

State of Tennessee

Statewide Transition Plan and Heightened Scrutiny Milestone Tracking

Quarterly Report

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.
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

For the purpose of STP Quarterly Report submissions, this page will always remain the same as historical context.

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.

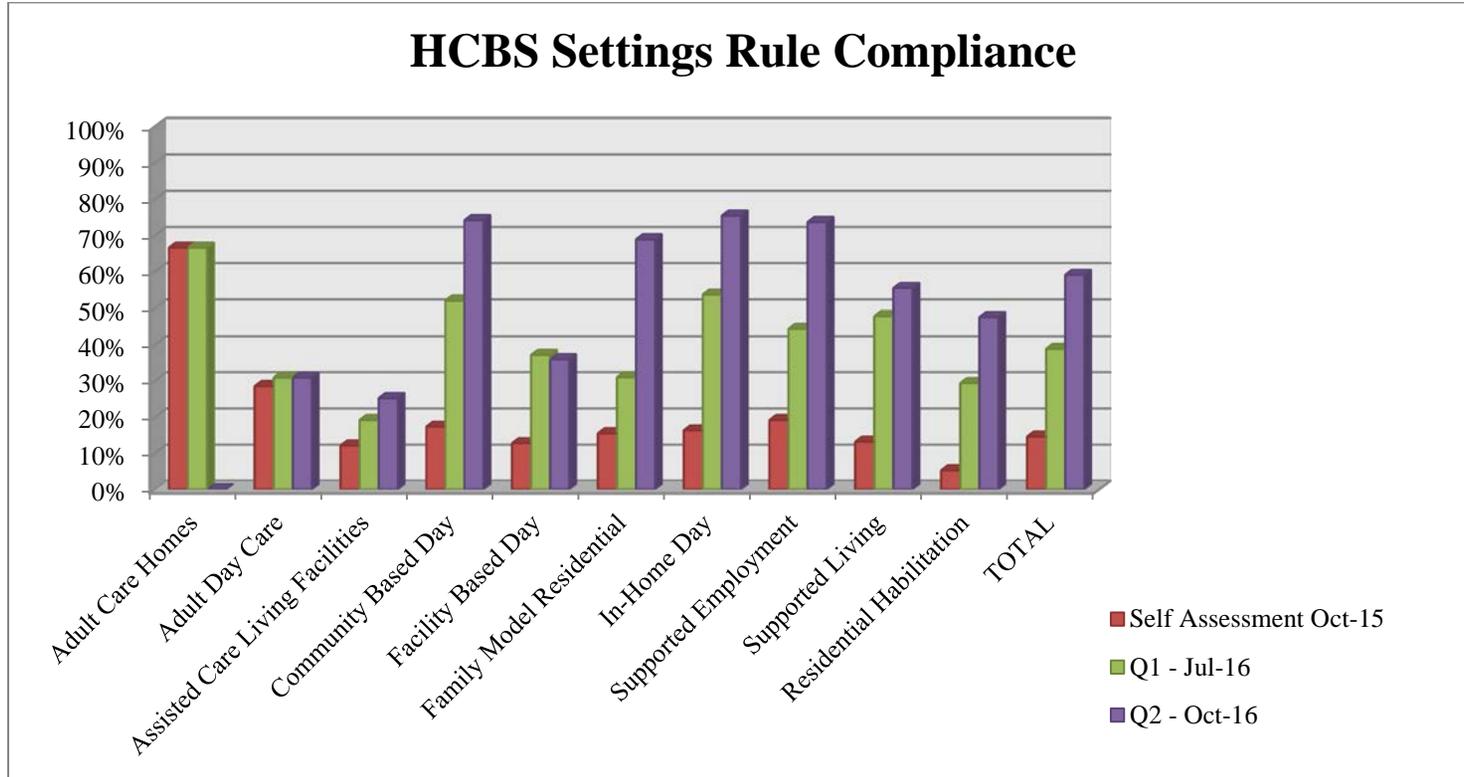
Setting Type	Total number of settings	Total compliant 9/30/2015
Adult Care Homes	3	2
Adult Day Care	42	12
Assisted Care Living Facilities	99	12
Community Based Day	167	29
Facility Based Day	86	11
Family Model Residential	290	45
In-home Day	147	24
Supported Employment	99	19
Supported Living	144	19
Residential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

The chart below represents Tennessee’s current provider compliance status as of September 30, 2016. It also indicates the number of provider settings that have closed.

Provider Compliance Status as of 9/30/2016			
Setting Type	Total number of settings	Compliant	Closed
Adult Care Home	3	0	0
Adult Day Care	42	13	2
Assisted Care Living Facility	99	25	1
Community Based Day	167	124	6
Facility Based Day	86	31	10
Family Model Residential	290	200	0
In-Home Day	147	111	6
Supported Employment	99	73	1
Supported Living	144	80	4
Residential Habilitation	170	81	0
TOTALS	1247	738	30

Since the initial provider self-assessment and validation process, some providers have reported they have no intent to comply with the HCBS Settings Final Rule. These providers have indicated they are either in the process of closing or have decided to close. Other providers, however, have reported they are changing their business model to better comport with the HCBS Settings Rule. Many Facility Based Day sites have transitioned or are in the process of transitioning to Community Based Day. Also, while 738 providers currently have the status of compliant, TennCare expects that this number could change following the completion of Heightened Scrutiny reviews.

The chart below represents the progress of provider compliance status from the initial provider self-assessment and validation period through the end of Quarter 2. It will be updated with each quarterly report submission.



Due to the ongoing monitoring of provider compliance and the evolution of guidance from CMS on this process, the status of settings previously identified as compliant has changed in a few cases. For example, during the initial provider self-assessment and validation process, two of the three Adult Care Homes were determined to be compliant. However, as a result of continuous monitoring and increased knowledge and experience, these two Adult Care Homes have since been required to develop a transition plan to address issues regarding staff training. Both sites are owned by the same provider who is now in the process of implementing the transition plan. This explains the change from 67% to zero compliant Adult Care Home sites for this quarter in the chart above. In addition, one of the Facility Based Day sites had a change in status during the quarter causing that percentage to slightly decrease as well. As previously mentioned, TennCare expects that these numbers may continue to fluctuate as Heightened Scrutiny Reviews are conducted.

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	Completion 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	TennCare Heightened Scrutiny Process; ends 3/31/2017. 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.	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	Revised STP will be posted for 30 day public comment period 10/02/2017 through 11/01/2017. Settings identified for heightened scrutiny review include: <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	

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	51	19	9	7	7	9	0
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 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	0						
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 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	N/A						
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							

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

The Statewide Transition Plan implementation milestones have been completed as indicated in the chart on pages 1-3 of this report. Eleven of the twenty-three Remediation milestones are still in process (see chart on pages 3-4 of this report for specific Remediation milestone status).

As previously reported, TennCare started the 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 advocacy 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 June 30th, 2016, TennCare and the contracted entities had completed a total of 27 heightened scrutiny reviews. During the second quarter, 51 heightened scrutiny reviews were completed. After the first round of reviews, TennCare analyzed feedback received from reviewers during the first quarter. This feedback was used to identify opportunities to further refine certain components of the communication and review processes. While working to implement process improvements, reviews were put on hold for the month of September and are set to resume in October.

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 TennCare Person Centered Practices team began the relocation process on June 23, 2016. 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 Director of Person Centered Practices sent a request to each MCO to identify members requiring transition from residential sites which had self-identified as non-compliant and did not intend to come into compliance with the HCBS Settings Final Rule. The current number of members who need to transition is different from what was originally reported in the Statewide Transition Plan. At the time of 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”. There are currently three members whose relocation process will be monitored by TennCare’s Person-Centered Practices team. 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.

The three individuals identified for relocation are members of the same MCO. The MCO was provided with two letters to assist with the relocation process. The first letter is intended to provide written notification to the member once the face-to-face meeting has occurred. It explains that the provider has told the MCO it cannot come into compliance with the federal rule and the MCO will need to transition or relocate the member to a new, compliant provider of his or her choosing. It also includes information about the person's options and explains that the MCO will provide support and assistance with the transition. The second letter is intended to inform the provider of its responsibilities to cooperate with the MCO and the member's care coordinator to facilitate a seamless transition to another CHOICES provider and to continue to provide services to the member until the member has been transitioned.

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) first face to face care coordinator post-transition visit date. The state's completion goal is October 31, 2016, but we will allow for extensions if requested by the member for extenuating circumstances.

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 several 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.

Following the completion of the initial heightened scrutiny visits and the review of feedback from providers and review teams, the State has finalized the review report template which will be populated with data to demonstrate evidence that all settings 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. Heightened scrutiny review reports are being completed by review teams following each review. TennCare and contracted entities will begin issuing review reports to providers during quarter three and requesting provider responses.

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.

As reported in quarter one, TennCare has experienced some transition in leadership positions but was able to quickly fill one significant position which has kept the heightened scrutiny review process and implementation of the STP on track.

Heightened scrutiny reviews commenced in May 2016 and have continued monthly with the exception of the month of September as mentioned earlier in this report. Reviews will resume in October 2016 with the implementation of the revised process for coordinating and conducting reviews.

One challenge identified during the first quarter was related to the identification of residential settings within close proximity. As explained in the response to question 3, TennCare identified settings potentially presumed not HCBS that would require a heightened scrutiny review to confirm that the setting does not isolate individuals from their communities. Settings determined by the state to fall into this category include Supported Living and Residential Habilitation homes within close proximity. TennCare has identified an opportunity to improve the way it is documenting efforts to identify sites that are within close proximity. A Close Proximity form was created to capture each Supported Living and Residential Habilitation home, along with a description of the physical location and other details regarding the settings and the proximity to similar or same settings. This informed each contracting entity's recommendation of homes that are within close proximity and will require a review.

Additionally, TennCare continues to improve its efforts to track progress on individual provider transition plan implementation. During the quarter, TennCare revised the HCBS Settings Rule Compliance Tracking Report template that is used by contracted entities to continuously track the status of provider compliance with the HCBS Settings Rule to better capture needed information. The report requests data to demonstrate progress on achievement of provider transition plan milestones. It was designed to be used as a tool to assist contracted entities with tracking provider compliance, but also to be used by TennCare to collect valuable information about the process overall. For example, TennCare should be able to capture instances where a provider initially self-assessed and was validated as compliant, but was later required to create a transition plan following the results of the on-site heightened scrutiny review. Contracted entities will submit the report to TennCare each quarter and this data will be used to inform TennCare's STP Deliverable Quarterly Status Report to CMS.

The chart below shows the percentage of heightened scrutiny reviews that have been completed as of September 30th, 2016. Please note one change to the Total Heightened Scrutiny Reviews column. The quarter 1 report showed a total of 2 Adult Care Homes. Upon further review, this should change to a total of 3 because there are actually two Adult Care Homes that are operated by the same provider and have the same address. One of the homes was left off the quarter 1 report because it was misidentified as a duplicate.

Completed Heightened Scrutiny Reviews by Setting as of 9/30/2016			
Setting Type	TOTAL Heightened Scrutiny Reviews	Reviews Completed	Percent of Reviews Completed
Adult Care Homes	3	0	0%
Adult Day Care	30	15	50%
Assisted Care Living Facilities	84	19	23%
Close Proximity	37	7	19%
Facility Based Day	51	30	59%
Residential Habilitation > 4 persons	49	7	14%
Total	254	78	31%

