

## **CLS Transitional Rates FAQ**

**Question:** What is the effective date for the new CLS transitional rates?

**Answer:** The effective date is March 9<sup>th</sup>, 2018.

**Question:** Are the CLS transitional rates subject to the same parameters as the existing CLS levels of reimbursement, such as it cannot be used in conjunction with CISS or ILST?

**Answer:** Yes, the CLS transitional rates are subject to the same restrictions and parameters as the current CLS levels.

**Question:** Does the CLS-EPCST rate include compensation for room and board?

**Answer:** Yes, the CLS-EPCST rate includes room and board. This rate should be likened to “respite” in that a member will be receiving emergency services and like respite, the rate includes room and board. The member will likely not be able to choose the specific provider and/or roommates, but will be offered this environment for safety on a temporary basis. If the provider and location ends up becoming a permanent home, then the process should include the CLS Ombudsman, lease agreement, room and board, and compliance with all HCBS settings rules to include person’s choice in roommate and location.

**Question:** Are all of the new CLS transitional rates based on one calendar year utilization?

**Answer:** Yes

**Question:** Is it possible to move between CLS-BHCST 2a and 2b in a calendar year? For example, if the person moves to 2b prior to the end of the first 90 days, but has a setback that warrants going back to 2a, can the person go back as long as they do not exceed the 90 day maximum in a calendar year?

**Answer:** Yes, but the setback warranting this must be well documented by the provider and verified by the MCO.

**Question:** Are these new CLS transitional rates only available to members in Group 6?

**Answer:** No, the CLS-EPCST transitional rate is available for members in Group 5. Individuals needing emergency placement may include members enrolled in Group 5. However, CLS-CST, CLS-BHCST 2a and CLS-BHCST 2b transitional rates are only available to Group 6 members.

**Question:** What are licensure requirements for the CLS transitional levels?

**Answer:** All of the CLS transitional levels require that the provider hold a Supported Living or Residential Habilitation license.

**Question:** Could a Semi-Independent Living licensure be used by a CLS provider for these transitional rate levels?

**Answer:** No

**Question:** What are the staffing requirements or staff qualifications for CLS-BHCST 2a and 2b transitional rates?

**Answer:** CLS-BHCST 2a and 2b ensure behavioral health services are integrated and available as a part of the daily provision of CLS. This must translate into in-house or consultative psychiatry available as needed, supervision of staff by master’s level clinician, and DSPs receiving specialized training in providing behavioral health supports for people with I/DD. It is expected that staff will be present and awake 24/7 to support these members.

**Question:** Does the CLS-CST transitional rate require 24/7 support and/or awake staff?

**Answer:** Staffing must be based on individual need and should be adjusted to appropriate on-going level during the provision of services through the CLS-CST transitional rate. For the first 30 days, 24/7 staffing is required as part of the provider assessing the person's needs and abilities and facilitating stabilization in the CLS arrangement. Beyond 30 days, staffing should be adjusted based on individual need with the goals of maximizing independence and ensuring a smooth and uneventful transition to the on-going CLS level the member requires. There is no requirement for awake overnight; however this is based on the member's individual need and therefore if the MCO assesses this need, the MCO can require awake staff overnight for the period of time the member needs this.

**Question:** Does the CLS-EPCST transitional rate require 24/7 support and/or awake staff?

**Answer:** Staff must be present 24/7, but there is no requirement for awake overnight; however this is based on the member's individual need and therefore if the MCO assesses this need, the MCO can require awake staff overnight.

**Question:** Will TennCare be developing written communication for the MCOs to roll out these new CLS transitional rates with the providers?

**Answer:** No, the MCOs are to develop their own communication for their provider network.