

**To: ECF Qualified Assessors**  
**From: Kristeena Ashby, RN, Assistant Deputy Chief, Clinical Operations, LTSS**  
**Date: May 22, 2017**  
**CC: Patti Killingsworth, Assistant Commissioner and Chief of Long-Term Services and Supports**

**Subject: ECF Safety Certification**

As the number of available slots in ECF gets smaller, we must ensure we are making the best determinations for those seeking intake and eventual enrollment into the program.

TennCare Rule 1200-13-01-.31(3)(a)(2)(i)(III) provides that “an adult age 21 and older who meets NF LOC may choose to enroll in ECF CHOICES Group 5, subject to (V) below when the enrollment target for ECF CHOICES Group 6 has been reached.” The referenced provision pertains to the ability to safely serve the person in Group 5, i.e., “(V) Have needs that can be safely and appropriately met in the community and at a cost that does not exceed the Expenditure Cap, as described in Section 1200-13-01-.31(4)(d).”

The determination that a person can be safely served in the group should consider whether the necessary intervention and supervision needed by the individual can be safely provided within the array of services and supports that would be available if the individual was enrolled in ECF CHOICES Group 5, including ECF CHOICES HCBS up to the Expenditure Cap of \$30,000; one-time emergency assistance up to \$6,000; non-ECF CHOICES HCBS available through TennCare (e.g., home health); cost-effective alternative services (as applicable); services available through Medicare, private insurance or other funding sources; and natural supports provided by family members and other caregivers who are willing and able to provide such care.

In order for us to determine who can be appropriately enrolled in group 5, we will need you to tell us a bit more information.

TennCare will need you to tell us if you believe someone age 21 or older, for whom an enrollment visit has occurred and, based upon that visit and assessment meets NF level of care, could be safely served in Group 5, in accordance with the explanation provide above. Attached is an ECF safety determination attestation. Please complete this attestation in its entirety and attach it to ALL ECF PAE submissions for persons 21 or older. Failure to attach this attestation to these PAEs may result in a processing delay.

As always, should you have questions, feel free to contact me via email at [Kristeena.1.ashby@tn.gov](mailto:Kristeena.1.ashby@tn.gov) or by phone at (615)507-6679. Thank you for your continued collaboration.

## Submitting Entity ECF CHOICES Safety Attestation

Please read and check at least one of the statements below:

- I do **not** believe this individual can be safely served in the community in ECF CHOICES Group 5.
- I believe this individual **can** be safely served in the community in ECF CHOICES Group 5.

My determination is based on consideration of whether the necessary intervention and supervision needed by the individual can be safely provided within the array of services and supports that would be available if the individual was enrolled in ECF CHOICES Group 5, including ECF CHOICES HCBS up to the Expenditure Cap of \$30,000; one-time emergency assistance up to \$6,000; non-ECF CHOICES HCBS available through TennCare (e.g., home health); cost-effective alternative services (as applicable); services available through Medicare, private insurance or other funding sources; and natural supports provided by family members and other caregivers who are willing and able to provide such care.

By signing below, I, as a licensed professional, take responsibility for the information provided in this Safety Attestation and attest that I have personally provided the information and it is accurate and true to the best of my knowledge. I understand that this information will be used to determine the applicant's eligibility, enrollment and/or reimbursement for long-term care services. I understand that any intentional act or omission on my part to provide false information or give a false impression that would potentially result in a person obtaining benefits or coverage to which s/he is not entitled may be considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. I further understand that, under the Tennessee Medicaid False Claims Act, any person who presents or causes to be presented to the State a claim for payment under the TennCare program knowing such claim is false or fraudulent may be subject to federal and state civil and criminal penalties.

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Printed Name of Qualified Assessor

\_\_\_\_\_  
Signature of Qualified Assessor

\_\_\_\_\_  
Credentials/ Assessor code

\_\_\_\_\_  
Date