



State of Tennessee

Statewide Transition Plan and Heightened Scrutiny Milestone Tracking

Quarterly Report

Bureau of TennCare
July 2016

Tennessee’s Statewide Transition Plan and Heightened Scrutiny Milestone Tracking Document Systemic Remediation Tracking

The following chart, taken directly from the Milestone Document submitted to CMS in February 2016 reflects the State’s progress with systemic Transition Plan milestone and remediation activities. The status of each milestone and remediation activity is indicated in the far right column and will be updated as applicable with each quarterly report submission.

General Milestones				
Statewide Transition Plan Milestones	Start date	End date	STP/SR Page #	Milestone Status
Hold seven provider information meetings across the state on the HCBS Rule, State assessment process, Transition Plan development and public input activities	07/08/2014	07/24/2014	2	Completed
Post the information PowerPoint presentation on TennCare website	07/25/2014	07/25/2014	2	Completed
Post public letter to TennCare website	7/25/2014	07/25/2014	3	Completed
Post draft proposed Waiver specific Transition Plan and initial Assessment Tool documents on TennCare website	07/25/2014	07/25/2014	3	Completed
Accept public comment on Transition Plan and Assessment Tool	07/25/2014	09/19/2014	3	Completed
Email public (introduction) letter to assist with informing consumers and families of consumer/family friendly webinars, and the initial draft proposed STP and self-assessment tools to providers and advocates for dissemination.	07/28/2014	07/28/2014		Completed
Post consumer and family information material on TennCare website	08/11/2014	08/11/2014	2-3	Completed
Conduct two consumer and family information open forum conference call meetings ²	08/12/2014	08/14/2014	3	Completed
Post revised waiver specific Transition Plan	09/18/2014	09/18/2014	3	Completed
Finalize documents, post on TennCare website and submit waiver specific Transition Plan and Assessment Tools to CMS	10/01/2014	10/01/2014	3	Completed
Submit waiver renewal with changes to waiver provider qualifications and service definitions to two of three 1915(c) waivers to CMS (Waiver control numbers TN.0128 and TN.0357)	10/01/2014	10/01/2014	9	Completed

Contracted entity person-centered plan self-assessment process	11/21/2014	03/31/2015	11-15	Completed
Contracted entity internal self-assessment on compliance with final rule process	10/01/2014	03/31/2015	11-15	Completed
Submit amendments to third 1915(c) waiver to CMS (Waiver control number TN.0427)	10/15/2014	10/15/2014	9	Completed
Revised Self- assessment tools posted and made available to providers for provider self-assessment process. Providers were encouraged to review materials prior to training session	10/01/2014	10/01/2014	3	Completed
Conduct training sessions on Provider Self-Assessment Tool and Validation Process for contracted entities	10/22/2014	10/22/2014	15-16	Completed
Conduct webinar training sessions on Provider Self-Assessment Tool and Validation Process for providers	10/28/2014	11/13/2014	15-16	Completed
Contracted Entities conduct validation process of reviewing, working with providers on any necessary revisions and approving the provider self-assessment and provider transition plan if applicable	11/01/2014	09/30/2015	18-19	Completed
Post draft STP for comment, email stakeholders, advocacy organizations and provider associations	12/23/2014	01/23/2015	4	Completed
Amend Contractor Risk Agreement with MCOs to incorporate person-centered planning language that clarifies services are provided in an integrated setting	01/01/2015	07/01/2015	10-11	Completed
Propose legislation to amend TN Code (Titles 33, 68, and 71)	01/15/2015	01/15/2015	9	Completed
Distribute revised Needs Assessment and Plan of Care Protocols to MCOs	01/01/2015	01/01/2015	11	Completed
Individual Experience Assessment process	02/01/2015	01/31/2016	30	Completed
Submit Interagency Agreement revisions to DIDD for review/discussion	02/28/2015	02/28/2015	10-11	Completed
Provider Self-Assessment process complete and all submissions received by designated reviewer entities	03/31/2015	03/31/2015	16	Completed
Add STC to 1115 waiver	06/23/2015	06/23/2015	SR 3	Completed
Amendments to CRA to include HCBS Settings Rule provisions become effective	07/01/2015	07/01/2015	10	Completed
Execute amended 1915(c) Waiver Interagency Agreement with DIDD	07/01/2015	07/01/2015	11	Completed
Implement problem solving focus groups of providers and consumers and family members to aid in compliance strategies	07/01/2015	12/31/2016	31	Completed
Promulgate new rules, including collecting stakeholder input	07/01/2015	01/01/2017	10	Completed
MCO revised HCBS Provider Agreements to include HCBS Settings Rule requirements and execute with all HCBS providers	07/01/2015	07/01/2015	11	Completed

Post draft amended Statewide Transition Plan for 30 day public comment period	11/02/2015	12/04/2015	4-5	Completed
Email amended STP to stakeholders, advocacy organizations and provider associations for review and dissemination	11/04/2015	11/04/2015	4	Completed
Post revised amended STP (to include heightened scrutiny process) for public comment	11/13/2015	11/13/2015	4	Completed
Email revised amended STP to stakeholders, advocacy organizations and provider associations	11/13/2015	11/13/2015	4	Completed
Received request from provider organization to extend public comment period time. Submitted request to CMS.	12/11/2015	12/11/2015	5	Completed
Received approval from CMS to extend public comment period to 01/13/2016.	12/15/2015	12/15/2015	5	Completed
Submit an amendment to the Statewide Transition Plan with specific remediation activities and milestones for achieving compliance with the HCBS Settings Rule and a summary of public comment	02/01/2016	02/01/2016	SR 9	Completed
Remediation	Start date	End date	STP/SR Page #	Remediation Status
DIDD will bring its policies into alignment with all CQL Basic Assurances ® for CQL Accreditation (which aligns with HCBS Settings Rule)	08/01/2012	01/31/2017	15, 23	In process
DIDD will implement CQL Personal Outcome Measures (POMs ®) on an individual and systemic level (There are two pieces to this milestone. The first (systemic) was implemented 1/1/2014 and the second (individual) will be implemented when the provider manual is posted—by 12/31/16)	01/01/2014	12/31/2016	23	In process. Note date of PM posting is changed from 5/1/16 to 12/31/16.
Proposed legislation to amend TN Code (Titles 33, 68, and 71) passed and became effective	04/02/2015	04/16/2015	7, 9	Completed
Add provisions to CRA requiring MCOs to add language to their provider agreements/provider manuals requiring HCBS providers to comply with the HCBS Settings Rule	07/01/2015	07/01/2015	8, 11	Completed
MCO implementation of credentialing and re-credentialing provider monitoring became effective in CRA	07/01/2015	07/01/2015	14, 26-27	Completed
CRA HCBS Settings Rule compliance monitoring	07/01/2015	Ongoing	8, 10	Ongoing
Final validation of provider self-assessments and transition plans due from contracted entities	09/30/2015	09/30/2015	16	Completed

Relocation information due to TennCare	09/30/2015	09/30/2015	SR 9	Completed
Complete changes to DIDD provider manual	09/30/2015	12/31/2016	10	In process
Contracted Entities monitor provider transition plan implementation	09/30/2015	03/01/2019	31-32	Ongoing
Begin work on amending DIDD Provider Agreement to include reference to the HCBS Settings Rule	11/01/2015	3/31/2016	11	Completed
Post for public comment additional changes to the current 1915(c) employment and day services to further strengthen compliance for non-residential settings in the three 1915(c) waivers	11/13/2015	12/14/2015	10	Completed
Collaborate to assist other state departments in revising rules, as applicable, or take necessary steps to otherwise plan for transition if compliance cannot be achieved	12/01/2015	01/01/2017	9	In process
Send the 6 approved DIDD/HCBS protocols to providers and post on the DIDD website	12/31/2015	12/31/2016	11	Protocols under review
Relocation Process for non-compliant settings	07/01/2016	TBD	28-29	In process. Individualized timeframes
Provider Forums to kick off Heightened Scrutiny process	01/08/2016	01/28/2016	22	Completed
Conduct training session for MCOs and DIDD on Heightened Scrutiny process	02/11/2016	02/11/2016	22	Completed
Conduct 4 consumer/family webinars/conference sessions on Heightened Scrutiny specific to facility-based day and sheltered workshops	02/17/2016	02/26/2016	22	Completed
Provide 5 provider Heightened Scrutiny information/training sessions	03/02/2016	03/11/2016	22	Completed
TennCare Internal Heightened Scrutiny process	04/01/2016	03/31/2017	20-22	In process
Circulate revised Provider Manual to DIDD providers	12/31/2016	12/31/2016	10	
Execute amended DIDD Provider Agreement with contracted providers.	7/1/2016	7/1/2016	11	Completed via posting to PDMS
Deadline for achieving full compliance	3/17/2019	3/17/2019	SR 4	

Site Specific Compliance Tracking

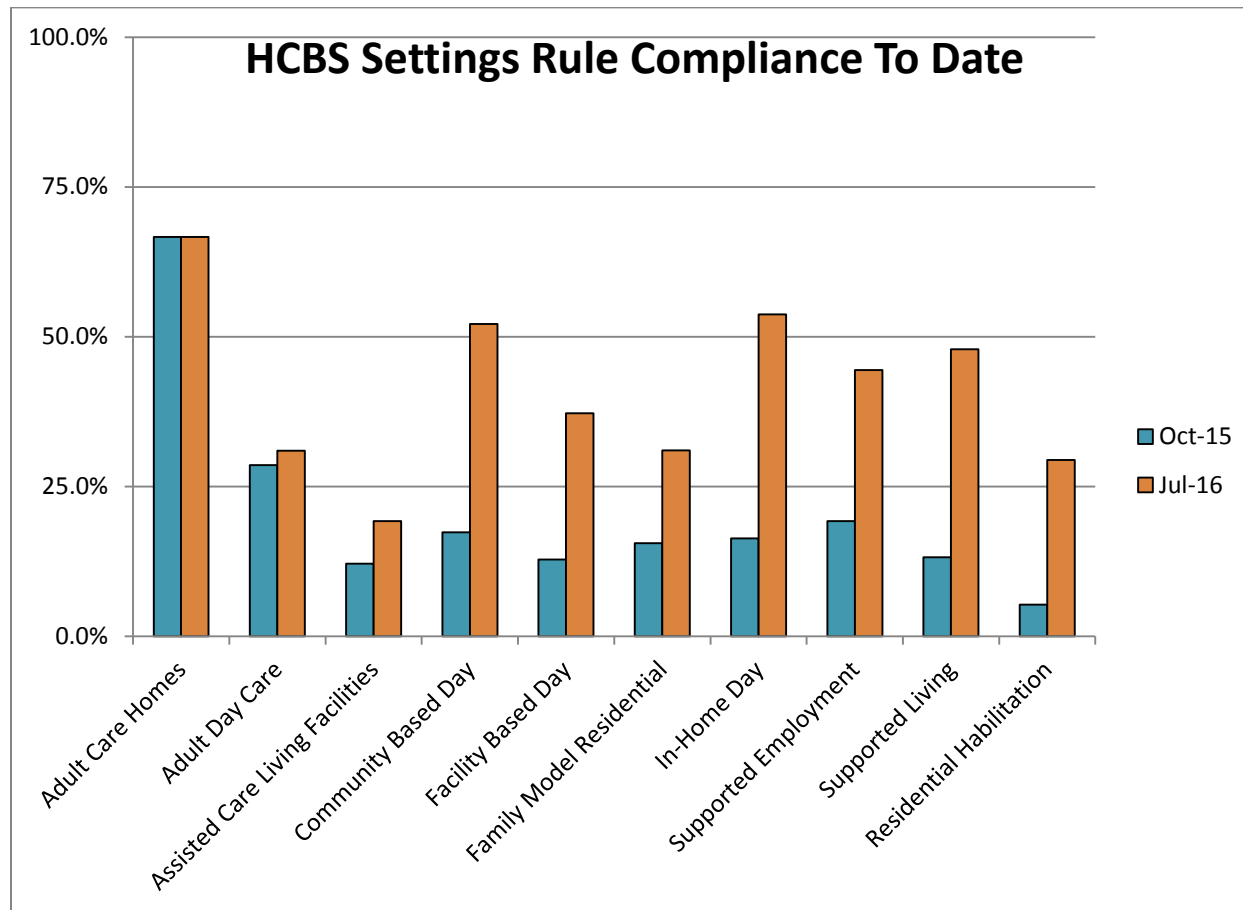
Tennessee completed the provider self-assessment and validation process September 30, 2015. 14% of provider settings were determined at that time to be fully compliant with the Final Rule. The total number of HCBS settings assessed was 1247. The original number reported was 1245 but that number did not include two additional Adult Care Homes, one of which was originally counted as one with the same company that has two settings.

In November of 2015, TennCare notified consumers, families, providers and advocates of the State's intent to conduct heightened scrutiny reviews. As a result of that communication and training, many settings identified for heightened scrutiny elected not to proceed as anticipated with provider specific transition plans and opted to wait until receiving the results of the heightened scrutiny review. As reflected in the charts below, progress towards provider transition plan implementation was made more aggressively with those settings that were not identified for heightened scrutiny review.

The chart below represents Tennessee's provider compliance status as of the completion of the provider self-assessment and validation process September 30, 2015.

Setting Type	Total number of settings	Total compliant 9/30/2015
Adult Care Homes	3	2
Adult Day Care	42	12
Assisted Care Living Facilities	99	12
Community Based Day	167	29
Facility Based Day	86	11
Family Model Residential	290	45
In-home Day	147	24
Supported Employment	99	19
Supported Living	144	19
Residential Habilitation	170	9

The chart below represents the status of completed implementation of Tennessee’s provider specific transition plans and will be updated with each quarterly report submission.



Heightened Scrutiny Milestone Tracking

²The first 3 Heightened Scrutiny milestones should be completed prior to resubmitting the STP to CMS (the fourth HS milestone).

Heightened Scrutiny²			
Milestone	Description	Proposed End Date	
Identification of settings that overcome the presumption and will be submitted for heightened scrutiny and notification to provider	Complete identification of heightened scrutiny settings and notify providers.	10/02/2017	
Complete gathering information and evidence on settings requiring heightened scrutiny that it will present to CMS	<p>TennCare Heightened Scrutiny Process; ends 3/31/2017.</p> <p>TennCare Heightened Scrutiny process includes: Onsite assessments and interviews will be conducted April 2016 through March 31, 2017. Data compilation and onsite assessment and interview results will be summarized with state recommendation and submitted on an ongoing basis to the Advocacy Review Committee through 06/30/2017. Review committee activities will be ongoing through 09/29/2017.</p>	09/29/2017	
Incorporate list of settings requiring heightened scrutiny and information and evidence referenced above into the final version of STP and release for public comment	<p>Revised STP will be posted for 30 day public comment period 10/02/2017 through 11/01/2017.</p> <p>Settings identified for heightened scrutiny review include:</p> <ul style="list-style-type: none"> - Assisted Care Living Facilities - Adult Day Care - Facility Based Day - Residential Habilitation with > 4 residents - Residential Habilitation and Supported Living sites in close proximity - Adult Care Homes 	10/02/2017	
Submit STP with Heightened Scrutiny information to CMS for review	Public comments will be reviewed and any revisions to the STP based on public input will be made by 11/10/2017.	11/10/2017	

Table 1

Quarterly updates on the HS Review On-site	Report Date	Date Range of HSRs	# Total Reviewed	Facility Based Day	Assisted Living Care Facilities	Res Hab with > 4 residents	Homes in close proximity	Adult Day Care	Adult Care Homes
Quarterly progress update <i>[First quarter after initial and final approval.]</i>	7/13/16	04/01/2015 – 06/30/2016	27	11	10			6	
Quarterly progress update <i>[Second quarter after initial and final approval.]</i>	10/13/16	07/01/2016 – 09/30/2016							
Quarterly progress update <i>[Third quarter after initial and final approval.]</i>	1/13/17	10/01/2016 - 12/31/2016							
Quarterly progress update <i>[Fourth quarter after initial and final approval.]</i>	4/13/17	01/01/2017 - 03/30/2017							
Quarterly progress update <i>[Fifth quarter after initial and final approval.]</i>	7/13/17	04/01/2017 - 06/30/2017							
Quarterly progress update <i>[Sixth quarter after initial and final approval.]</i>	10/13/17	07/01/2017 – 09/30/2017							
Quarterly progress	1/13/2018	10/01/2017 -							

update <i>[Seventh quarter after initial and final approval.]</i>		12/31/2017							
--	--	------------	--	--	--	--	--	--	--

Quarterly updates on the HS ARC Review	Report Date	Date Range of HSRs	# Total Reviewed	Facility Based Day	Assisted Living Care Facilities	Res Hab with > 4 residents	Homes in close proximity	Adult Day Care	Adult Care Homes
Quarterly progress update <i>[First quarter after initial and final approval.]</i>	7/13/16	04/01/2015 – 06/30/2016	0						
Quarterly progress update <i>[Second quarter after initial and final approval.]</i>	10/13/16	07/01/2016 – 09/30/2016							
Quarterly progress update <i>[Third quarter after initial and final approval.]</i>	1/13/17	10/01/2016 - 12/31/2016							
Quarterly progress update <i>[Fourth quarter after initial and final approval.]</i>	4/13/17	01/01/2017 - 03/30/2017							
Quarterly progress update <i>[Fifth quarter after initial and final approval.]</i>	7/13/17	04/01/2017 - 06/30/2017							
Quarterly progress update <i>[Sixth quarter after</i>	10/13/17	07/01/2017 – 09/30/2017							

<i>initial and final approval.]</i>									
Quarterly progress update <i>[Seventh quarter after initial and final approval.]</i>	1/13/2018	10/01/2017 - 12/31/2017							

Quarterly updates on the HS Review ARC Approved for CMS	Report Date	Date Range of HSRs	# Total Approved	Facility Based Day	Assisted Living Care Facilities	Res Hab with > 4 residents	Homes in close proximity	Adult Day Care	Adult Care Homes
Quarterly progress update <i>[First quarter after initial and final approval.]</i>	7/13/16	04/01/2015 – 06/30/2016	N/A						
Quarterly progress update <i>[Second quarter after initial and final approval.]</i>	10/13/16	07/01/2016 – 09/30/2016							
Quarterly progress update <i>[Third quarter after initial and final approval.]</i>	1/13/17	10/01/2016 - 12/31/2016							
Quarterly progress update <i>[Fourth quarter after initial and final approval.]</i>	4/13/17	01/01/2017 - 03/30/2017							
Quarterly progress update <i>[Fifth quarter after initial and final approval.]</i>	7/13/17	04/01/2017 - 06/30/2017							

Quarterly progress update <i>[Sixth quarter after initial and final approval.]</i>	10/13/17	07/01/2017 – 09/30/2017							
Quarterly progress update <i>[Seventh quarter after initial and final approval.]</i>	1/13/2018	10/01/2017 - 12/31/2017							

Quarterly progress reporting updates

1. Reviewing progress made to-date in the state’s completion of its proposed milestones:

TennCare’s contracted reviewers, the MCOs and the Department of Intellectual and Developmental Disabilities (DIDD) monitor provider’s transition plan implementation progress, as reported on pages 2-3 of this report. Of note, several providers self-assessed as non-compliant opted to close their setting or no longer offer Medicaid reimbursed HCBS. Many were not serving Medicaid recipients at the time and therefore did not require member transition/relocation plans. This information will be helpful to the reviewer in understanding the discrepancies between the chart on page 2 (total number of settings) and the chart on page 12 which reflects settings identified for heightened scrutiny review (for example, there were initially 42 Adult Day Care settings assessed but only 30 identified for heightened scrutiny review).

In addition to the state’s overarching milestones, TennCare has implemented a statewide heightened scrutiny review process applicable to specified providers. TennCare kicked off the heightened scrutiny review process with information sessions at regional provider forums for all providers identified as potentially being presumed not HCBS. Notification to providers was submitted via a memo on 11/13/2015 describing the heightened scrutiny review process and the sites identified for heightened scrutiny review. TennCare conducted additional trainings for persons served by these providers, their families, and other stakeholders. Training occurred in many different forums including: DIDD quarterly provider meetings; MCO/DIDD in-person comprehensive training sessions on all assessment tools; consumer/family and advocate webinars with a particular focus on facility based day heightened scrutiny; and provider in-person comprehensive training sessions on all assessment tools and the review process throughout the state. These information and training sessions began on 1/8/2016 and concluded on 3/11/2016.

TennCare also used a train-the-trainer approach with the initial five sites for state and contracted review staff who will be involved in the heightened scrutiny review process. The Deputy of LTSS Quality & Compliance conducted onsite reviews with staff from both the State Medicaid agency and contracted entities (DIDD and MCOs) as appropriate to train reviewers. The intent was to ensure a

consistent application of the heightened scrutiny review process, ensure effective use the allotted time for interviews and facility site tours, and finalize the heightened scrutiny review tool to be used for the entirety of the review process.

TennCare started the actual heightened scrutiny review process on April 1, 2016. This included: identifying site locations and establishing processes by which: 1) the heightened scrutiny data requests would be completed by providers; 2) the sample size would be determined; 3) person's electronic information (such as Plans of Care) would be submitted; 4) site tours and interviews would be organized; 5) in-person debriefing of site review would be conducted; 6) the initial provider report would be provided for follow-up on areas of non-compliance or partial compliance; and 7) the final report would be developed and submitted to the heightened scrutiny advisory review committee for final review prior to determining whether the setting should be submitted to CMS. Actual onsite visits commenced in mid-May.

As described in the transition plan, the sites designated for heightened scrutiny were: Adult Day Care, Assisted Care Living Facilities, Facility Based Day, Residential Habilitation settings where more than 4 reside, and Supported Living and Residential Habilitation settings close in proximity.

At least one month, but most often two months, prior to the heightened scrutiny review visit a notification is sent to the provider with the onsite review date and time, and a request for data specific to participants and the HCBS provided in that setting.

As of the first quarter, with an end date of 6/30/2016, TennCare and the contracted entities have completed a total of 27 heightened scrutiny reviews. This initial time of experience, observation and feedback has been valuable and TennCare is refining certain components of the communication and review processes based on what has been learned during these initial 27 visits.

2. Discussing challenges and potential strategies for addressing issues that may arise during the state's remediation and relocation processes;

To date there have been no known challenges for the state's remediation and relocation process. The relocation process will kick off on July 1, 2016 and will be led by the TennCare Person Centered Practices team. The MCOs have been aware of the process since it was developed for the STP and TennCare has kept them abreast during monthly MCO/TennCare meetings. The face-to-face visits should begin at the same time for each MCO and the standard letter to both the provider and the person (or person's representative) that will be relocating will be sent at the same time. The TennCare team will track each step of the relocation process for all people impacted by the provider self-identifying as not compliant with the final rule. The following items will be tracked on a monthly basis: 1) initial face to face meeting between care coordinator and person; 2) notification letter date; 3) first plan meeting date; 4) relocation option selected; 5) planned transition date; 6) actual transition date; and 7) 1st face to face care coordinator visit date.

The current number of members who need to transition is different than what was reported in the STP. At the time of the STP submission, TennCare reported there were "...less than 20 people that will be transitioning due to their provider choosing to not

comply with the final rule”. Currently there are only 3 members whose transition process will be monitored by TennCare’s Person-Centered Practices team. The reasons for the difference in numbers is due to members transitioning to another setting with family assistance due to member preference (not a result of setting rule non-compliance), a change to a different setting altogether due to a significant change in functional assessment and members passing away.

3. Adjusting the heightened scrutiny process as needed to assure that all sites under each of the three prongs have been identified, the rationale of why and how the state has assessed and categorized settings based on each of the three prongs under heightened scrutiny (particularly those settings under the third “prong” of heightened scrutiny, i.e. “any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS”), and the state’s progress in producing the evidence necessary for submission to CMS under heightened scrutiny review.

The decision to review certain setting types under the heightened scrutiny process came from state leadership. TennCare along with its contracted entities understood CMS guidance regarding physical location as it pertained to heightened scrutiny, and felt comfortable with the provider self-assessment and contracted entity review process when determining whether these settings were compliant with the rule or if transition plans were adequate to bring non-compliant settings into compliance. However, TennCare along with statewide advocates had concerns with settings presumed not HCBS as it related to settings that have the effect of isolating members who receive Medicaid funded HCBS from the broader community of people who do not receive Medicaid funded HCBS. TennCare determined the following settings are potentially presumed not HCBS until a heightened scrutiny review has been conducted by the state and evidence either confirms that the setting does not isolate and therefore does not require heightened scrutiny review by CMS, or is likely to isolate, but evidence is sufficient to support that the setting overcomes the presumption, and will be submitted to CMS:

- Adult Day Care: Primarily these settings are designed for and serve exclusively people who are elderly or have a disability. Participants appear to have limited, if any, interaction with the broader community.
- Assisted Care Living Facilities: Some of these setting are located adjacent to an inpatient treatment setting and have the potential to isolate residents from the broader community. Other settings may be located within the broader community, but residents have limited, if any, interaction with the broader community.
- Facility-based Day: These settings are designed specifically for people with disabilities, individuals in the setting are primarily people with disabilities, and people in the setting have limited interaction with the broader community.
- Supported Living and Residential Habilitation homes within close proximity: These settings are designed specifically for people with disabilities, individuals in the setting are primarily people with disabilities and the settings have the potential to isolate people receiving Medicaid HCBS from the broader community.
- Residential Habilitation with more than four (4) residents: These settings are designed specifically for people with disabilities, individuals in the setting are primarily people with disabilities and the settings have the potential to isolate people receiving Medicaid HCBS from the broader community.

- Adult Care Homes: These settings are designed specifically for people with disabilities, individuals in the setting are primarily people with disabilities and the settings have the potential to isolate people receiving Medicaid HCBS from the broader community.

Evidence to CMS:

TennCare’s heightened scrutiny process began April 1, 2016. TennCare, contracted entities and the provider all work together to develop an electronic heightened scrutiny report for the purpose of submission to CMS. The heightened scrutiny review process has three distinct steps: 1) secondary review of policies and procedures; 2) on-site review, including interviews with participants and staff of all levels; 3) initial provider review report completed by TennCare and review team; 4) provider response to initial report; 5) final provider review report completed by TennCare and review team; and 6) Advisory Review Committee review and determination of compliance or non-compliance.

Upon completion of initial heightened scrutiny review visits and feedback from providers and review teams, the State is finalizing the review report which will be populated with data to demonstrate evidence that all setting submitted to CMS for review have, based on the State’s review process and Advocacy Review Committee review results, overcome the presumption of having institutional qualities and are in fact, HCBS in nature.

It is TennCare’s intent to submit all reports to CMS on or before October 2, 2017.

4. Providing feedback to CMS on the status of implementation, including noting any challenges with respect to capacity building efforts and technical support needs.

Heightened scrutiny visits scheduled through August are being conducted. After the first quarter of site visits, the state is revising the notification and data collection process as efficiencies have been identified and will be implemented beginning with September review visits. TennCare has experienced some transition in leadership positions but was able to quickly fill one significant position which will keep the heightened scrutiny review process and implementation of the STP on track.

Tennessee Statewide Transition Plan Heightened Scrutiny Tracking - July 13, 2016

	To be conducted	Completed	Percent Complete
Adult Day Care (CHOICES)	30	6	20%
Assisted Care Living Facilities (CHOICES)	84	10	12%
Facility Based Day (ID Waiver)	51	11	22%
Residential Habilitation settings with more than 4 persons (ID Waiver)	49	0	0%
Supported Living and Residential Habilitation settings in close proximity	37	0	0%
Adult Care Homes	2	0	0%
Total	253	27	11%

