

Overview:

TennCare is amending certain service definitions and reimbursement methodologies in its Section 1915(c) waivers in order to align with person centered philosophies and the federal standards on HCBS settings and integrated employment for people with disabilities. These amendments are part of Tennessee's Statewide Transition Plan for compliance with the federal HCBS settings rule and will be made to the Statewide, Self-Determination and Comprehensive Aggregate Cap waivers. Amendments will separate supported employment services from other day services, add a definition for Individual Integrated Employment Supports, add Community Based Wrap Around only for individuals receiving Individual Integrated Employment Supports or participating in individualized integrated employment, add clarifications further defining other employment and day services expectations, transition from per diem rates to quarter hour unit rates for Individual Integrated Employment Supports and Community Based Wrap Around, and establish an incentive payment structure to align financial incentives toward helping individuals achieve their individual integrated employment goals. Additionally, language has been revised in Appendix F regarding the utilization review audit sample.

The requested changes are to be effective upon implementation of systems modifications necessary to support these changes.

Waiver Amendments**Appendix C**

(Separate Employment from Day Services.)

Appendix C.1 Service Title

Day Services

Appendix C.1 Service Definitions:**DAY SERVICES**

Day Services shall mean individualized services and supports selected by the person supported, that help the person to prepare for employment in competitive integrated settings and engage in community life, based on his or her individualized needs and preferences and as reflected in the person-centered ISP; and to acquire, retain, or improve skills in the area of self-care, sensory/motor development, socialization, daily living skills, and communication, in order to pursue and achieve personal community living goals. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choice.

All individualized day services goals and objectives, along with needed supports shall be established through the person-centered planning process and documented in the person-centered ISP and shall include opportunities to prepare for employment in competitive integrated settings through time-

limited pre-vocational services, engage in community life, and control personal resources, as applicable based on the needs and preferences of the individual.

Day Services shall be provided as specified in the person-centered ISP in order to support the individual's pre-vocational and/or community living activities; or the development, retention, and improvement of skills necessary to achieve individual integrated employment and/or community living goals.

Community-Based Day Services

Community-Based (CB) Day Services shall support each person's full engagement in community life, based on his or her individualized needs and preferences and as reflected in the person-centered ISP. CB Day Services are focused on the acquisition, retention, or improvement of skills that will support each person in pursuing and achieving individual integrated employment and/or community living goals. Areas of focus include but are not limited to self-care, mobility skills, communication skills, socialization skills, daily living skills, sensory/motor development and general skills for success in individual integrated employment. This includes assisting the person to build relationships and natural supports, and to explore individual integrated employment opportunities. CB Day Services are designed such that the person spends the majority of his/her time, while participating in this service, actively engaged in individualized activities or his/her choosing in the community. Supervision, monitoring, training, education, demonstration, and support is provided as needed to assist with the acquisition of skills in the following areas: preparing for employment, unpaid work experiences (e.g. volunteer opportunities), pursuing educational goals, developing self-advocacy skills, utilizing community resources (e.g. public transportation), participating in community/public events, engaging in hobbies and leisure activities, building relationships, and maintaining contact with natural and informal supports, including family and friends.

Comment [LTSS1]: Please note that CB Day includes pre-vocational activities, allowing such activities to be completed in integrated community settings, consistent with the federal HCBS settings rule.

Community Based Wrap Around – (Individual Integrated Employment Wrap Around Supports)

Community Based (CB) Wrap Around is available only for a person who is employed in an individual integrated setting and earning a competitive wage and only on the days where the person is working in the individual integrated setting and earning a competitive wage. The purpose of this CB Wrap Around benefit is to provide supports needed to ensure the working person's full integration and participation in the community, with flexibility based on the person's work schedule. This CB Wrap Around service must meet all requirements outlined above for CB Day and can only be billed on days that the person is working in the individual integrated setting and earning a competitive wage. CB Wrap Around may be used in combination with Individual Integrated Employment Supports, or for persons who no longer need employment supports to maintain individual integrated employment at a competitive wage. CB Wrap Around Services cannot be billed in conjunction with (i.e., on the same day as) any other Day Services or with Group or Small Group Employment Supports; nor can it be billed on days when the person is not working in individual integrated employment and earning a competitive wage.

On a day that a person works in individual integrated employment (with or without Individual Integrated Employment Supports) and receives CB Wrap Around, the service hours paid as CB Wrap Around plus

the number of hours the person is employed per day cannot exceed six (6) hours (i.e., if a person supported works 4 hours on a given day in individual integrated employment, that person can be authorized to receive up to 2 hours of CB Wrap Around on that day). This is not a limitation on the number of hours a person can work in individual integrated employment on a given day, but rather, a limit on the amount of paid supports that can be provided in a day. If a person works in individual integrated employment six (6) or more hours on a day, he/she is not eligible for CB Wrap Around services that day. If a person works in individual integrated employment thirty (30) or more hours per week, he/she is not eligible for CB Wrap Around services.

If a person receives other Day Services or Group or Small Group Employment Supports in addition to Individual Integrated Employment Supports and CB Wrap Around (i.e., “in addition to” means on days that the person is not working in individual integrated employment), the total number of hours of paid Day Services plus the number of hours a person supported is employed in Individual Integrated Employment Supports per week cannot exceed thirty (30) hours per week. Other services paid at day rates shall be considered to provide six (6) hours a day of service when calculating total number of paid day services hours per week.

The amount of CB Wrap Around authorized should be based on the individual’s need for paid supports outside of individual integrated employment hours in order to fully participate in the community, and should not be used to supplant natural supports.

Facility-Based Day Services

Day Services may be provided in a facility setting only when a person needs time-limited pre-vocational training, and only when such training is not available in community settings (e.g., internship sites, work experience sites, volunteer sites, post-secondary education settings, workforce centers, or a combination of these and/or similar community settings). The person, through their person-centered planning process, must have been offered a choice of settings and must have made an informed choice to participate in a facility based pre-vocational program in order to focus on the development of individualized and specific skills that will support them in pursuing and achieving individual integrated employment and/or community living goals. Supervision, monitoring, training, education, demonstration, or supports is provided to assist with the acquisition of skills for individual integrated employment or entry into vocational training programs that offer professional certifications or qualifications and/or lead to the acquisition of individual integrated employment.

Pre-vocational services provide learning and work experiences, including volunteer work, where the individual can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings. Services are expected to occur over a defined period of time (i.e., limited duration) and with specific outcomes to be achieved, as determined by the individual and his/her Circle of Support through an ongoing person-centered planning process.

Individuals receiving prevocational services must have employment-related goals in their ISP. Pre-vocational services shall only be provided for the purpose of furthering rehabilitative goals that are designed to support employment goals in the ISP. Competitive, integrated employment in the community for which an individual is compensated at or above the minimum wage, but not less than the

Comment [LTSS2]: Providers, please note that the Workforce Innovation and Opportunity Act (WIOA), which the President signed into law on July 22, 2014 adds new restrictions on sheltered workshops or other work environments where people with disabilities earn less than minimum wage in segregated settings. Beginning July 2016, people with disabilities age 24 and under will not be allowed to receive less than the federal minimum wage of \$7.25 per hour without receiving employment transition services in school and vocational rehabilitation settings.

TennCare and DIDD are committed to working with providers on ensuring their FBD programs are compliant with the HCBS Settings Rule and to transition sub-minimum wage paying sheltered workshops into compliance with both the HCBS Settings Rule and the WIOA.

customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities is considered to be the optimal outcome of prevocational services.

Prevocational services should enable each individual to attain the highest level of work in the most integrated setting and with the job matched to the individual's interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines. Services are intended to develop and teach general skills. Examples include, but are not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; and general workplace safety and mobility training.

The ISP should clearly identify the person's individualized habilitation goals and should also clearly identify that the intent of the service is to develop needed skills to pursue integrated community based employment at or above the minimum wage. Service notes and ongoing planning activities should clearly document progress toward achieving those goals and efforts toward transition to more integrated and competitively compensated employment options. A general statement that services are pre-vocational in nature will not suffice.

If a person's pre-vocational services involves paid work in a facility-based or sheltered employment setting and the person is earning a wage at or above 50% of the minimum wage, it is expected that the ISC or Case Manager (as applicable) and Circle of Support are working with the person to pursue employment in integrated, competitive work settings.

Facility-Based (FB) Day services must allow for opportunities for all persons supported to be engaged in the broader community when appropriate and be specified in the person-centered ISP. ISPs that indicate the person supported is not participating in more integrated settings, including competitive integrated employment, shall meet all requirements set forth in 42 CFR § 441.725(b)(13) and will be evaluated every six months to assess the person's ability to participate in more integrated opportunities and to ensure that restrictions on community integration are still appropriate and that documentation exists to support that less restrictive approaches have been recently attempted and failed.

In-Home Day Services

In-Home Day Services are provided in the person's residence only if selected by the person supported because there is a health, behavioral, or other medical reason that the person is unable to participate in services outside the home, or if the person has chosen retirement to allow flexibility to receive a combination of integrated Community Based Day Services and in-home activities, based on the needs and preferences of each person. Supported retirement activities for older persons who no longer desire to work should include supports to assist them in meaningful retirement activities in their communities. This might involve support to participate in hobbies, clubs and/ or other senior related activities in their communities, but with schedules that allow for more rest time throughout the day. ISPs that indicate In-home Day services are utilized shall meet all requirements set forth in 42 CFR § 441.725(b)(13) and will be evaluated every six months to reassess the person's ability to participate in more integrated opportunities and ensure restrictions on community integration are still appropriate and that

documentation exists to support that less restrictive approaches have been recently attempted and failed.

Additional Requirement

Transportation of the person to and from the person's place of residence to the location where Day Services will be provided shall be the responsibility of the Day Services provider. With the exception of transportation to and from medical services covered through the Medicaid State Plan/TennCare Program and in accordance with TennCare protocol, transportation that is needed during the time that the person is receiving Day Services shall be the responsibility of the Day Services provider, and the cost of such transportation shall be considered to be included within the Day Services reimbursement rate.

Day Services shall not be provided in inpatient hospitals, nursing facilities, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID).

Day Services are not intended to replace services available through the Medicaid State Plan/TennCare program. Services provided by natural supports are not reimbursable and are excluded from reimbursement as part of this service.

Day Services shall not replace services available under a program funded by the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act. Day Services shall not be provided during the same time period that the person is receiving Personal Assistance Services, Respite Services, or services under a 504 Plan or Individual Education Program (IEP), is being homeschooled, or any combination thereof, or as a substitute for education services which are available pursuant to the Individual with Disabilities Education Act (IDEA), but which the person or his/her legal representative has elected to forego. Except for students who have graduated prior to May of 2014, Day Services for school aged persons (i.e., under the age of 22) are limited to regular extended school break periods (i.e., summer, and Christmas and spring breaks).

Day Services (including CB Day, CB Wrap Around, FB Day and In-Home Day) shall be limited to a maximum of 5 days per week up to a maximum of 243 days per person per calendar year. Family members employed by provider agencies or through self-direction to provide Day Services are required to implement services as specified in the Individual Support Plan (ISP). Reimbursement to family members shall be limited to forty (40) hours per week per family member for self-directed services as well as those delivered by contracted provider agencies. The person's Circle of Support is responsible for determining if the use of family members to deliver paid care is the best choice for the person supported and shall ensure that paid services do not supplant natural supports that would otherwise be provided at no cost to the Medicaid program.

Day Services shall be reimbursed in accordance with the requirements set forth herein. The provider may receive the per diem reimbursement for Day Services if:

- a. The person receives 6 hours of direct services, which may include, in accordance with requirements specified herein, combinations of Group or Small Group Employment Supports, Community-Based, Facility-Based, and In-home Day Services.
- b. The person receives at least 2 hours of Day Services and there is documentation that the person was unable to complete the full 6 hours of Day Services for reasons beyond the provider's control (e.g., sickness of the person).

Reimbursement for a combination of different Day Services (e.g., Community-Based, and/or Facility-Based; or Community-Based and/or Facility-based in conjunction with In-Home) or different Day Services in combination with Group or Small Group Employment Supports) provided on the same day shall be made in accordance with the following:

- a. If the person receives up to or in excess of 6 hours of a combination of Community-Based and Facility-Based Day Services, the reimbursement shall be the per diem reimbursement rate for the type of service provided for the greatest amount of time that day.
- b. If the person receives up to or in excess of 6 hours of a combination of Day services that includes at least three hours of Group or Small Group Employment Supports (i.e., half of the time), the reimbursement shall be the per diem reimbursement rate for Group or Small Group Employment Supports, as applicable.
- c. If the person receives a combination of Individual Integrated Employment Supports and Community-Based Wrap Around, each service shall be reimbursed at the applicable per unit rate in accordance with the number of units of each service provided.
- d. Only in the case of a person of appropriate retirement age who has chosen retirement, which must be documented in the person's ISP, and to encourage the person's continued participation in community life, if the person spends at least half of the time (i.e., receives at least 3 hours of Community-Based Day Services) in order to participate in integrated community activities of his/her choosing, and chooses to receive some or all of the remainder of the 6 hours receiving In-home Day Services, the reimbursement shall be the per diem reimbursement rate for Community-Based Day Services.
- e. A provider shall only bill for one Day or Employment Service per diem payment per day, except when a person receives both Individual Integrated Employment Supports and CB Wrap Around on the same day, which shall be billed in accordance with (c) above.

f. A provider shall not bill for CB Day, FB Day or In-Home Day or for Small Group or Group Employment Supports on the same date of service that an individual receives Individual Integrated Employment Supports or is participating in individual integrated employment and receiving CB Wrap Around.

Appendix C.1 Specify applicable, if any, limits on amount, frequency or duration of this service:

Day Services (including CB Day, CB Wrap Around, FB Day and In-Home Day) shall be limited to a maximum 5 days per week up to a maximum of 243 days per service recipient per year. If a person

receives only Individual Integrated Employment Supports and CB Wrap Around, the service hours paid for CB Wrap Around plus the number of hours a person supported is employed per week cannot exceed thirty (30) hours per week (i.e., if a person supported works 15 hours per week, that person can be authorized to receive up to 15 hours CB Wrap Around). If a person works thirty (30) or more hours per week, he/she is not eligible for CB Wrap Around services.

If a person receives other Day Services or Group or Small Group Employment Supports in addition to Individual Integrated Employment Supports and CB Wrap Around (i.e., on days that the person is not working in individual integrated employment), the total number of hours of paid Day Services plus the number of hours a person supported is employed per week cannot exceed thirty (30) hours per week. Other services paid at day rates shall be considered to provide six (6) hours a day of service when calculating total number of paid day services hours per week.

Appendix C

(Add Employment separate from Day Services.)

Appendix C.1 Service Title

Employment Services

Appendix C.1 Service Definitions:

EMPLOYMENT SERVICES

Employment Services shall mean services and supports that help the person to seek and maintain employment and work in integrated settings, based on his or her individualized needs and preferences as reflected in the person-centered ISP, and selected by the person to pursue and achieve his or her personal employment goals.

All individual employment goals and objectives, along with needed supports and services to meet those goals and objectives shall be established through the person-centered planning process and documented in the person-centered ISP and shall include opportunities to seek employment and work in competitive integrated settings, as applicable based on the needs and informed choices of the individual.

Employment Services shall be provided as specified in the person-centered ISP in order to support the individual's employment goals, including the development, retention, and improvement of skills necessary to achieve employment goals.

Individual integrated employment shall be the preferred employment option, and shall be preferred over other Day Services for all persons supported that are not of retirement age, based on each person's needs and preferences.

Employment services shall be provided in accordance with the following requirements:

There shall be three employment service categories:

1. **Individual Integrated Employment Support** are supports provided to a person who, because of his/her disabilities, needs such support to obtain and maintain an individual job in competitive or customized employment, in an integrated work setting in the general workforce for which the person is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid individualized employment at or above the minimum wage in an integrated community setting, in a job that meets the person's personal employment goals.

The following constitutes individual integrated employment:

- **Individualized** – individual employment situations, not small groups (even if pay is competitive and setting is integrated); and
- **Paid directly by employers** – the employer of record is not the provider of service, except in limited circumstances where a compelling case can be made that this was and continues to be necessary; and
- **The pay is competitive** – the hourly wage is the greater of minimum or prevailing wages; and
- **The work site is integrated** – the person performs the work in a typical work setting where the employee with a disability interacts or has the opportunity to interact continuously with co-workers without disabilities; and
- **There is an opportunity for promotion** – the opportunity for advancement and mobility exists to the same extent that it exists for employees without disabilities doing similar jobs.

When indicated in the person-centered ISP, the person receiving Individual Integrated Employment Supports or working in individual integrated employment without supports may also be authorized to receive Community-Based Wrap Around services in 15 minute (quarter hour) units for up to 30 hours per week, minus the number of hours the person works in Individual integrated employment per week (i.e., if a person supported works 15 hours per week, that person can be authorized to receive up to 15 hours CB Wrap Around).

Services include job development and customization activities to secure individual integrated employment and job coaching supports to maintain individual integrated employment. When job coaching is indicated in the person-centered ISP, the job coaching units of service authorized shall be for one of the following approaches to support:

- a. A job coach employed by the Employment Services provider shall be on-site at the work location to support the person for the percentage of hours worked by the person that is determined to be needed to ensure the person maintains the job; or
- b. The Employment Services provider shall monitor the person's supported employment services including natural supports provided by on-site supervisors and co-workers, and shall have a minimum of one contact per week with the person (including at least one contact per month at the work site), and a minimum of one contact per month with the person's supervisor (unless the person is opposed to such contact). The Employment Service provider shall also maintain a job coach employed by the Employment Services provider who is available on-call if needed to go to the

work site. The units of service authorized for this approach to support shall be based on these support expectations being met by the Employment Service provider.

It is expected that the Individual Integrated Employment Supports provider will utilize a combination of the following best practices to support fading of the paid job coach over time, and to help the person move toward greater independence in the employment setting: engagement of natural supports; assistive technology; systematic instruction on job tasks; and negotiation of reasonable accommodations. Good job match is also critical for ensuring the opportunity for fading of the paid job coach. While job carving or job customization may also need to be done post-hire to ensure the paid job coach can fade over time, such customization and carving should ideally always be done at the point of hire so the job the person acquires is well matched to the person's strengths, abilities, skills and conditions necessary for success. No job placement should occur where there is no potential for fading of the job coach over time. Fading expectations – both the amount and pace of fading – should be individualized for each person, based on the person's level of disability and the length of time the person has held the job.

The reimbursement for Individual Integrated Employment Supports only (and not Group or Small Group Employment Supports), shall include incentive payments for measurable outcomes related to moving people into competitive integrated employment for the first time, such as:

- a. A one-time payment that is made to the Individual Integrated Employment Supports provider when an individual obtains Individual Integrated Employment (as defined above) as a result of that provider's direct involvement in the job placement.
- b. A one-time payment that is made to an Individual Integrated Employment Supports provider when a person supported is working in individual integrated employment (as defined above) for a specified number of hours per week, employment for the specified number of hours per week has been consistent for at least sixty (60) days, and is expected to continue:
 - i. 11-20 hours per week
 - ii. 21-30 hours per week
 - iii. 31+ hours per week
- c. A one-time Job Stabilization payment that is made to an Individual Integrated Employment Supports provider when an individual has been employed in individual integrated employment (as defined above) for a minimum of one year without gaps in this employment (except for holidays and annual or sick leave totaling no more than 30 days during that year), and is working:
 - iv. 572-1,040 hours per year (average of 11-20 hours per week)
 - v. 1,092-1,560 hours per year (average of 21-30 hours per week)
 - vi. 1,612+ hours per year (average of 31+ hours per week)

The reimbursement for Individual Integrated Employment Supports shall not include incentive payments, subsidies, or unrelated vocational training expenses: such as,

- a. Incentive payments that would duplicate or replace milestone payments made by Vocational Rehabilitation.
- b. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program.
- c. Payments that are passed through to users of supported employment programs.
- d. Payments for vocational training that is not directly related to a person's supported employment program.

Individual Integrated Employment Supports, and Small Group and Group Employment Supports, in combination with Day Services (including CB Day, CB Wrap Around, FB Day and In-Home Day) shall be limited to a maximum of 243 days per person per calendar year.

A person who receives only Individual Integrated Employment Supports, in combination with CB Wrap Around, as needed, (and no other Employment or Day Services) shall be limited to a maximum of 5 days per week up to a maximum of 260 days of Individual Integrated Employment Supports per person per calendar year.

- 2. Family members employed by Individual Integrated Employment Supports providers who provide Employment Services are required to implement services as specified in the Individual Support Plan (ISP) and to facilitate fading over time using multiple strategies as described above. Reimbursement to family members shall be limited to forty (40) hours per week per family member across all waiver services for self-directed services as well as those delivered by the person's contracted provider agency. The person's Circle of Support is responsible for determining if the use of family members to deliver paid employment supports is the best choice for the person supported and shall ensure that paid services do not supplant natural supports that would otherwise be provided at no cost to the Medicaid program.

- 3. **Small Group Employment Supports** are services and training activities provided in regular business, industry and community settings for groups of two (2) to three (3) workers with disabilities. This may include mobile crews and other business-based workgroups employing small groups of workers with disabilities in employment in the community. Small Group Employment Supports must be provided in a manner that promotes integration into the workplace and interaction between persons supported and people without disabilities in those workplaces. The outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community-based employment for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Small Group Employment Supports shall not be provided in facility based or sheltered employment settings. Structured activities related to career exploration for transition to individual integrated employment may also be provided to facilitate the intended outcomes of the service. This service may be authorized in the ISP only after the person has been offered the opportunity to pursue individual

Comment [LTSS3]: The ability to self-direct employment services is available only in the Self-Determination Waiver. This specific (highlighted) language will be modified as follows in the CAC or Statewide waiver: Reimbursement to family members shall be limited to forty (40) hours per week per family member employed by the person's contracted provider agency.

integrated employment and receive Individual Integrated Employment Supports and has been given the opportunity to make an informed choice.

4. **Group Employment Supports** are services and training activities provided in regular business, industry and community settings for groups of four (4) to eight (8) workers with disabilities. This may include mobile crews and other business-based workgroups employing small groups of workers with disabilities in employment in the community. Group Employment Support must be provided in a manner that promotes integration into the workplace and interaction between persons supported and people without disabilities in those workplaces. The outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community-based employment for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Group Employment Supports shall not be provided in facility based or sheltered employment settings. Structured activities related to career exploration for transition to individual integrated employment may also be provided to facilitate the intended outcomes of the service. This service may be authorized in the ISP only after the person has been offered the opportunity to pursue individual integrated employment and receive Individual Integrated Employment Supports and has been given the opportunity to make an informed choice.

Additional Requirements

Transportation of the person to and from the person's place of residence to the location where Employment Services will be provided shall be the responsibility of the Employment Services provider. Reimbursement for a combination of Employment Services and Day Services (e.g., Community-Based, and/or Facility-Based; or Community-Based and/or Facility-based in conjunction with In-Home) shall be made in accordance with the following:

- a. If the person receives up to or in excess of 6 hours of a combination of Day services that includes at least three hours of Group or Small Group Employment Supports (i.e., half of the time), the reimbursement shall be the per diem reimbursement rate for Group or Small Group Employment Supports, as applicable.
- b. If the person receives a combination of Individual Integrated Employment Supports and Community-Based Wrap Around, each service shall be reimbursed at the applicable per unit rate in accordance with the number of units of each service provided.
- c. A provider shall only bill for one Employment or Day Service per diem payment per day, except when a person receives both Individual Integrated Employment Supports and CB Wrap Around on the same day, which shall be billed in accordance with (b) above.
- d. A provider shall not bill for CB Day, FB Day or In-Home Day or for Small Group or Group Employment Supports on the same date of service that an individual receives Individual Integrated Employment Supports or is participating in individual integrated employment and receiving CB Wrap Around.

Appendix C.1 Specify applicable, if any, limits on amount, frequency or duration of this service:

Individual Integrated Employment Supports, and Small Group and Group Employment Supports, in combination with Day Services (including CB Day, CB Wrap Around, FB Day and In-Home Day) shall be limited to a maximum of 243 days per person per calendar year.

A person who receives only Individual Integrated Employment Supports, in combination with CB Wrap Around, as needed, (and no other Employment or Day Services), shall be limited to a maximum 5 days per week up to a maximum of 260 days per person per calendar year.

AMENDMENTS IN THE FOLLOWING APPENDIX D ARE SPECIFIC TO THE SELF-DETERMINATION WAIVER ONLY

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (4 of 8)

DIDD Case Managers assist persons supported in identifying their needs and preferences and selecting, obtaining and coordinating services using paid and natural supports. The Case Manager, in collaboration with the person supported, the person supported's authorized representative (if applicable), other persons specified by the person supported (this may include family members, friends, and paid service providers selected by the person) convene at time and location convenient to the person supported, in a formal Planning Meeting to discuss and finalize the ISP which is the person-centered ISP. Prior to the development of the ISP, waiver services are provided in accordance with the initial ISP included in the approved ICF/IID PAE. The time period for development of the ISP after enrollment into the waiver program is 60 calendar days.

Each person-centered planning process must:

- a. Be directed by the individual to the greatest extent possible,
- b. Identify strengths and needs, both clinical and support needs, and desired outcomes,
- c. Reflect cultural considerations and use language understandable by the individual
- d. Include strategies for solving disagreements
- e. Provide method for individual to request updates to be made to their ISP

The policy and procedures which define and guide the person-centered planning process and assure that people chosen by the individual supported are integrally involved in the development of an ISP that reflects their preferences, choices, and desired outcomes provide for:

- a. An assessment of the individual's status, adaptive functioning, and service needs through the administration of a uniform assessment instrument (such as the Supports Intensity Scale);

b. The identification of individual risk factors through the administration of the Risk Issues Identification Tool, and identification of strategies to mitigate risks, including documentation of the individual's understanding of the risks and mitigation strategies, including documentation that those strategies have been clearly explained;

c. Additional assessments, where appropriate, by health care professionals (e.g., occupational or physical therapists, behavior analysts, etc.);

d. The identification of personal outcomes, support goals, supports and services needed, information about the person's current situation, what is important to the person supported, and changes desired in the person's life (e.g., home, work, relationships, community membership, health and wellness). (Information for the ISP will be gathered and developed through the person-centered planning process driven, to the greatest extent possible, by the person supported and, if applicable, in collaboration with the guardian or conservator, as well as family members and other persons specified by the person supported.);

e. Initial and at least annual assessment of the individual's experience to confirm that that the setting in which the individual is receiving services and supports comports fully with standards applicable to HCBS settings delivered under Section 1915(c) of the Social Security Act, including those requirements applicable to provider-owned or controlled homes, except as supported by the individual's specific assessed need and set forth in the person-centered ISP; and

f. Waiver and other services are coordinated by the ISC or DIDD Case Manager through the development and implementation of the ISP. The ISP describes all the supports and services necessary to support the person to achieve their desired outcomes and attain or maintain a quality life as defined by them, including services that may be provided through natural supports, the Medicaid State Plan or pursuant to the person's Individual Education Plan (IEP).

Appendix F: Performance Measure

Performance Measure a.i.3. ("Less than 100% review: Other) DIDD FAR reviewers survey 100% of providers with paid claims in excess of \$500,000 for the previous fiscal year. A sample of 10% of waiver participant records (not to exceed 30 records) is selected for the review of providers with paid claims exceeding \$500,000. For providers with paid claims exceeding \$5 million, the sample size increases to 20% (not to exceed 40 records). Reviewers select their samples which must include a billing period of at least three months of the billing year. TennCare Utilization Review processes focus on providers with paid claims less than \$500,000 per year.

AMENDMENT IN THE FOLLOWING APPENDIX G IS SPECIFIC TO THE SELF-DETERMINATION WAIVER ONLY

Appendix G: Participant Safeguards

Appendix G-1: Response to Critical Events or Incidents

State Critical Event or Incident Reporting Requirements.

The Department of Intellectual and Developmental Disabilities (DIDD) requires reporting of all incidents classified as “Reportable”. This applies to employees and volunteers of contracted service providers, as well as DIDD employees who witness or discover such an incident.

Critical events categorized as abuse, neglect, exploitation, suspicious injury, serious injury of unknown cause and unexpected/unexplained deaths are required to be reported to the DIDD Investigations hotline within four (4) hours of the discovery of the incident. The incident can be reported by telephone, email, and fax or in person. Within one (1) business day, the incident is reported by email or fax to DIDD Central Office and the ISC Agency/Support Coordinator or DIDD Case Manager using a Reportable Incident Form. For incidents that are not reported as abuse, neglect, exploitation, suspicious injury, serious injury of unknown cause or unexpected or unexplained death, a next business day reporting requirement is in place. Those incidents are reported via the Reportable Incident Form by email or fax. The hotline number and Reportable Incident Form are located on the DIDD Website.

If a provider reports an allegation of abuse, neglect or exploitation, they are required by State law to contact the appropriate authorities such as Adult Protective Services, Child Protective Services or law enforcement.

Appendix I: Financial Accountability

I-1: Financial Integrity and Accountability

Financial Integrity. Describe the methods that are employed to ensure the integrity of payments that have been made for waiver services, including: (a) requirements concerning the independent audit of provider agencies; (b) the financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits; and, (c) the agency (or agencies) responsible for conducting the financial audit program. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The Department of Intellectual and Developmental Disabilities (DIDD) requires providers receiving \$750,000 or more in aggregate state and federal funds to obtain an independent audit of the organization and to submit copies of the independent audit to the Tennessee Office of the Comptroller and to the DIDD Office of Risk Management and Licensure.

The Independent Audit is an industry standard audit performed by a CPA/accounting firm to verify that the provider’s business practices adhere to Generally Accepted Accounting Principles (GAAP). To ensure that auditors are truly independent, a preliminary step to all such audits includes written verification that no conflicts of interest exist between the auditor and the agency or firm being audited.

All provider types are included in the audit requirement. All providers, whether independent or part of a larger organization, are reviewed to ensure compliance with the Independent Audit requirement if they meet the \$750,000 threshold.

DIDD maintains a listing of all providers with “total annual funding” listed (i.e., aggregate state and federal funds). The Fiscal Accountability Review (FAR) unit of the Office of Quality Management conducts annual on-site reviews of all applicable providers, per DIDD policy, to determine compliance with the Independent Audit requirement. If reviewers find that an Independent Audit has not been completed within the past 12 months, a “finding” is issued and the provider is required to submit a written corrective action plan and, as soon as completed, a copy of the Independent Audit.

B. Financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits:

Utilization Review Process - The Bureau of TennCare conducts utilization reviews of the HCBS waivers for persons with intellectual disabilities to determine compliance with federal and state regulations and waiver requirements. Post-payment claim reviews to ensure that services are appropriately documented and appropriately billed are conducted as part of the utilization review process.

Utilization reviews are conducted according to a predetermined audit schedule for the year. Reviews are conducted in each region of the state, and cover different waiver services each month. The person served sample is identified with a dedicated SharePoint application. The person served is found by narrowing the dates of service to a manageable range, typically a 3 month period, then selecting the service being reviewed. Usually, at least one person served is selected from each provider who billed for the service during the review period. The person served sample is identified with a dedicated SharePoint application. The person served sample is identified by entering the following data into the TennCare Interchange System: 1.) waiver provider number; 2.) dates of service; 3.) procedure code for the review; and 4.) paid status. The process includes a review of the approved service plan with the amount, frequency and duration, review of the billing documents and supporting documentation, and a comparison of all documents to adjudicated claims. Identified inconsistencies are documented and researched. Unsupported and/or inappropriate payments result in recoupment.

Fiscal Accountability Review (FAR) – The DIDD Office of Quality Management, Fiscal Accountability Review (FAR) Unit monitors contracts and conducts onsite reviews. A review of the claims billed is compared to supporting documentation and all discrepancies are noted in a report that is submitted to the contract provider for comment. Recoupment for unsupported charges is made after review of the agency’s comments. The initial report and final resolution is then submitted to TennCare for additional follow up where appropriate.

State of Tennessee, Department of Audit, Audit Manual, Section A-2 - Audits cover at least one fiscal year, 12 months, unless otherwise approved by the Comptroller. The Bureau of TennCare (State Medicaid Agency) is subject to an annual audit as required by the Single Audit Act. The audit includes a random sample of each program and includes the 1915c HCBS waiver programs. Requests for documentation to support paid claims are made directly to selected providers by the Department of

Audit and all information is submitted by providers to this Department. At the completion of the audit process, a comprehensive report is submitted to TennCare staff for review and follow-up to insure that findings are not repeated in subsequent years.