 6 – Enrollees with High Level of Need	\$88,250	\$108,000

These increases are not intended to provide for additional benefits, but rather to accommodate targeted rate increases in CHOICES and ECF CHOICES that have a direct care component as provided for in Tennessee’s approved HCBS Spending Plan. These expenditure cap adjustments will ensure that individuals in each of these benefit groups continue to have access to their currently approved HCBS.

2. Temporarily Exceed Certain Service Limitations in CHOICES and ECF CHOICES

In addition to the expenditure cap adjustments described above, and in addition to the exceptions to the expenditure caps already provided for in the TennCare demonstration, Tennessee proposes to offer time-limited access to flexible family caregiver benefits in order to address the additional stresses from impacts of COVID-19 and ensure the sustainability of these supports going forward.

¹ States are currently authorized to spend federal funding attributable to the enhanced FMAP for HCBS provided for in Section 9817 of the American Rescue Plan Act until March 31, 2025.

² Benefits provided to individuals in CHOICES Group 2 are limited to an amount that is no more than the cost of institutional care, as determined through an individual cost neutrality test.

Members enrolled in CHOICES Group 2 or 3 as of July 12, 2021, will be able to exceed their revised expenditure cap or their individual cost neutrality test, as applicable, in order to receive a one-time increase of up to \$3,000 across the following services:

- Respite,
- Adult Day Services,
- Assistive Technology,
- Enabling Technology, and
- Minor Home Modifications.

Members enrolled in ECF CHOICES Groups 4, 5, 6 or 7 as of July 12, 2021, will be eligible to exceed their revised expenditure cap in order to receive a one-time increase of up to \$3,000 across the following services:

- Respite,
- Assistive Technology, Adaptive Equipment and Supplies,
- Enabling Technology, and
- Minor Home Modifications.

For each program, the \$3,000 is a one-time increase that may be utilized anytime between November 2, 2021, and March 31, 2025 (or any subsequent end date for states to expend funds attributable to the enhanced FMAP associated with ARP Section 9817). A member may elect to receive additional units of one service or multiple services; however, the overall limitation on additional services is \$3,000 per person. This assistance will be provided in addition to existing service limitations and without regard for expenditure caps or individual cost neutrality tests specified in the STCs.

To qualify for this additional assistance, the individual must be enrolled in CHOICES or ECF CHOICES as of July 12, 2021, and living with family members who routinely provide unpaid support and assistance; if the individual does not live with family members, the member must have unpaid family caregivers who routinely provide unpaid support and assistance. Persons receiving residential supports are not eligible for this one-time increase.

The availability of these additional benefits is expected to support members' independence, support family caregivers, address the additional stresses from impacts of COVID-19, and ensure the sustainability of family supports going forward.

Except as provided in this section, all other policies applying to expenditure caps in CHOICES and ECF CHOICES continue to apply.

3. Adding Enabling Technology to CHOICES and ECF CHOICES

Tennessee seeks to add Enabling Technology as a new temporary HCBS benefit for CHOICES Group 2 and 3 members, limited to \$5,000 per person per calendar year. This benefit, which is funded under the State's approved HCBS Spending Plan under Section 9817 of the 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).

Tennessee also seeks to add Enabling Technology as a new benefit for ECF CHOICES Groups 4, 5, 6, 7, and 8 members. For these ECF CHOICES members, Enabling Technology and Assistive Technology, Adaptive Equipment and Supplies combined will be limited to \$5,000 per person per calendar year.

An MCO may authorize Enabling Technology services in either CHOICES or ECF CHOICES in excess of the benefit limit as a cost-effective alternative to institutional placement or other medically necessary covered benefits.

Service Definition. Enabling Technology is equipment and/or methodologies that, alone or in combination with associated technologies, provides the means to support the individual's increased independence in their homes, communities, and workplaces. The service covers purchases, leasing, shipping costs, and as necessary, repair of equipment required by the person to increase, maintain, or improve his/her functional capacity to perform daily tasks that would not be possible otherwise. All items must meet applicable standards of manufacture, design, and installation.

Enabling Technology includes remote support technology systems in which remote support staff and/or coaches and/or natural supports can interact, coordinate supports, or actively respond to needs in person when needed. Remote support systems are real time support systems which often include two-way communication.

Enabling technology is an available support option for all aspects and places of participants' lives.

- These systems use wireless technology, and/or phone lines, to link an individual's home to a person off-site to provide up to 24/7 support.
- These systems include the use of remote sensor technology to send "real time" data to remote staff or family who are immediately available to assess the situation and provide assistance according to a Person-Centered Support Plan (PCSP).

Examples of enabling technologies typically used in peoples' homes include:

- Motion sensors
- Smoke and carbon monoxide alarms
- Bed and/or chair sensors
- Live or on demand audio and/or video technologies
- Pressure sensors
- Stove guards
- Live web-based remote supports
- Automated medication dispenser systems
- Mobile software applications using digital pictures, audio, and video to guide, teach, or remind
- GPS guidance devices
- Wearable and virtual technologies

- Software to operate devices for environmental control or to communicate with other smart devices, paid or natural supports at home, at work, or any other place of personal import.

Enabling Technology excludes coverage of connectivity for internet or telephone service for use of this equipment, to the extent coverage of such services is prohibited by CMS.

Additional information about Enabling Technology as a benefit in CHOICES and ECF CHOICES is provided in Attachment A.

4. *Proposed Waiver and Expenditure Authorities*

All waiver and expenditure authorities currently approved for the TennCare demonstration will continue to be in effect. Since this amendment reflects adjustments to already approved components of the demonstration, no additional waiver or expenditure authorities are needed. The state requests modifications to the demonstration's STCs as illustrated in Attachment A.

5. *Technical Correction to Medicaid Diversion (Part B) Service Definition*

The Medicaid Diversion (Part B) component of the TennCare demonstration provides a benefit referred to as Automated Health Care and Related Expense Reimbursement, which allows for the payment or reimbursement of qualified medical and related expenses. As currently defined in Attachment L of the demonstration, this service requires "the child's parent or guardian [to] specify the annual amount to be available for payment or reimbursement through the Automated Health Care and Related Expenses each year, in accordance with processes established by DIDD, subject to the \$10,000 per child per year limit on total benefits available through Katie Beckett Part B and approval of the PCSP by DIDD. Once established, this amount shall not be changed for the year." Tennessee seeks to correct this definition by deleting the last sentence in order to clarify that the amount designated for Automated Health Care and Related Expense Reimbursement may be changed during the year as needed so long as the annual maximum Part B cap is not exceeded. This correction will provide for greater flexibility for members in Medicaid Diversion (Part B).

II. Expected Impact on Budget Neutrality

Implementation of this amendment will not result in any additional enrollment in the TennCare demonstration. The enhancements to HCBS benefits proposed in this amendment are expected to result in an increase in aggregate annual expenditures under the demonstration of approximately \$440 million. Attached is an updated overview of the demonstration's finances that reflects this adjustment.

III. Expected Impact on CHIP Allotment Neutrality

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

IV. Updates to Monitoring and Evaluation Processes

The state does not anticipate modifying its evaluation design based on these proposed changes. 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.

V. 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.

Stakeholder Input—ARPA HCBS Spending Plan

The modifications to the TennCare demonstration contained in this amendment reflect portions of Tennessee's approved plan for expanding, enhancing, and strengthening HCBS pursuant to Section 9817 of the American Rescue Plan Act. In developing its HCBS spending plan and prior to its submission to CMS in 2021, Tennessee sought and received input from a broad group of HCBS stakeholders, including:

- **The state's System Transformation Leadership Group** - made up of stakeholders from across the HCBS delivery system, including:
 - Self-advocates;
 - Family members of individuals receiving HCBS;
 - Tennessee Council on Developmental Disabilities;
 - The Arc of Tennessee;
 - HCBS providers;
 - Tennessee Network of Community Organizations (TNCO—I/DD provider association);
 - Tennessee Association for Home Care (TAHC—home health and personal support services agency provider association);
 - Tennessee Association of Support Coordination Agencies (TASC);
 - State Aging Network (Tennessee Association of Area Agencies on Aging and Disabilities);
 - TennCare's contracted Managed Care Organizations;
 - Tennessee Department of Intellectual and Developmental Disabilities; and
 - Division of TennCare (state Medicaid agency).
- **Tennessee Coalition for Better Aging** - made up of stakeholders from across the aging and disability system, including:
 - AgeWell Middle Tennessee (formerly the Council on Aging of Middle Tennessee);

- Alzheimer’s Association;
- Alzheimer’s Tennessee;
- Fifty Forward;
- Greater Nashville Regional Council;
- Mental Health Association of the Mid-South;
- National Association of Social Workers of Tennessee (represented by Clifton Government Relations);
- Tennessee Association of Adult Day Services;
- Tennessee Association of Agencies on Aging and Disability;
- Tennessee Conference on Social Welfare;
- Tennessee Disability Coalition;
- Tennessee Federation for the Aging;
- Tennessee Justice Center;
- Tennessee Respite Coalition;
- University of Tennessee College of Social Work; and
- West End Home Foundation.
- **AARP Tennessee;**
- **Ascension Saint Thomas;** and
- **The Partners in Innovation Group** – made up of leading innovators in the delivery of HCBS for individuals with intellectual or developmental disabilities in Tennessee.

Separate written recommendations were also received from groups participating in many of these broader conversations, including the Tennessee Council on Developmental Disabilities, and individual providers or associations.

Tennessee’s ARPA HCBS Spending Plan is reflective of information received from these stakeholders—both as part of broader discussions regarding the HCBS delivery system and specifically linked to this funding opportunity.

Public Notice—1115 Demonstration Amendment

The state is holding a formal notice and comment period on this proposed demonstration amendment from June 29, 2022, through August 1, 2022. During this time, a comprehensive description of the amendment to be submitted to CMS is 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 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 (i.e., 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.

Public Comments

[COMMENTS RECEIVED BY THE STATE DURING THE PUBLIC NOTICE
PERIOD WILL BE SUMMARIZED HERE PRIOR TO SUBMISSION TO CMS.]

Attachment A

Proposed STC Changes

Proposed STC Changes

In order to effectuate the changes contained in this amendment, the state proposes the following changes to the demonstration's special terms and conditions (STCs).

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. In addition, the following rules apply to the CHOICES benefit.
 - 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.
 - 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~~ \$18,000 per calendar year, excluding the cost of minor home modifications (as described in Attachment E and Table 2b).
 - iv. Persons enrolled in CHOICES 2 or CHOICES 3 as of July 12, 2021, are eligible to exceed their individual cost neutrality test or their expenditure cap, as applicable, in order to receive a one-time increase of up to \$3,000 across the following services: respite, adult day care, assistive technology, enabling technology, and minor home modifications. A member may elect to receive additional units of one service or multiple services; however, the overall limitation on additional services is \$3,000 per person. To qualify for this additional assistance the individual must be enrolled in CHOICES as of July 12, 2021, and living with family members who routinely provide unpaid support and assistance, or if the individual does not live with family members, he must have unpaid family caregivers who routinely provide unpaid support and assistance. The person may not be receiving residential supports. This one-time increase in assistance is available 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.
 - v. Definitions for CHOICES benefits are provided in Attachment E of these STCs.

Table 2b: Benefits for Persons Enrolled in the CHOICES Program			
<u>Benefit</u> (Definitions provided in Attachment E)	<u>CHOICES</u> <u>1</u>	<u>CHOICES</u> <u>2</u>	<u>CHOICES</u> <u>3</u>
Nursing facility care	X	Short-term only	Short-term only
Community-based residential alternatives (CBRAs)		X	X
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
<u>Enabling technology (up to \$5,000 per calendar year)[#]</u>		<u>X</u>	<u>X</u>
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

[#] Enabling technology 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 a ~~\$15,000~~ \$18,000 cap (on benefits), not counting the cost of minor home modifications (as described in Attachment E and Table 2b);
- B. Individuals receiving Essential Supports for Employment and Independent Living benefits will be subject to a ~~\$30,000~~ \$36,000 cap on benefits. The state may grant an exception to the ~~\$30,000~~ \$36,000 cap under the following circumstances:
- C. Individuals receiving Comprehensive Supports for Employment and Community Living benefits will be subject to an annual expenditure cap as follows:
 - 1. Individuals with low need as determined by the state, in accordance with the published criteria, will be subject to a ~~\$45,000~~ \$54,000 expenditure cap.
 - 2. Individuals with moderate need as determined by the state, in accordance with the published criteria, will be subject to a ~~\$67,500~~ \$82,000 expenditure cap.
 - 3. Individuals with high need as determined by the state, in accordance with the published criteria, will be subject to a ~~\$88,250~~ \$108,000 expenditure cap.
 - 4. The state may grant exceptions to these expenditure caps on a case-by-case basis as follows:
 - a. For an individual with low, moderate, or high need (but not exceptional medical or behavioral needs) an exception may be made to the applicable expenditure cap for emergency or one-time (including transitional assessment) needs up to \$7,500 per calendar year. Any exception that may be granted would apply only for the calendar year in which the exception is approved.
 - b. For an individual with low, moderate, or high need (but not exceptional medical or behavioral needs), an exception may be made to the applicable expenditure cap when necessary to permit access to Supported Employment and/or Individual Employment Support benefits. The amount will be determined per individual based on the individual's need.
 - c. For individuals with developmental disabilities (DD) and exceptional medical/behavioral needs as determined by the state in accordance with published criteria, up to the average cost of NF plus specialized services that would be needed for persons with such needs determined appropriate for NF placement; or for individuals with intellectual disabilities (ID) and exceptional medical/behavioral needs as determined by the state in accordance with published criteria, up to the average cost of private ICF/IID services.
 - 5. Individuals receiving Intensive Behavioral Family Supports will be subject to an annual expenditure cap based on the comparable cost of institutional care. Behavioral health services (other than Intensive Behavioral Family-

Centered Treatment Stabilization and Supports) will not be counted against the expenditure cap.

6. Individuals receiving Comprehensive Behavioral Supports for Employment and Community Living will be subject to an annual expenditure cap based on the comparable cost of institutional care. Behavioral health services (other than Intensive Behavioral Community Transition and Stabilization Services) will not be counted against the expenditure cap.
7. In addition to any other exceptions noted above, individuals receiving Essential Family Supports, Essential Supports for Employment and Independent Living, Comprehensive Supports for Employment and Community Living, and Intensive Behavioral Family Supports are eligible to exceed their expenditure cap in order to receive a one-time increase of up to \$3,000 across the following services: respite, assistive technology, adaptive equipment and supplies, enabling technology, and minor home modifications. A member may elect to receive additional units of one service or multiple services; however, the overall limitation on additional services is \$3,000 per person. To qualify for this additional assistance the individual must be enrolled in ECF CHOICES as of July 12, 2021, and living with family members who routinely provide unpaid support and assistance, or if the individual does not live with family members, he must have unpaid family caregivers who routinely provide unpaid support and assistance. The person may not be receiving residential supports. This one-time increase in assistance is available 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.

Table 2d Benefits and Benefit Limits in ECF CHOICES Benefits Groups					
Benefit (Definitions provided in Attachment H)	Essential Family Supports	Essential Supports for Employment and Independent Living	Comprehensive Supports for Employment and Community Living	Intensive Behavioral Family Supports	Comprehensive Behavioral Supports for Employment and Community Living
Respite (up to 30 days per calendar year or up to 216 hours per calendar year only for persons living with unpaid family caregivers)	X	X	X		
Supportive home care (SHC)	X				

Table 2d Benefits and Benefit Limits in ECF CHOICES Benefits Groups					
Benefit (Definitions provided in Attachment H)	Essential Family Supports	Essential Supports for Employment and Independent Living	Comprehensive Supports for Employment and Community Living	Intensive Behavioral Family Supports	Comprehensive Behavioral Supports for Employment and Community Living
Family caregiver stipend in lieu of SHC (up to \$500 per month for children under age 18; up to \$1,000 per month for adults age 18 and older)	X				
Community integration support services (subject to limitations specified in Attachment H)	X	X	X	X	
Community transportation	X	X	X	X	
Independent living skills training (subject to limitations specified in Attachment H)	X	X	X	X	
Assistive technology, adaptive equipment and supplies (up to \$5,000 per calendar year <u>in combination with Enabling technology</u>)	X	X	X	X	X
<u>Enabling technology (up to \$5,000 per calendar year in combination with Assistive technology, adaptive equipment and supplies)</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
Minor home modifications (up to \$6,000 per project; \$10,000 per calendar year; and \$20,000 per lifetime)	X	X	X	X	X

Table 2d Benefits and Benefit Limits in ECF CHOICES Benefits Groups					
Benefit (Definitions provided in Attachment H)	Essential Family Supports	Essential Supports for Employment and Independent Living	Comprehensive Supports for Employment and Community Living	Intensive Behavioral Family Supports	Comprehensive Behavioral Supports for Employment and Community Living
Community support development, organization and navigation	X			X	
Family caregiver education and training (up to \$500 per calendar year)	X			X	
Family-to-family support	X			X	
Decision making supports and options (up to \$500 per lifetime)	X	X	X	X	X
Health insurance counseling/forms assistance (up to 15 hours per calendar year)	X			X	
Personal assistance (up to 215 hours per month)		X	X		
Community living supports (CLS)		X	X		
Community living supports— family model (CLS-FM)		X	X		
Individual education and training (up to \$500 per calendar year)		X	X		
Peer-to-peer person- centered planning, self-direction, employment and community support and navigation (up to \$1,500 per lifetime)		X	X		

Table 2d Benefits and Benefit Limits in ECF CHOICES Benefits Groups					
Benefit (Definitions provided in Attachment H)	Essential Family Supports	Essential Supports for Employment and Independent Living	Comprehensive Supports for Employment and Community Living	Intensive Behavioral Family Supports	Comprehensive Behavioral Supports for Employment and Community Living
Specialized consultation and training (up to \$5,000 per calendar year)		X	X		
Adult dental services (up to \$5,000 per calendar year; up to \$7,500 across three consecutive calendar years)	X	X	X		X
Employment services/supports (subject to limitations specified in Attachment H)	X	X	X	X	X

Table 2d Benefits and Benefit Limits in ECF CHOICES Benefits Groups					
Benefit (Definitions provided in Attachment H)	Essential Family Supports	Essential Supports for Employment and Independent Living	Comprehensive Supports for Employment and Community Living	Intensive Behavioral Family Supports	Comprehensive Behavioral Supports for Employment and Community Living
– Supported employment— individual employment support – Exploration – Benefits counseling – Discovery – Situational observation and assessment – Job development plan or self-employment plan – Job development or self-employment start up – Job coaching for individualized, integrated employment or self-employment – Co-worker supports – Career advancement	X	X	X	X	X
– Supported employment— small group supports	X	X	X	X	X
– Integrated employment path services	X	X	X	X	X
Intensive Behavioral Family- Centered Treatment, Stabilization and Supports				X	

Table 2d Benefits and Benefit Limits in ECF CHOICES Benefits Groups					
Benefit (Definitions provided in Attachment H)	Essential Family Supports	Essential Supports for Employment and Independent Living	Comprehensive Supports for Employment and Community Living	Intensive Behavioral Family Supports	Comprehensive Behavioral Supports for Employment and Community Living
Intensive Behavioral Community Transition and Stabilization Services					X

Attachment E

Glossary of Terms For TennCare CHOICES

Enabling Technology:

Enabling Technology is equipment and/or methodologies that, alone or in combination with associated technologies, provides the means to support the individual's increased independence in their homes, communities, and workplaces. The service covers purchases, leasing, shipping costs, and as necessary, repair of equipment required by the person to increase, maintain or improve his/her functional capacity to perform daily tasks that would not be possible otherwise. All items must meet applicable standards of manufacture, design and installation.

Enabling Technology includes remote support technology systems in which remote support staff and/or coaches and/or natural supports can interact, coordinate supports, or actively respond to needs in person when needed. Remote support systems are real time support systems which often include two-way communication.

Enabling technology is an available support option for all aspects and places of participants' lives.

- These systems use wireless technology, and/or phone lines, to link an individual's home to a person off-site to provide up to 24/7 support.
- These systems include the use of remote sensor technology to send "real time" data remote staff or family who are immediately available to assess the situation and provide assistance according to a Person-Centered Support Plan (PCSP).

Examples of enabling technologies typically used in peoples' homes include:

- Motion sensors
- Smoke and carbon monoxide alarms
- Bed and/or chair sensors
- Live or on demand audio and/or video technologies
- Pressure sensors
- Stove guards
- Live web-based remote supports

- Automated medication dispenser systems
- Mobile software applications using digital pictures, audio and video to guide, teach, or remind
- GPS guidance devices
- Wearable and virtual technologies
- Software to operate devices for environmental control or to communicate with other smart devices, paid or natural supports at home, at work, or any other place of personal import.

Enabling Technology excludes coverage of connectivity for internet or telephone service for use of this equipment, to the extent coverage of such services is prohibited by CMS.

EMPLOYMENT & DAY SUPPORTS

Mobile Technologies to teach safe travel skills and guide people during community travel to work or other places important in their lives, by walking or using public transportation.

Enabling technology options include:

- Mobile software applications using digital pictures, audio and video to guide, teach, or remind
- GPS guidance devices
- Wearable and virtual technologies
- Software to support communication with people along participants' routes or destinations.

Rideshare/ Community Transportation

Pre-authorization of (up to) a \$500 coupon code or pass per month based on person's travel plans or needs, (work, school, shopping, movies, etc.).

This benefit can also be used to pay a car pooler back for gas, for bus fare, a taxi service, etc.

PRE-EMPLOYMENT: EXPLORATION

Digital Career Exploration

Self-directed or guided exploration of jobs and job tasks via a computer environment or a smart device's software application using digital pictures, audio and video to enable participants and job developers to identify jobs that match the individual's job interests.

Digital tools for interest/skill exploration, member background information, scenario activities to identify skill set, learning styles, support needs.

Virtual Reality

Jobseekers can experience first-hand the pros and cons of various occupations by seeing, hearing and feeling what they are actually like.

PRE-EMPLOYMENT: DISCOVERY/JOB DEVELOPMENT

Online tools for job hunting such as job boards, job interview tasks & tips, conditions for success, job/skill evaluations, scenario activities.

REMOTE COACHING

Job Coaching includes supports provided to the person and their supervisor or co-workers, either remotely (via technology) or face-to-face.

A device that otherwise meets the requirement for two-way communication. Individual interaction with the staff person may be scheduled, on-demand, or in response to an alert from a device in the remote support equipment system.

Mobile technologies, video modeling, task prompting software applications, GPS-based applications; wearable technologies; virtual, augmented, mixed reality systems.

FADING

A mobile technology that offers long-term support on the job, in lieu of paid support, that may encompass job tasks, social behavior, or communication.

The use of enabling and/or mobile technologies to support fading may cover a wide array of person-centered needs that include attendance, punctuality, self-managing breaks, interpersonal skills, appearance, communication, sequencing job tasks, etc.

ATTACHMENT H

Employment and Community First CHOICES Service Definitions

Enabling Technology:
As defined in Attachment E.

ATTACHMENT L

Glossary of Terms for Katie Beckett Program

Automated Health Care and Related Expense Reimbursement (limited to children enrolled in Katie Beckett Part B):

Payment or reimbursement, using the vendor contracted by DIDD, of the child's qualified medical and related expenses as follows:

- Private insurance deductibles and co-payments for physician and nursing services, therapies, and prescription drugs;
- Medical equipment and supplies;
- Dental, vision, and hearing services;
- Medical mileage; and
- Other eligible medical expenses as determined by the Internal Revenue Service to be eligible as an itemized medical and dental expenses deduction on Schedule A (Form 1040 or 1040- SR) or qualified for payment or reimbursement under a Healthcare Reimbursement Account, Health Savings Account or Flexible Spending Account, except that health insurance premiums shall be covered only as part of the Health Insurance Premium Assistance benefit (and not as part of this benefit).

Payments or reimbursement for Automated Health Care and Related Expenses Reimbursement shall be limited to the amount specified in the child's approved PCSP.

The child's parent or legal guardian shall specify the annual amount to be available for payment or reimbursement through the Automated Health Care and Related Expenses each year, in accordance with processes established by DIDD, subject to the \$10,000 per child per year limit on total benefits available through Katie Beckett Part B and approval of the PCSP by DIDD. ~~Once established, this amount shall not be changed for the year.~~

In order to be covered and eligible for reimbursement, the child's parent (or other legal guardian) shall submit acceptable documentation to the vendor contracted by DIDD, as requested, confirming the expense's eligibility for payment or reimbursement. The child's parent(s) or other legal guardian shall comply with all applicable requirements of DIDD's contracted vendor in order to receive this benefit.

A reasonable period shall be provided at the end of each year for submission of final expenditures incurred during the annual period.

Any funds remaining in the child's Automated Health Care and Related Expenses Reimbursement benefit at the end of the year shall be forfeited to the Katie Beckett program and shall not be permitted to "roll over" to the next year.

Attachment B

Data Analysis

Changes related to Amendment 3 - HCBS Enhancements

Without Waiver Total Expenditures - (Cap from Original TC III Waiver)

	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
Aggregate Cap	\$9,356,603,867	\$9,721,165,197	\$10,133,757,745	\$10,566,395,812	\$11,020,053,654	tbd	tbd	tbd	tbd	tbd
Risk Corridor Adjustment	\$1,121,506,099	\$1,028,523,100	\$506,827,452	\$0	\$0	tbd	tbd	tbd	tbd	tbd
Total	\$10,478,109,966	\$10,749,688,297	\$10,640,585,197	\$10,566,395,812	\$11,020,053,654	tbd	tbd	tbd	tbd	tbd

Without Waiver Total Expenditures - Adjusted for HCBS ARP Expenditures

	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
Aggregate Cap	\$9,356,603,867	\$9,721,165,197	\$10,133,757,745	\$10,566,395,812	\$11,020,053,654	tbd	tbd	tbd	tbd	tbd
Risk Corridor Adjustment	\$1,121,506,099	\$1,028,523,100	\$506,827,452	\$0	\$0	tbd	tbd	tbd	tbd	tbd
Projected Expenditures on ARP HCBS Items	\$48,102,773	\$157,715,148	\$172,756,273	\$160,688,767	\$143,597,725	\$143,597,725	\$143,597,725	\$143,597,725	\$143,597,725	\$143,597,725
Total	\$10,526,212,739	\$10,907,403,445	\$10,813,341,471	\$10,727,084,579	\$11,163,651,379	tbd	tbd	tbd	tbd	tbd

With Waiver Total Expenditures - (Projections prior to Amendment 2)

Distribution	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
EG1 Disabled	\$2,444,483,928	\$2,517,818,446	\$2,593,352,999	\$2,671,153,589	\$2,751,288,197	\$0	\$0	\$0	\$0	\$0
EG2 Over 65	\$1,940,658	\$1,998,878	\$2,058,844	\$2,120,610	\$2,184,228	\$0	\$0	\$0	\$0	\$0
EG3 Children	\$2,359,120,550	\$2,429,894,166	\$2,502,790,991	\$2,577,874,721	\$2,655,210,962	\$0	\$0	\$0	\$0	\$0
EG4 Adults	\$2,428,740,939	\$2,501,603,167	\$2,576,651,262	\$2,653,950,800	\$2,733,569,324	\$0	\$0	\$0	\$0	\$0
EG5 Duals	\$1,341,217,606	\$1,381,454,134	\$1,422,897,758	\$1,465,584,691	\$1,509,552,232	\$0	\$0	\$0	\$0	\$0
EG12E Carryover	\$96,990,124	\$99,899,828	\$102,896,822	\$105,983,727	\$109,163,239	\$0	\$0	\$0	\$0	\$0
DSH	\$369,538,589	\$369,538,589	\$369,538,589	\$369,538,589	\$369,538,589	\$0	\$0	\$0	\$0	\$0
UC Pool	\$252,845,885	\$252,845,885	\$252,845,885	\$252,845,885	\$252,845,885	\$0	\$0	\$0	\$0	\$0
EG14 Katie Beckett Part B	\$1,219,925	\$45,000,000	\$45,000,000	\$45,000,000	\$45,000,000	\$0	\$0	\$0	\$0	\$0
EG17 Less than MEC Additions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
GME	\$30,556,200	\$25,000,000	\$50,000,000	\$50,000,000	\$50,000,000	\$0	\$0	\$0	\$0	\$0
DSIP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$9,326,654,403	\$9,625,053,093	\$9,918,033,151	\$10,194,052,612	\$10,478,352,656	\$0	\$0	\$0	\$0	\$0

With Waiver Total Expenditures - (Projections including Amendment 2)

Projected Expenditures on ARP HCBS Items	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
	\$48,102,773	\$157,715,148	\$172,756,273	\$160,688,767	\$143,597,725	\$149,341,634	\$155,315,299	\$161,527,911	\$167,989,028	\$174,708,589
Distribution	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
EG1 Disabled	\$2,444,483,928	\$2,517,818,446	\$2,593,352,999	\$2,671,153,589	\$2,751,288,197	\$0	\$0	\$0	\$0	\$0
EG2 Over 65	\$1,940,658	\$1,998,878	\$2,058,844	\$2,120,610	\$2,184,228	\$0	\$0	\$0	\$0	\$0
EG3 Children	\$2,407,223,322	\$2,587,609,314	\$2,675,547,264	\$2,738,563,487	\$2,798,808,687	\$0	\$0	\$0	\$0	\$0
EG4 Adults	\$2,428,740,939	\$2,501,603,167	\$2,576,651,262	\$2,653,950,800	\$2,733,569,324	\$0	\$0	\$0	\$0	\$0
EG5 Duals	\$1,341,217,606	\$1,381,454,134	\$1,422,897,758	\$1,465,584,691	\$1,509,552,232	\$0	\$0	\$0	\$0	\$0
EG12E Carryover	\$96,990,124	\$99,899,828	\$102,896,822	\$105,983,727	\$109,163,239	\$0	\$0	\$0	\$0	\$0
DSH	\$369,538,589	\$369,538,589	\$369,538,589	\$369,538,589	\$369,538,589	\$0	\$0	\$0	\$0	\$0
UC Pool	\$252,845,885	\$252,845,885	\$252,845,885	\$252,845,885	\$252,845,885	\$0	\$0	\$0	\$0	\$0
EG14 Katie Beckett Part B	\$1,219,925	\$45,000,000	\$45,000,000	\$45,000,000	\$45,000,000	\$0	\$0	\$0	\$0	\$0
EG17 Less than MEC Additions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
GME	\$30,556,200	\$25,000,000	\$50,000,000	\$50,000,000	\$50,000,000	\$0	\$0	\$0	\$0	\$0
DSIP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$9,422,859,949	\$9,940,483,388	\$10,263,545,698	\$10,515,430,145	\$10,765,548,106	\$0	\$0	\$0	\$0	\$0