

COVID-19 Section 1115(a) Demonstration Application Template

The State of Tennessee, Department of Finance & Administration, proposes emergency relief as an affected state, through the use of section 1115(a) demonstration authority as outlined in the Social Security Act (the Act), to address the multi-faceted effects of the novel coronavirus (COVID-19) on the state's Medicaid program.

Tennessee's Medicaid program currently operates as 1115 Medicaid demonstration entitled, "TennCare II" (Project No. 11-W-00151/4). This emergency amendment seeks to make certain temporary modifications to the terms and conditions of that approved demonstration, specific to long-term services and supports (LTSS).

Tennessee operates two LTSS programs under the authority of the TennCare 1115 demonstration.

- The CHOICES program provides LTSS (including Nursing Facility services and HCBS) to elderly adults and individuals with physical disabilities.
- The Employment and Community First (ECF) CHOICES program provides HCBS to individuals with intellectual or other developmental disabilities.

I. DEMONSTRATION GOAL AND OBJECTIVES

Effective retroactively to March 13, 2020, through March 12, 2021, the State of Tennessee seeks section 1115(a) demonstration authority to operate its Medicaid program without regard to the specific statutory or regulatory provisions (or related policy guidance) described below, in order to furnish medical assistance in a manner intended to protect, to the greatest extent possible, the health, safety, and welfare of individuals and providers who may be affected by COVID-19. These temporary flexibilities will be implemented as determined by TennCare to be needed during the COVID-19 emergency and discontinued as the risk of exposure and spread of COVID-19 are reduced, and as providers are able to safely resume provision of services as described in the currently approved demonstration.

II. DEMONSTRATION PROJECT FEATURES

- A. Eligible Individuals:** The following populations will be eligible under this demonstration. To the extent coverage of a particular service is available for a particular beneficiary under the State plan, such coverage will be provided under the State plan and not under demonstration authority.

This amendment does not seek to modify the populations eligible for CHOICES or ECF CHOICES under the TennCare II demonstration.

Check to Apply	Population
	Current title XIX State plan beneficiaries
	Current section 1115(a)(2) expenditure population(s) eligible for/enrolled in the following existing section 1115 demonstrations: <i>[state to identify here]</i>

B. Benefits: The state will provide the following benefits and services to individuals eligible under this demonstration. To the extent coverage of a particular service is available for a particular beneficiary under the State plan, such coverage will be provided under the State plan and not under demonstration authority.

This amendment does not seek to modify the benefits and services provided to individuals eligible for CHOICES or ECF CHOICES under the TennCare II demonstration.

Check to Apply	Services
	Current title XIX State plan benefits
	Others as described here: <i>[state to describe here]</i>

C. Cost-sharing

This amendment does not seek to modify the cost sharing obligations of individuals eligible for CHOICES or ECF CHOICES under the TennCare II demonstration.

Check to Apply	Cost-Sharing Description
	There will be no premium, enrollment fee, or similar charge, or cost-sharing (including copayments and deductibles) required

Check to Apply	Cost-Sharing Description
	of individuals who will be enrolled in this demonstration that varies from the state’s current state plan.
	Other as described here: <i>[state to insert description]</i>

D. Delivery System:

This amendment does not seek to modify the delivery system for benefits and services provided to individuals eligible for CHOICES or ECF CHOICES under the TennCare II demonstration. These benefits will continue to be provided through managed care.

Check to Apply	Delivery System Description
	The health care delivery system for the provision of services under this demonstration will be implemented in the same manner as under the state’s current state plan.
	Other as described here: <i>[state to insert description]</i>

III. EXPENDITURE AND ENROLLMENT PROJECTIONS

A. Enrollment and Enrollment Impact.

- i. State projects that approximately 0 individuals as described in section II will be eligible for the period of the demonstration. The overall impact of this section 1115 demonstration is that these individuals, for the period of the demonstration, will continue to receive HCBS or coverage through this demonstration to address the COVID-19 public health emergency.

This amendment does not change projected enrollment or enrollment impact for CHOICES or ECF CHOICES under the TennCare II demonstration.

B. Expenditure Projection.

The state projects that the total aggregate expenditures under this section 1115 demonstration is \$9,966,549.

This accounts for increased payments to HCBS providers to sustain the HCBS provider network, including workforce capacity to deliver necessary services during and following the COVID-19 emergency. It does not include additional funding for retainer payments which are already contemplated in the program funding.

In light of the unprecedented emergency circumstances associated with the COVID-19 pandemic and consistent with the President’s proclamation that the COVID-19 outbreak constitutes a national emergency consistent with section 1135 of the Act, and the time-limited nature of demonstrations that would be approved under this opportunity, the Department will not require States to submit budget neutrality calculations for section 1115 demonstration projects designed to combat and respond to the spread of COVID-19. In general, CMS has determined that the costs to the Federal Government are likely to have otherwise been incurred and allowable. States will still be required to track expenditures and should evaluate the connection between and cost effectiveness of those expenditures and the state’s response to the public health emergency in their evaluations of demonstrations approved under this opportunity.

IV. APPLICABLE TITLE XIX AUTHORITIES

The state is proposing to apply the flexibilities granted under this demonstration opportunity to the populations identified in section II.A above.

Check to Apply	Program
	Medicaid state plan
	Section 1915(c) of the Social Security Act (“HCBS waiver”). Provide applicable waiver numbers below:
X	Section 1115(a) of the Social Security Act (i.e., existing, approved state demonstration projects). Provide applicable demonstration name/population name below: TennCare II Demonstration (Project No. 11-W-00151/4) CHOICES Program Employment and Community First CHOICES Program
	Other: [<i>State to describe here</i>]

V. WAIVERS AND EXPENDITURE AUTHORITIES

A non-exhaustive list of waiver and expenditure authorities available under this section 1115 demonstration opportunity has been provided below. States have the flexibility to request additional waivers and expenditure authorities as necessary to operate their programs to address COVID-19. If additional waivers or expenditure authorities are desired, please identify the authority needed where indicated below and include a justification for how the authority is needed to assist the state in meeting its goals and objectives for this demonstration. States may include attachments as necessary. Note: while we will endeavor to review all state requests for demonstrations to combat COVID-19 on an expedited timeframe, dispositions will be made on a state-by-state basis, and requests for waivers or expenditure authorities in addition to those identified on this template may delay our consideration of the state’s request.

A. Section 1115(a)(1) Waivers and Provisions Not Otherwise Applicable under 1115(a)(2)

The state is requesting the below waivers pursuant to section 1115(a)(1) of the Act, applicable for beneficiaries under the demonstration who derive their coverage from the relevant State plan. With respect to beneficiaries under the demonstration who derive their coverage from an expenditure authority under section 1115(a)(2) of the Act, the below requirements are identified as not applicable. Please check all that apply.

Check to Waive	Provision(s) to be Waived	Description/Purpose of Waiver
	Section 1902(a)(1)	To permit the state to target services on a geographic basis that is less than statewide.
X	Section 1902(a)(8), (a)(10)(B), and/or (a)(17)	To permit the state to vary the amount, duration, and scope of services based on population needs; to provide different services to different beneficiaries in the same eligibility group, or different services to beneficiaries in the categorically needy and medically needy groups; and to allow states to triage access to long-term services and supports based on highest need.
[check box]	[insert here the statutory section of the Social Security Act]	[insert here the description/purpose of waiver]
[check box]	[insert here the statutory section of the Social Security Act]	[insert here the description/purpose of waiver]
[check box]	[insert here the statutory section of the Social Security Act]	[insert here the description/purpose of waiver]

Check to Waive	Provision(s) to be Waived	Description/Purpose of Waiver
[check box]	[insert here the statutory section of the Social Security Act]	[insert here the description/purpose of waiver]

B. Expenditure Authority

Pursuant to section 1115(a)(2) of the Act, the state is requesting that the expenditures listed below be regarded as expenditures under the state plan.

Note: Checking the appropriate box(es) will allow the state to claim federal financial participation for expenditures that otherwise would be ineligible for federal match.

Check to Request Expenditure	Description/Purpose of Expenditure Authority
	Allow for self-attestation or alternative verification of individuals' eligibility (income/assets) and level of care to qualify for long-term care services and supports.
X	Long-term care services and supports for impacted individuals even if services are not consistent with or timely updated in the plan of care, or are delivered in alternative settings. Alternative settings may include an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings; and settings that do not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.
	Ability to pay higher rates for HCBS providers in order to maintain capacity.
X	The ability to make retainer payments to certain habilitation and personal care providers to maintain capacity during the emergency. For example, adult day sites have closed in many states due to isolation orders, and may go out of business and not be available to provide necessary services and supports post-pandemic
	Allow states to modify eligibility criteria for long-term services and supports.
X	The ability to reduce or delay the need for states to conduct functional assessments to determine level of care for beneficiaries needing LTSS or to conduct such activities remotely.

Check to Request Expenditure	Description/Purpose of Expenditure Authority
X	Other: Expenditures for long-term services and supports delivered to affected beneficiaries by providers which are not currently authorized to receive payment for services or by providers which do not meet existing provider qualifications as established under applicable federal or state authorities.

VI. Public Notice

Pursuant to 42 CFR 431.416(g), the state is exempt from conducting a state public notice and input process as set forth in 42 CFR 431.408 to expedite a decision on this section 1115 demonstration that addresses the COVID-19 public health emergency.

VII. Evaluation Indicators and Additional Application Requirements

A. Evaluation Hypothesis. The demonstration will test whether and how the waivers and expenditure authorities affected the state’s response to the public health emergency, and how they affected coverage and expenditures.

B. Final Report. This report will consolidate demonstration monitoring and evaluation requirements. No later than one year after the end of this demonstration addressing the COVID-19 public health emergency, the state will be required to submit a consolidated monitoring and evaluation report to CMS to describe the effectiveness of this program in addressing the COVID-19 public health emergency. States will be required to track expenditures, and should evaluate the connection between and cost effectiveness of those expenditures and the state’s response to the public health emergency in their evaluations of demonstrations approved under this opportunity. Furthermore, states will be required to comply with reporting requirements set forth in 42 CFR 431.420 and 431.428, such as information on demonstration implementation, progress made, lessons learned, and best practices for similar situations. States will be required to track separately all expenditures associated with this demonstration, including but not limited to administrative costs and program expenditures, in accordance with instructions provided by CMS. CMS will provide additional guidance on the evaluation design, as well as on the requirements, content, structure, and submittal of the report.

VIII. STATE CONTACT AND SIGNATURE

State Medicaid Director Name: Stephen Smith
Telephone Number: 615.507.6444
E-mail Address: Stephen.M.Smith@tn.gov

State Lead Contact for Demonstration Application: Aaron Butler and Patti Killingsworth
Telephone Number: 615.507.6448
E-mail Address: aaron.c.butler@tn.gov, patti.killingsworth@tn.gov

Authorizing Official (Typed): Stephen Smith

Authorizing Official (Signature): 
Date: April 30, 2020

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1115 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Judith Cash at 410-786-9686.