

Employment and Community First CHOICES

Qualified Assessor Refresher Training, *Part 1 of 3*



Division of
TennCare

LTSS

Rules for the Training

- Review each slide in its entirety
- Read and acknowledge the attestation at the end of the third ECF presentation on the Attestation page

Acronyms

- DD – Developmental Disabilities
- ID – Intellectual Disabilities
- I/DD – Intellectual and/or Developmental Disabilities
- DIDD – Department of Intellectual and Developmental Disabilities
- ECF CHOICES – Employment and Community First CHOICES
- EPSDT- Early and Periodic Screening, Diagnostic and Treatment
- HCBS – Home and Community Based Services
- ICAP – Inventory for Client and Agency Planning
- ICF/IID – Intermediate Care Facilities for Individuals with Intellectual Disabilities
- ISP – Individualized Support Plan
- LOC – Level of Care
- LTSS – Long Term Services & Supports
- LSA – Life Skills Assessment
- MCO – Managed Care Organization
- MLTSS – Managed Long-Term Services & Supports
- NF – Nursing Facility
- PAE- Pre-Admission Evaluation
- QA- Qualified Assessor
- QDDP – Qualified Developmental Disabilities Professional
- QIDP- Qualified Intellectual Disabilities Professional
- PERLSS – TennCare Pre Admission Evaluation System



ECF CHOICES

ECF CHOICES Overview

Tennessee is the first state in the country to develop and implement an HCBS program specifically geared toward promoting and supporting integrated, competitive employment and independent living as the first and preferred option for all individuals with intellectual and developmental disabilities:

Employment and Community First CHOICES

ECF CHOICES Overview

- ECF CHOICES is a new program for individuals with intellectual disabilities *and* individuals with developmental disabilities.
- ECF CHOICES helps to achieve personal defined employment and other outcomes in the most integrated community setting, ensures the delivery of services in a manner that reflects personal preferences and choices, and contributes to the assurance of each member's health and welfare.
- ECF CHOICES uses a tiered benefit structure based on the need of the individual (as determined by the Level of Care "LOC" Process).



ECF Benefit Groups

5 Benefit Groups

Group 4

Essential
Family
Supports

Group 5

Essential
Supports
for
Employment
and
Independent
Living

Group 6

Comprehensive
Supports
for Employment
and
Community
Living

Group 7

Intensive
Behavioral
Family
Supports

Group 8

Comprehensive
Behavioral
Supports for
Employment and
Community
Living

Groups 7 & 8 are targeted to address the needs of individuals with ID/DD and specifically defined behavior needs.

Group 4

Essential Family Supports

TN



ECF CHOICES: Group 4

Essential Family Supports will help families who face the unique challenges of supporting a child with intellectual or developmental disabilities. This group will help individuals with an ID or DD and their families plan and prepare for transition to employment and integrated, independent living in adulthood.

Who qualifies for Group 4?

- Families with children <21 with an ID or DD living at home
- Adults age 21 and older living at home with family may also elect to enroll in this group
- Meet nursing facility level of care or without HCBS, “at risk of Nursing Facility placement”
- HCBS beyond scope of EPSDT that will help support families and sustain natural caregiving networks

Group 4: Expenditure Cap

- **\$18,000 per member per year**
- Minor home modifications do not count toward the expenditure cap.

Group 5

Essential Supports for Employment and Independent Living



TN

ECF CHOICES: Group 5

Essential Supports for Employment and Independent Living will help adults plan and achieve employment and independent living goals and participate fully in community life.

Who Qualifies for Group 5?

- Adults age 21 and older with an ID or DD
- Without HCBS, these individuals would be “at risk” of institutionalization

Group 5: Expenditure Cap

- **\$36,000 per year**
- Minor home modifications do count toward the expenditure cap
- Exception for emergency needs up to an additional \$6,000 per calendar year



Group 6

Comprehensive Supports for
Employment and Community Living

TN

ECF CHOICES: Group 6

Comprehensive Supports for Employment and Community Living will help individuals with more significant needs related to an ID or DD to receive a more intensive level of services and supports in order to plan and achieve employment and integrated community living goals and to become as independent as possible.

Who qualifies for Group 6?

- Adults age 21 and older with an ID or DD
- Meet nursing facility level of care and require specialized supports related to I/DD (more significant needs)
- More intensive level of services/supports

Group 6: Expenditure/Cost Neutrality Cap

- **\$54,000 per year-Low need**
- **\$82,000 per year- Moderate need**
- **\$108,000 per year-High need**
- Exception up to applicable average cost of NF + specialized services for DD with exceptional medical/behaviors needs; average cost to private ICF/IID for ID with exceptional medical/behavior needs.
- Level of Need is determined by the Supports Intensity Scale (SIS) along with PAE documentation.
- TennCare coordinates with a contractor to perform the SIS assessment for ECF Group 6 applicants.
- Upon receipt of the SIS assessment, TennCare determines the expenditure/cost neutrality cap and makes available to the MCO with the enrollment record and to providers on TennCare eligibility records.

Group 7

Intensive Behavioral Family Supports



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ECF CHOICES: Group 7

Intensive Behavioral Family Supports is for children under age twenty one (21) who live at home with family caregivers and have I/DD and severe co-occurring behavioral health and/or psychiatric conditions that place the child or others at imminent and significant risk of serious physical harm (that does not rise to the level of inpatient treatment or for which such treatment would not be appropriate), significantly strain the family's ability to adequately respond to the child's needs, threaten the sustainability of the family living arrangement, and place the child at imminent and significant risk of placement outside the home (e.g., State custody, hospitalization, residential treatment, incarceration).

Who Qualifies for Group 7?

- Children under age twenty-one (21) who live at home with family caregivers.
- Child must have I/DD and severe co-occurring behavioral health and/or psychiatric conditions that place the child or others at significant risk of harm, threaten the sustainability of the family living arrangement, and place the child at significant risk of placement outside the home (e.g., State custody, hospitalization, residential treatment, incarceration).
- The child must meet the Nursing Facility (NF) Level of Care (LOC) and need and receive Home and Community Based Services (HCBS) as an alternative to NF Care.
- Family must sign an attestation to participate in all treatment, training, and interventions.
- Individual must be SSI eligible or qualify in the ECF CHOICES 217-Like Demonstration Group or the ECF CHOICES Working Disabled Demonstration Group.

Group 7: Expenditure Cap

- The expenditure cap for Group 7 will be based on the comparable cost of institutional care.
- While integrated in the delivery system, behavioral health services (other than IBFCTSS) will not be counted against the expenditure cap.

Group 8

**Comprehensive Behavioral Supports for
Employment and Community Living**

TN



ECF CHOICES: Group 8

- **Comprehensive Behavioral Supports for Employment and Community Living** is for adults age twenty-one (21) and older, unless otherwise specified by TennCare, with I/DD and severe behavioral and/or psychiatric conditions, who are transitioning out of a highly structured and supervised environment, meet nursing facility level of care, and need and are receiving specialized services for I/DD.

Who Qualifies for Group 8?

- Adults with severe psychiatric or behavioral symptoms whose family is no longer capable of supporting the individual due to the severity and frequency of behaviors.
- On a case-by-case basis, TennCare may grant an exception to permit adults ages eighteen (18) to twenty (20) with I/DD, not living at home with family, including young adults with I/DD transitioning out of State custody, to enroll in Group 8, if they meet eligibility criteria.
- Adults with I/DD and severe psychiatric or behavioral symptoms following a crisis event and/or psychiatric inpatient stay and/or transitioning out of the criminal justice system or a long-term institutional placement (including residential psychiatric treatment facility).

Group 8: Expenditure Cap

- The expenditure cap for Group 8 will be based on the comparable cost of institutional care, which may, as determined appropriate, take into account the cost of short-term inpatient psychiatric hospitalization or other restrictive treatment setting for which the MCO would otherwise be responsible for payment.
- While integrated in the delivery system, behavioral health services (other than IBCTSS) will not be counted against the expenditure cap.



ECF Benefits

ECF Benefits: Groups 4-8

The following benefits are available to members of all ECF Groups:

Individual Employment Supports:

- Exploration
- Discovery
- Situational Observation and Assessment
- Job Development or Self-Employment Plan
- Job Development or Self- Employment Start Up
- Job Coaching
- Job Coaching for Self-Employment
- Co-Worker Supports
- Career Advancement
- Benefits Counseling

Small Group Employment Supports

- Supported Employment – Small Group

ECF Benefits: Groups 4-8, continued

Pre-Vocational Training

- Integrated Employment Path Services

Independent Community Living Supports

- Assistive Technology, Adaptive Equipment and Supplies
- Enabling Technology
- Minor Home Modifications

Self-Advocacy Supports

- Decision Making Supports

ECF Benefits: Group 4

In addition to the benefits listed for all groups, Group 4 benefits include:

Independent Community Living Supports

- Community Integration Support Services
- Independent Living Skills Training
- Community Transportation

Family Caregiving Supports

- Respite
- Supportive Home Care
- Family Caregiver Stipend (instead of Supportive Home Care)

Family Empowerment Supports

- Community Support Development, Organization and Navigation
- Family Caregiver Education and Training
- Family to Family Support
- Health Insurance Counseling/ Forms Assistance

Dental

- Adult Dental Services

ECF Benefits: Group 5

In addition to the benefits listed for all groups, Group 5 benefits include:

Independent Community Living Supports

- Community Integration Support Services
- Independent Living Skills Training
- Community Transportation
- Personal Assistance
- Community Living Supports and Community Living Supports–Family Model

Family Caregiving Supports

- Respite

Self-Advocacy Supports

- Individual Education and Training
- Peer-to-Peer Support and Navigation for Person-Centered Planning, Self-Direction, Integrated Employment/Self -Employment and Independent Living

Dental

- Adult Dental Services

Therapy Supports

- Specialized Consultation and Training

ECF Benefits: Group 6

In addition to the benefits listed for all groups, Group 6 benefits include:

Independent Community Living Supports

- Community Integration Support Services
- Independent Living Skills Training
- Community Transportation
- Personal Assistance
- Community Living Supports and Community Living Supports–Family Model

Family Caregiving Supports

- Respite

Self-Advocacy Supports

- Individual Education and Training
- Peer-to-Peer Support and Navigation for Person-Centered Planning, Self-Direction, Integrated Employment/Self -Employment and Independent Living

Dental

- Adult Dental Services

Therapy Supports

- Specialized Consultation and Training

ECF Benefits: Group 7

In addition to the benefits listed for all groups, Group 7 benefits include:

Independent Community Living Supports

- Community Integration Support Services
- Independent Living Skills Training
- Community Transportation

Family Empowerment Supports:

- Community Support Development, Organization and Navigation
- Family Caregiver Education and Training
- Family to Family Support
- Health Insurance Counseling/ Forms Assistance

Intensive Behavioral Supports

- Intensive Behavioral Family Centered Treatment, Stabilization and Supports (IBFCTSS)*

Unique Group 7 Benefit (IBFCTSS)

Intensive Behavioral Family-Centered Treatment, Stabilization and Supports (IBFCTSS) is an integrated behavioral health and HCBS benefit targeted to providing intensive in-home, **family-centered behavior supports**, behavioral-focused supportive home care, caregiver training and support, combined with crisis intervention and stabilization assistance that is available 24 hours a day, 7 days a week, and in-home behavioral respite when needed for a relatively small group of children (under age 21) who live with their family and have intellectual and/or developmental disabilities (I/DD) and severe co-occurring behavioral health and/or psychiatric conditions that place the child or others at imminent and **significant risk of serious physical harm** (that does not rise to the level of inpatient treatment or for which such treatment would not be appropriate), and **threaten the sustainability of the family living arrangement**.

These are children at imminent and **significant risk of placement outside the home** (e.g., state custody, hospitalization, residential treatment, incarceration).

ECF Benefits: Group 8

In addition to the benefits listed for all groups, Group 8 benefits include:

Self-Advocacy Supports

- Individual Education and Training
- Peer-to-Peer Support and Navigation for Person-Centered Planning, Self-Direction, Integrated Employment/Self -Employment and Independent Living

Dental

- Adult Dental Services

Therapy Supports

- Specialized Consultation and Training

Intensive Behavioral Supports

- Intensive Behavioral Community Transition and Stabilization Services (IBCTSS)*

Unique Group 8 Benefit (IBCTSS)

Intensive Behavioral Community Transition and Stabilization Services (IBCTSS) is an integrated benefit that combines generally short-term intensive 24/7 community-based residential services with behavioral health treatment and supports to assist **certain adults** aged 18 years and older with intellectual and/or developmental disabilities (I/DD) and severe behavioral and/or psychiatric conditions who are transitioning out of a highly structured and supervised environment to achieve and maintain stable, integrated lives in their communities.



ECF CHOICES

Roles and Responsibilities (not all-inclusive)



ECF CHOICES- Roles and Responsibilities

TennCare's Division of Long-Term Services and Supports (LTSS):

- Screens interested individuals and initiates referrals for ECF intake based upon the online referral process
- Manages the Referral List which is maintained electronically on a statewide basis
- Confirms applicants are in the target population for ECF CHOICES
- Determines medical eligibility for ECF CHOICES
- Verifies enrollment criteria are met
- Calculates the ECF CHOICES Group 6 expenditure/cost neutrality cap using the SIS assessment
- Sends enrollment information for ECF CHOICES members to the assigned MCO via 834 and 271u files
- Oversees expenditure cap exceptions (up to \$6000 per calendar year)
- Training for ECF Qualified Assessor

ECF CHOICES- Roles and Responsibilities

TennCare's Division of Member Services:

- Determines financial eligibility for Medicaid
- Calculates monthly patient liability obligation

TennCare's Contractor: Maximus Management Innovations

- Performs SIS Assessment
- Performs ICAP training and provides ICAP supplies and score
- Performs training on the Life Skills Assessment

ECF CHOICES- Roles and Responsibilities

Managed Care Organizations:

- Assist current members with completing and submitting the online referral form
- Receive ECF CHOICES referrals and perform intake processes
- Confirm that the referral screening accurately reflects potential applicant
- Facilitate program enrollment for qualifying individuals
- Gather and submit to TennCare proof an applicant is in the target population
- Completes SIS Informant Form to assist with the assessment for Group 6 applicants
- Complete and submit all required documentation, including but not limited to, the PAE application, HCBS documentation tools, LSA, and other assessments (as applicable) to TennCare for medical eligibility decision
- Receives ECF CHOICES enrollment information (to include ECF CHOICES group assignment, monthly patient liability obligation amount and expenditure/cost neutrality cap)
- Requests LON changes when warranted
- Performs support coordination functions
- Responsible for coordinating the member's physical, behavioral and LTSS.

ECF CHOICES- Roles and Responsibilities

Department of Intellectual and Developmental Disabilities (DIDD):

- Assists non-Medicaid individuals with completing and submitting the online referral form
- Receives referrals and performs intake processes
- Confirm referral screening accurately reflects potential applicant
- Facilitates program enrollment for qualifying individuals
- Participates in an interagency committee review process for determining enrollment in the reserve capacity
- Completes SIS Informant Form to assist with the assessment for Group 6 applicants
- Complete and submit all required documentation, including but not limited to, the PAE application, HCBS documentation tools, LSA, and other assessments (as applicable) to TennCare for medical eligibility decision
- Gathers and submits to TennCare proof an applicant is in the target population
- Documents applicant's MCO selection
- Assists in quality assurance activities



Qualified Assessor

Qualified Assessor

- TennCare will only accept ECF CHOICES PAEs assessed by individuals who have been deemed an ECF Qualified Assessor (regardless of PERLSS submitter).
- This qualification will be assigned by LTSS for each individual who meets the TennCare ECF Qualified Assessor requirements and is assigned a unique assessor code. This code must be documented on the PAE in PERLSS with the Assessor Certification signature.
- ECF PAEs require HCBS applicant and collateral tools as well as other specific documentation in order for TennCare to make accurate target population, medical eligibility, and enrollment decisions. This includes the Life Skills Assessment, the ICAP maladaptive behavior assessment, as applicable and the safety determination request form, as applicable, and the SIS Informant Form, as applicable.

What does this mean?

This means you will be trained and deemed qualified to assess ECF CHOICES applicants using the applicant and collateral tools and other tools as appropriate. These completed tools are used by TennCare as medical evidence to support the functional assessment and to make target population decisions.

Qualified Assessor

LTSS requirements for ECF Qualified Assessors are as follows:

- Must be employed by an MCO or DIDD;
- Must be a Physician, Nurse Practitioner, Physician Assistant, Registered Nurse, Licensed Nurse, Licensed Social Worker, or qualify as QIDP, QDDP, Care Coordinator, or Support Coordinator Qualified Intellectual Disabilities Professional or Qualified Developmental Disabilities Professional OR have five (5) or more years' experience as an independent support coordinator or case manager for service recipients in a 1915(c) HCBS Waiver and have completed Personal Outcome Measures Introduction and Assessment Workshop trainings as established by the Council on Quality and Leadership and have prior approval by TennCare (provided on a case-by-case basis);
- Must complete ECF Qualified Assessor Training, ICAP MBI Training, and LSA Training and pass associated tests;
- Must complete an annual online refresher training to renew ECF Qualified Assessor status and code; and
- If training is not taken, the individual must complete a comprehensive online ECF Qualified Assessor training and pass the test to receive ongoing assessor status and code.

Codes will be tracked at TennCare, per assessor, and will be reviewed to ensure correct usage.



Reserve Capacity and Prioritization

Handwritten notes on a clipboard, including the words "SIT UP", "SLEEP", "WALK", and "STAIR".

Overview

- ECF CHOICES has a limited number of slots available for enrollment.
- A specific number of slots are reserved for people in an emergent situation—these slots are known as reserve capacity and require enrollment approval by an established interagency review committee which consists of DIDD and TennCare staff.
- State law requires that people who have an **intellectual** or **developmental** disability and have aging caregivers will be eligible for enrollment in ECF CHOICES (subject to Medicaid and program eligibility criteria).
- ECF CHOICES is specifically designed to promote integrated employment and community living as the first and preferred outcome for individuals with I/DD.
- As such, individuals who need assistance maintaining individualized integrated employment and those who need assistance obtaining individualized integrated employment will be prioritized for enrollment.

Overview

- Prioritization criteria apply only to prioritization for enrollment into ECF CHOICES. Employment is not a condition or requirement for participation in ECF CHOICES.
- Persons prioritized for enrollment in ECF CHOICES on the basis of employment who are enrolled in ECF CHOICES and subsequently lose their job will not be disenrolled from ECF CHOICES, but will be assisted in pursuing new employment opportunities, in accordance with the person's goals and person-centered support plan.
- All priority groups for ECF CHOICES are open. Currently, they are at capacity and there is an active Referral list for each priority group.

Prioritization Criteria

Priority 1: any age, employed and in need of supports to maintain employment

Priority 2: 18-22 years old transitioning from school and young adults completing post-secondary education or training who are employed or have commitment of employment and in need of employment supports

Priority 3: Any age, recently unemployed and in need of supports to obtain and/or maintain new employment

Priority 4: 18-22 years old transitioning from school with expressed desire for employment

Priority 5: Unemployed with desire and commitment to work

Priority 6: Transition age youth in Group 4 planning for employment in need of employment supports not available through IDEA or VR

Priority 7: Adults and transition age youth who are not currently committed to working, but are willing to explore potential employment options if pre-employment supports are available

Priority 8: Individuals age 62 and older* who are not interested in pursuing employment, but need supports to actively participate in their communities and sustain integrated community living

- *Individuals age 55 and older may be included in this group if they have more significant disabilities or health conditions that significantly impact their ability to work

Reserve Capacity Groups

- **Aging Caregiver:**
 - You have an ***intellectual disability*** and custodial parent, or caregiver is age 75 or older (Does not require review/approval by the IARC)
 - You have a ***developmental disability*** and custodial parent, or caregiver is age 80 or older (Does not require review/approval by the IARC).

Reserve Capacity Groups

- **Emergent Circumstances:**

- The person who used to care for you has died. **OR**, they can no longer care for you because they have a physical or mental health problem or disability.
- **OR**, you are being abused, neglected or exploited where you live now. **AND**, you don't have any other place to go.
- **OR**, you need help to move out of a nursing home into a new home in the community. This includes nursing homes for people with intellectual disabilities. (This is called an intermediate care facility for individuals with intellectual disabilities or ICF/IID).
- **OR**, you or others are at risk of serious harm or danger. Other things have been tried but didn't help. **AND**, you need these services to help keep you and others safe in the community. (It doesn't matter how old you are.)
- **OR**, your transition upon aging out of state custody, discharge from an inpatient psychiatric hospital, or release from incarceration is contingent on the availability of services and supports in ECF because other appropriate services/supports are not available, **AND** the services available in ECF will be sufficient to safely meet your needs in the community.
- **OR**, you need services/supports in ECF CHOICES urgently because of the recent loss of your living arrangement, including caregiver supports provided in that living arrangement that will not be available to you going forward.

Reserve Capacity Groups

- **Sustain Family Living Arrangement:** You live at home with your family. You need a lot of help with medical or behavioral problems. Your family needs help caring for you so you can keep living at home. (It doesn't matter how old you are.)
- **Planned Transition:** You're at least 21 years old. You live at home with your family. The person who supports you is in poor health, and it's getting worse. They can't keep caring for you much longer. You need help to move to a new place soon to get the support you need.

Reserve Capacity Groups

- **Multiple Complex Health Conditions:** You're an adult. You have two or more big health problems that make it hard for you to work. You need help right away to keep living where you do now.

Reserve Capacity Groups

- For Group 7/8 there are program slots designated just for these individuals and the designation of “RC Group 7” and “RC Group 8” are NEW outcomes and new documents
- Potential applicants for Group 7/8 are reviewed by an Interagency Review Committee (IARC).
- This committee will decide if the individual meets all criteria for a Group 7/8 Reserve Capacity slot.
- The Group 7 or Group 8 Reserve Capacity Form must be completed and the supporting documentation for this submitted with the intake outcome.

Additional Comments

- Individuals actively seeking services who do not fall into one of the open prioritization categories or meet reserve capacity criteria but meet TP requirements, will be placed on the ECF CHOICES Referral List.
- When a person is placed on the Referral List, the MCO and DIDD are responsible for scheduled contact and continuous reassessment of qualifications/needs.
- Copies of all documentation reviewed as part of the screening process shall be maintained by the MCO and DIDD as part of the intake file.



Referral Process

ST-UP
SCAR
VAD
VAD

Referral Overview

- A referral process has been established for ECF CHOICES. This includes a new statewide referral list electronically managed by TennCare.
- There will be no new enrollment into the existing 1915(c) waivers, except for limited populations specified in the currently approved CAC Waiver application.
- The Employment & Community First CHOICES referral list includes individuals from the 1915(c) HCBS waiver waiting list as well as individuals who have submitted referrals since program implementation not currently prioritized for enrollment.

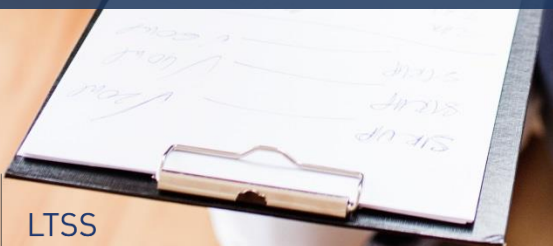
Referral Steps

- **A referral consists of three steps:**
 - Step 1: Screening
 - Step 2: Intake
 - Step 3: Enrollment



Referral Process...

Step 1: Screening



Online Self Referral Form Completion

- The online self referral form provides basic information about the ECF CHOICES program.
- It also gathers basic data to be used by TennCare to conduct the screening.
- When the MCO or DIDD assists with completion of the form, they should also provide basic education about ECF CHOICES.

Online Self Referral Form Submission

- Interested individuals should complete and submit the online self referral form.
- Anyone can submit the online self referral form on behalf of the applicant (family members, teachers, social worker, etc.)
- If assistance is needed or requested, the MCO or DIDD should complete and submit the online self referral form on behalf of the interested individual.
- TennCare receives the submitted online self referral forms and performs screening.

Screening

- The completed online self referral form is used by TennCare to accurately send information to the appropriate entity in order to complete intake functions.
- The results of the screening are captured in the TennCare referral tracking system (PERLSS)

Screening

- When TennCare receives an online self referral form, an ECF CHOICES referral is sent to the MCO or DIDD.
- When a referral is received by the MCO or DIDD, intake functions **must** commence. TennCare will specify the timeframe allowed for completion.

Referral

- Referrals are sent to the MCO and DIDD via PERLSS.
- These queues are available on the user's PERLSS homepage.
- The referral sent to the MCO and DIDD will include the following:
 - Completed, submitted referral form
 - Submission date
 - TennCare screening date
 - TennCare screening outcome (referred to MCO/DIDD)
 - Date TennCare sends referral to MCO or DIDD via PERLSS
 - Reason for referral



Referral Process...

Step 2: Intake



Intake (Face to Face)

- The intake process will gather information related to Target Population and prioritization/reserve capacity criteria
- TennCare has developed the Intake Outcome Form to assist in accurately gathering necessary information used to determine the intake outcome
- The intake (face-to-face) visit and submission of the intake outcome in the TennCare electronic submission system should be completed within 5 business days of the referral being placed in your intake queue.
- A 30-calendar day exception is assigned to some referrals by TennCare, and these will come into the intake queue with that exception indicated.
- Any other exception to completing the intake outcome within 5 business days must be requested and submission should not exceed 30 calendar days.

Intake Outcome Form



Applicant Name: _____
 Applicant DOB: _____

Employment and Community First CHOICES Intake Outcome Form

This form is to assist the ECF Qualified Assessor with completing the ECF intake process. It is to be completed and uploaded into TPAES at the completion of the intake visit along with the screening outcomes and documentation as outlined below.

Priority Groups ("You" is the person who has an ID or DD and wants services.)	
1	You have a job. You need help to keep your job.
2	You're a young adult (at least 18 years old) and about to finish school. This could be high school. Or, it could be college or other training after high school. You have a job offer. But, you can only get the job if you have help on the job.
3	You lost your job not long ago, and you want to get a new one. You need help to get a new job. You may also need help to keep your new job.
4	You're 18-22 years old and about to finish school. You don't have a job offer, but you want to work. You need help to get a job. You may also need help to keep your new job.
5	You don't have a job, but you want to work. You need help to get a job. You may also need help to keep your new job.
6	You're 14-22 years old. You're still in school. You live at home with your family. You're planning to work when you get out of school. But, you need help getting ready for work. You can't get the kind of help you need from your school or Vocational Rehabilitation.
7	You're at least 14 years old but not old enough to retire. You're open to exploring the option of working—even part-time or working for yourself, with help from the program. You agree to receive a service called "Exploration." It will help you decide if you want to work and the kinds of jobs you might like and be really good at by visiting job sites that match your skills and interests. It also helps you (and your family) understand the benefits of working and helps answer your questions about work.
8	You're at least 62 years old. You aren't interested in working anymore. You need help to live in and be part of the community. OR You're at least 55 years old. Your health problems make it hard for you to work. You need help to live in and be part of the community.

Reserve Capacity Groups: Requires Interagency/Interdisciplinary Committee Review (w/ exception of Aging caregiver)	
A	Aging Caregiver
B	Emergent Circumstances

You have an *intellectual disability* and your parent or other unpaid caregiver is age 75 or older OR you have a *developmental disability* and your parent or other unpaid caregiver is age 80 or older

The person who used to care for you has died. OR, they can no longer care for you because they have a physical or mental health problem or disability.
 OR, you are being abused, neglected or exploited where you live now. AND, you don't have any other place to go.
 OR, you need help to move out of a nursing home into a new home in the community. This includes nursing homes for people with intellectual disabilities. (This is called an intermediate care facility for individuals with intellectual disabilities or ICF/IID).
 OR, you or others are at risk of serious harm or danger. Other things have been tried but

Intake Process

- Once the intake process is complete, the MCO and DIDD will document the outcome in PERLSS.
- This documentation will include the following:
 - Date of intake visit
 - Intake outcome
 - Any required supporting documentation for the specified intake outcome

Intake Requirements

GROUP 4

- Intake Outcome Form
- Life Skills Assessment
- Supporting Documentation for ID or DD
- Reserve Capacity Form with supporting documentation (if applicable)
- Proof of Aging Caregiver (if applicable)

GROUP 5

- Intake Outcome Form
- Life Skills Assessment
- Supporting Documentation for ID or DD
- Reserve Capacity Form with supporting documentation (if applicable)
- Proof of Aging Caregiver (if applicable)

GROUP 6

- Intake Outcome Form
- Life Skills Assessment
- Supporting Documentation for ID or DD
- Reserve Capacity Form with supporting documentation (if applicable)
- Proof of Aging Caregiver (if applicable)

Intake Requirements

GROUP 7

- Intake Outcome Form
- Life Skills Assessment
- Supporting Documentation for ID or DD
- ICAP
- Family Participation Agreement
- Group 7 Certification Form
- Group 7 Recommendation Form
- Group 7 Reserve Capacity Form with supporting documentation

GROUP 8

- Intake Outcome Form
- Life Skills Assessment
- Supporting Documentation for ID or DD
- ICAP
- Group 8 Certification Form
- Group 8 Recommendation Form
- Group 8 Reserve Capacity Form with supporting documentation

Intake

- Do **NOT** proceed with the Enrollment functions until a Referral comes into the ***“ECF Referrals Pending Enrollment Visit Queue”***




Intake (cont.)

- Program capacity is limited, and we must tightly manage slots; therefore
- TennCare will notify you if there is an enrollment slot based upon the result of the intake.

Leave Behind Sheet

At the conclusion of the intake visit utilize the Leave Behind Sheet

 **TennCare**
Division of Health Care
Finance & Administration

Employment and Community First CHOICES Intake Visit "Leave Behind"

Potential Applicant Name (First, Middle Initial, Last):	Date of Visit:
Staff Person:	Staff Person's Telephone Number:

You said you're interested in TennCare's new program, Employment and Community First CHOICES. This program is for people who have an intellectual disability (ID) or a developmental disability (DD). Someone came to see you about this. Here is what they found.

You're in one of the groups that may qualify to enroll and get services (called a "priority category" or "reserve capacity")—**BUT ONLY IF** there is a program slot for you to enroll in

What should you expect next?

We will send your information to TennCare. TennCare will review it. First, they will decide if you have an intellectual or developmental disability.

- What if TennCare decides you **don't** have an intellectual or developmental disability? They will send you a letter. It will say what to do if you think they made a mistake. Be sure you open your letters from TennCare. **AND** tell us if your address changes. Call us at _____.
- What if TennCare decides you **do** have an intellectual or developmental disability?

Then, TennCare will see if there is a program slot for you to enroll in now.

- What if there **isn't** a program slot for you to enroll in now? We will keep you on the referral list for Employment and Community First CHOICES. As soon as there's a program slot for you, we will come back out to complete your enrollment visit.
- What if there is a program slot for you to enroll in now? We will come back out to complete your enrollment visit very soon. After that visit, TennCare will review the information and send you a letter. The letter will tell you if you meet the rules for Employment and Community First CHOICES. But to sign up, you must also qualify to get TennCare.

Applicant Name: _____

- What if you meet the rules for Employment and Community First CHOICES and already have TennCare? You can sign up to start getting services.
- What if you meet the rules for Employment and Community First CHOICES, but you don't already have TennCare? They will check on your TennCare application. To enroll in the program, you must qualify for TennCare too.
- What if TennCare decides you don't meet the rules for Employment and Community First CHOICES? The letter from TennCare will tell you why. And, the letter will tell you what to do if you think TennCare made a mistake. Be sure you open your letters from TennCare.

Where can you find out more about Employment and Community First CHOICES?

TennCare will send you more information soon if you qualify. To read more now, visit <http://tn.gov/tenncare/topic/employment-and-community-first-choices>. But again, TennCare will contact you soon.

What do I do if I don't hear from anyone in the next 4 weeks?

Call the staff person who visited you. Just call the number below.

You aren't in any of the groups that may qualify to enroll and get services now (called a "priority category" or "reserve capacity").

This means you can't sign up now. We'll keep your name on the referral list. More groups may open up later. You'll receive a letter at least once a year. We may also send a letter if we open new groups. Be sure you open your letters from TennCare. **AND** tell us if your address changes. Call us at _____.

What if things change and you think you may qualify in one of those groups? Call us back at _____.

You said you do **not** want to apply for Employment and Community First CHOICES right now.

If you change your mind, you can fill out a new online referral form. Visit <https://creq.tn.gov/tmtrack/ec/index.htm>. Or call us back at _____.

TennCare Notices

TennCare will provide notice to the individual when intake indicates:

- Does not meet Priority Group; on referral list
- Does not meet Reserve Capacity; on referral list
- Does not meet Target Population (appeal rights)
- Identified as PG or RC but no slot available (on referral list)

Let's pause and reflect....



- A self referral comes into TennCare
- TennCare refers to you for **Intake** (either 5 business day or 30 calendar days, with an exception) as indicated on the referral.
- You will go out and see the potential member and complete the intake visit, using the “Intake outcome Form”
- You upload the appropriate documents to PERLSS and indicate the “Intake Outcome”
- Complete the “Leave Behind Sheet” for the potential member
- Check the “*ECF Referrals Pending Enrollment Visit Queue*” in PERLSS



Referral Process Step 3: Enrollment

Enrollment

- ECF CHOICES enrollment is facilitated when a person has been determined to meet:
 - Aged caregiver criteria; or
 - Reserve capacity criteria for which there is an available reserve slot; or
 - Prioritization criteria for which enrollment is currently open and there is an appropriate slot available.
- Facilitated enrollment functions include:
 - Conducting assessments necessary for TennCare to determine level of care;
 - Filing a Medicaid application for persons not already Medicaid eligible;
 - Providing enrollment counseling and facilitating MCO selection for persons currently enrolled in TennCare Select; and
 - Gathering any additional information needed in order to proceed with enrollment into ECF CHOICES.

ECF Referrals Pending Enrollment Visit Queue

- If the referral comes to the “***ECF Referrals Pending Enrollment Visit Queue***” then you may proceed with the enrollment functions.
- This will include the submission of the PAE.

Enrollment Visit

- Once the Referral comes into your queue:
 - You have 5 business days to conduct the enrollment visit
 - The PAE and all required supporting medical documentation should be submitted via PERLSS within 5 business days but no more than 20 business days of the face-to-face visit.

Timelines

DIDD or MCO submits all necessary documentation to TennCare

- Within five (5) business days upon receiving the referral the MCO or DIDD must conduct the face-to-face enrollment visit.
- The MCO or DIDD shall submit the PAE, and all supporting documentation gathered, to TennCare as soon as possible, in 5 business days but within no more than twenty (20) business days from the date of the face-to-face visit, regardless of whether the MCO or DIDD has received the supporting documentation.
- If the MCO or DIDD is unable to obtain specific documents within the twenty (20) business days, the MCO or DIDD must document and continue efforts to collect such documents until complete documentation is obtained and submitted.
- For applicants not enrolled in Medicaid, DIDD shall submit the Medicaid financial application and all supporting financial documentation gathered to TennCare Connect as soon as possible, but within no more than five (5) business days from the face-to-face visit, regardless of whether DIDD has received all supporting financial documentation. Any additional financial documentation received after the Medicaid application is submitted, must be sent to TennCare Connect within 2 business days of receipt.

Discontinue Intake Form

- If at any time throughout the entire ECF process, it is learned that the person does not want to proceed with intake or enrollment into ECF CHOICES (for any reason), the MCO/DIDD will ask the person to sign the Discontinue Intake form which is then attached via PERLSS with the corresponding outcome in the TennCare tracking system.

PAE Requirements

GROUP 4

- Intake Outcome Form
- Life Skills Assessment
- Supporting Documentation for ID or DD
- Reserve Capacity Form with supporting documentation (if applicable)
- Proof of Aging Caregiver (if applicable)
- An accurate and complete PAE submitted via PERLSS
- Applicant Interview Tool
- Collateral Interview Tool
- MCO/DIDD Financial Checklist
- If 21 and up, submit the *Enrollment Request Form*

GROUP 5

- Intake Outcome Form
- Life Skills Assessment
- Supporting Documentation for ID or DD
- Reserve Capacity Form with supporting documentation (if applicable)
- Proof of Aging Caregiver (if applicable)
- An accurate and complete PAE submitted via PERLSS
- Applicant Interview Tool
- Collateral Interview Tool
- MCO/DIDD Financial Checklist
- ICAP-if behavior indicated
- If 21 and up, *Group 5 Safety Attestation*
- If submission requests Group 5 for 18-20 yr. old- submit the *Enrollment Request Form*

GROUP 6

- Intake Outcome Form
- Life Skills Assessment
- Supporting Documentation for ID or DD
- Reserve Capacity Form with supporting documentation (if applicable)
- Proof of Aging Caregiver (if applicable)
- An accurate and complete PAE submitted via PERLSS
- Applicant Interview Tool
- Collateral Interview Tool
- MCO/DIDD Financial Checklist
- SIS Informant Form
- ICAP-if behavior indicated
- If 21 and up, *Group 5 Safety Attestation*
- If submission requests Group 6 for 18-20 yr. old- submit the *Enrollment Request Form*

Documents in “red” are collected with the Referral Intake and additional documents in “white” are required with the PAE submission

PAE Requirements

GROUP 7

- Intake Outcome Form
- Life Skills Assessment
- Supporting Documentation for ID or DD
- ICAP
- Family Participation Agreement
- Group 7 Certification Form
- Group 7 Recommendation Form
- Group 7 Reserve Capacity Form with supporting documentation
- An accurate and complete PAE submitted via PERLSS
- Applicant Interview Tool
- Collateral Interview Tool
- Financial Checklist

GROUP 8

- Intake Outcome Form
- Life Skills Assessment
- Supporting Documentation for ID or DD
- ICAP
- Group 8 Certification Form
- Group 8 Recommendation Form
- Group 8 Reserve Capacity Form with supporting documentation
- An accurate and complete PAE submitted via PERLSS
- Applicant Interview Tool
- Collateral Interview Tool
- Financial Checklist

Documents in “red” are collected with the Referral Intake and additional documents in “white” are required with the PAE submission



Situational Forms

Safety Determination Form



Employment and Community First CHOICES Safety Determination Request Form

Applicant Name: _____

SSN: _____ DOB: _____ Age _____

This form is to be used only by an MCO or DIDD submitting a PAE for NF LOC and requesting a Safety Determination in accordance with requirements set forth in TennCare Rule. This form must be completed in its entirety and included with the PAE submission, along with all required documentation as specified below. An incomplete Safety Determination Request Form, or a Safety Determination Form submitted without documentation as specified below, will be denied.

Total Acuity Score of PAE as submitted: _____

Current Living Arrangements:

Applicant residence:

- Lives in own home alone
- Lives in own home with parents
- Lives at home with other family—specify relationship _____
- Lives at home with others—specify relationship _____
- Lives in other's home—specify relationship _____
- Lives in a community-based residential setting—specify _____
- Other—specify _____

Justification for Safety Determination Request:

Please note that documentation as specified below may consist of, but is not limited to, narrative descriptions or explanations from submitter, caregivers, or family members; hospital notes, therapy notes, MD visits, ADL flow sheets, encounter notes from nurses, therapists, or physicians; and any other documents which would demonstrate the safety concern(s) for the applicant.

- Applicant has an intellectual or developmental disability and a General Maladaptive Index value of -31 or lower

Please attach copy of Maladaptive Behavior Assessment and Score and label MBA and MBI.

STOP: if above box is checked please go directly to Page 9, complete the attestation and submit the ECF CHOICES Safety Determination Form. If the box is not checked, please proceed with the remaining sections of the form.

Please check and complete all that apply. While a single justification is sufficient for review of a Safety Determination request, it is critical that TennCare has benefit of all available information pertaining to safety concerns that could impact the applicant's ability to be safely served in Groups 4 or 5, as applicable.

- The applicant has an intellectual or developmental disability and is under the age of 18 and will not qualify financially for TennCare unless the deeming of the parent's income to the child is waived, and absent the availability of benefits in ECF CHOICES Group 4, the child is at imminent risk of placement outside the home (DIDD use only).

ICAP Attachments

When behavior is a factor for safety or enrollment:

- Submit the ICAP Maladaptive Behavioral Assessment and worksheet with GMI score (Maximus's fax 877-431-9568)

3/18/2019

Assessments on or after 7/1/2016 will only display results for Maladaptive Behavior.

Client Information

Client Name: [REDACTED]	Class: [REDACTED]
SSN: [REDACTED]	Res: [REDACTED]
Region: [REDACTED]	Day: [REDACTED]
DOB: [REDACTED]	ISC: [REDACTED]
Ascend ID: [REDACTED]	PA: [REDACTED]

Assessments

Assessment Entity	[REDACTED]		
Review Date	[REDACTED]		
Scheduled or re-do?	Scheduled		
Adaptive Behavior:			
Motor Domain			
Social/communication			
Personal Living			
Community Living			
Broad Independence			
Overall age equivalent in months:	[REDACTED]		
Health Item			
Blindness	[REDACTED]		
Mobility			
Maladaptive Behavior:			
Internalized	[REDACTED]		
Asocial	[REDACTED]		
Externalized	[REDACTED]		
General	[REDACTED]		
High Risk			
ICAP Service Score			
ICAP Service Level			
ICAP DMRS LON			
ICAP Level Descriptions			

Reserve Capacity Forms

When submission is based on reserve capacity group

- Committee Review Decision Form; AND
- Multiple Complex Health Conditions Criteria Review Form;
- Emergent Circumstances Review Form;
- Supports to Sustain Current Family Living Arrangements Review Form;
- Planned Transition to Community Living Review Form;
- Group 7 Reserve Capacity Form; OR
- Group 8 Reserve Capacity Form

Enrollment Request Form

- In accordance with additional guidance provided to the MCOs and DIDD, this form is used when there are specific enrollment group requests submitted with the *initial* PAE for an individual.
- If the request is for Group 4 for someone 21 years old or older, the form is signed by the applicant and the ECF Qualified Assessor and attached to the PAE.
- If the request is for Group 5 or Group 6 for someone 18-20 years old, then the current living arrangement and the intended living arrangement after enrollment are indicated on the form and the form is attached to the PAE.

Group 4: Enrollment Request Form



Enrollment Request Employment and Community First (ECF) CHOICES

Member Information

Applicant Name Type Name.	SSN Enter SSN here.	DOB Enter DOB here.
Representative Name (First, Middle Initial, Last): Type Name.	Telephone #: Enter Phone # here.	

Group requested (Indicate group in which the person wants to be enrolled)

Group 4 Group 5/6

Group 4 Things we want to be sure you understand:

- You are an adult age 21 or older. So, if you qualify to enroll, you could be in Group 5 or Group 6. These groups offer **more services and supports**. But you said you want to be in Group 4 instead.
- No one in Group 4 is guaranteed to get the Family Caregiver Stipend. Your family may not qualify for the stipend if you choose Group 4.
- There may not be a slot for you in Group 4. If you qualify to enroll but Group 4 is full, you will be enrolled in Group 5 or 6.
- Is DIDD (the Department on Intellectual and Developmental Disabilities) doing your enrollment? If so, **after** you are enrolled in Group 4, your health plan must decide if you can be safely **and** appropriately served in Group 4. If your health plan says you **can't** be served in Group 4, you must move to Group 5 or 6. You will **not** be able to stay in Group 4.

Group 4 Request Signature

I, **Type Name**, want to be in Employment and Community First CHOICES. I know I could be in Group 5 or 6 and get more services and supports. But I want to be in Group 4 instead. I know I will **not** get as many services in Group 4. I know my family might not get the Family Caregiver Stipend.

If DIDD is doing my enrollment, I know my health plan must decide if I can be safely and appropriately served in Group 4 **after** I enroll. I know I might have to move to Group 5 or 6 if my health plan decides I can't be safely **and** appropriately served in Group 4.

The person from DIDD or my MCO Support Coordinator helping me with enrollment explained all of this to me. I understand all of these facts, and I still want to enroll in Group 4.

Signature of Applicant/Representative _____ Date _____

Group 5/6 Explanation

On a case by case basis, the state may grant an exception to permit adults ages 18-20 with I/DD not living at home with family, including young adults with I/DD transitioning out of state custody, to enroll in Group 5 or 6, if they meet eligibility criteria.

Please make a selection in both columns below:



Current Living Arrangement	Anticipated Living Arrangement (At the time of enrollment)
<input type="checkbox"/> Lives in own home with family: Specify Relationship Here	<input type="checkbox"/> Will live in own home with family: Specify Why Necessary and Nature of Relationship Here
<input type="checkbox"/> Lives in someone else's home: Specify Relationship Here	<input type="checkbox"/> Will live in someone else's home: Specify Why Necessary and Nature of Relationship Here
<input type="checkbox"/> Lives in a community-based residential setting: Specify Residential Setting Here	<input type="checkbox"/> Will live in a community-based residential setting: Specify Why Necessary and Nature of Relationship Here
<input type="checkbox"/> Other:	<input type="checkbox"/> Other: Specify Why Necessary and Nature of Relationship Here

Group 4 Verification by MCO

I, (TYPE NAME) confirm that (TYPE NAME OF MCO) has assessed the person named above and has determined that s/he can be **both safely and** appropriately served in Group 4. The MCO can ensure, that in addition to all health and safety needs being met, the member would be able to receive all services necessary to meet the member's needs and goals, in an adequate amount necessary to sufficiently address those needs and goals, and that access to the full range of services that the member could benefit from receiving will not otherwise be restricted by the transition to Group 4, which has a lower expenditure cap.

Signature and Title of MCO Staff Person _____

Date
Enter a date.

Group 4 Verification by DIDD (When Above Verification by MCO Not Possible at Time of Enrollment)

[] If DIDD is processing enrollment and assisting the individual with this form, check here to confirm that the entire contents of this form has been fully explained to the individual and the individual understands that verification s/he can be both safely and appropriately served in Group 4 cannot be done until after enrollment.

Signature and Title of DIDD Staff Person _____

Date
Enter a date.

Group 5: Enrollment Request Form

TN Division of TennCare

**Enrollment Request
Employment and Community First (ECF) CHOICES**

Member Information		
Applicant Name Type Name.	SSN Enter SSN here.	DOB Enter DOB here.
Representative Name (First, Middle Initial, Last): Type Name.	Telephone #: Enter Phone # here.	
Group requested (Indicate group in which the person wants to be enrolled)		
<input type="checkbox"/> Group 4	<input type="checkbox"/> Group 5/6	
Group 4 Things we want to be sure you understand:		
<p>- You are an adult age 21 or older. So, if you qualify to enroll, you could be in Group 5 or Group 6. These groups offer more services and supports. But you said you want to be in Group 4 instead.</p> <p>- No one in Group 4 is guaranteed to get the Family Caregiver Stipend. Your family may not qualify for the stipend if you choose Group 4.</p> <p>- There may not be a slot for you in Group 4. If you qualify to enroll but Group 4 is full, you will be enrolled in Group 5 or 6.</p> <p>- Is DIDD (the Department on Intellectual and Developmental Disabilities) doing your enrollment? If so, after you are enrolled in Group 4, your health plan must decide if you can be safely and appropriately served in Group 4. If your health plan says you can't be served in Group 4, you must move to Group 5 or 6. You will not be able to stay in Group 4.</p>		
Group 4 Request- Signature		
<p>I, Type Name, want to be in Employment and Community First CHOICES. I know I could be in Group 5 or 6 and get more services and supports. But I want to be in Group 4 instead. I know I will not get as many services in Group 4. I know my family might not get the Family Caregiver Stipend.</p> <p>If DIDD is doing my enrollment, I know my health plan must decide if I can be safely and appropriately served in Group 4 after I enroll. I know I might have to move to Group 5 or 6 if my health plan decides I can't be safely and appropriately served in Group 4.</p> <p>The person from DIDD or my MCO Support Coordinator helping me with enrollment explained all of this to me. I understand all of these facts, and I still want to enroll in Group 4.</p>		
Signature of Applicant Representative		Date
+ Group 5/6 Explanation		
<p>On a case by case basis, the state may grant an exception to permit adults ages 18-20 with I/DD not living at home with family, including young adults with I/DD transitioning out of state custody, to enroll in Group 5 or 6, if they meet eligibility criteria.</p> <p>Please make a selection in both columns below:</p>		

ECF Enrollment Exception Form 1.17.2018

TN Division of TennCare

Current Living Arrangement	Anticipated Living Arrangement (At the time of enrollment)
<input type="checkbox"/> Lives in own home with family: Specify Relationship Here	<input type="checkbox"/> Will live in own home with family: Specify Why Necessary and Nature of Relationship Here
<input type="checkbox"/> Lives in someone else's home: Specify Relationship Here	<input type="checkbox"/> Will live in someone else's home: Specify Why Necessary and Nature of Relationship Here
<input type="checkbox"/> Lives in a community-based residential setting: Specify Residential Setting Here	<input type="checkbox"/> Will live in a community-based residential setting: Specify Why Necessary and Nature of Relationship Here
<input type="checkbox"/> Other:	<input type="checkbox"/> Other: Specify Why Necessary and Nature of Relationship Here
Group 4 Verification by MCO	
<p>I, (TYPE NAME) confirm that (TYPE NAME OF MCO) has assessed the person named above and has determined that s/he can be both safely and appropriately served in Group 4. The MCO can ensure, that in addition to all health and safety needs being met, the member would be able to receive all services necessary to meet the member's needs and goals, in an adequate amount necessary to sufficiently address those needs and goals, and that access to the full range of services that the member could benefit from receiving will not otherwise be restricted by the transition to Group 4, which has a lower expenditure cap.</p>	
Signature and Title of MCO Staff Person	Date Enter a date.
+ Group 4 Verification by DIDD (When Above Verification by MCO Not Possible at Time of Enrollment)	
<p>[] If DIDD is processing enrollment and assisting the individual with this form, check here to confirm that the entire contents of this form has been fully explained to the individual and the individual understands that verification s/he can be both safely and appropriately served in Group 4 cannot be done until after enrollment.</p>	
Signature and Title of DIDD Staff Person	Date Enter a date.

ECF Enrollment Exception Form 1.17.2018

Group 7 Family Participation Agreement



Employment and Community First CHOICES Intensive Behavioral Family Supports Participation Agreement

You want your child to get Intensive Behavioral Family Supports in Employment and Community First CHOICES. The goal of these services is to help your child become more independent and to help you better support your child so that fewer paid services are needed. Here are some of the rules you must meet to get these services:

- ✓ Your child must be under age 21.
- ✓ Your child must live in your home with your family.
- ✓ You child must have very challenging behaviors that place your child or others at serious risk of physical harm. The behaviors happen a lot.
- ✓ Your child must be at risk of being placed outside your home unless you get help.
- ✓ You must need and want help so your child can keep living with you.
- ✓ You must want someone to work with your child **AND with you** to help you learn how to better manage your child's challenging behaviors.
- ✓ **You must agree to be part of your child's treatment in your home.** This includes:
 - taking an active role in helping write your child's behavior plan;
 - taking an active role in training to learn how to carry out your child's behavior plan;
 - asking questions if you aren't sure how to carry out your child's behavior plan;
 - carrying out your child's behavior plan all the time, everywhere you go;
 - asking for help if you think the plan is not working or you're having a hard time carrying out the plan;
 - getting fewer paid supports as your child's challenging behaviors decrease or as you are better able to manage your child's challenging behaviors.

(There are other rules your child must also meet to get Intensive Behavioral Family Supports.)

IF you agree to follow the rules below, please write your initials by each one. You must meet **ALL** of these rules for your child to enroll (and stay enrolled) in Intensive Behavioral Family Supports.

- _____ I agree to be an active part of my child's treatment in my home.
- _____ I agree to be an active part of writing my child's behavior plan.
- _____ I will carry out my child's behavior plan all the time.
- _____ I understand that if I don't take part in my child's treatment or carry out the behavior plan, my child won't qualify to get Intensive Behavioral Family Supports anymore. If that happens, TennCare and my MCO will help me try to find other services to help my child and my family.
- _____ I understand that the goal of these services is for my child to become more independent and to help me better support my child so that fewer paid services are needed. If that happens, my child will move to a different group with different services.
- _____ I understand that if these services don't help my child or don't help me better support my child, my child won't qualify to receive them anymore. If that happens, I will get a chance to appeal before the services stop. If these services stop, TennCare and my MCO will help me try to find other services to help my child and my family.



Employment and Community First CHOICES Intensive Behavioral Family Supports Participation Agreement

Please read the statement below. **ONLY sign if you agree with everything it says.** I have had time to read and understand every statement on this page. I have asked any questions I have and gotten the answers I need to make an informed choice. I want my child to get Intensive Behavioral Family Supports in Employment and Community First CHOICES. I promise to be part of my child's treatment. And I agree with all of the things I have initialed above. I understand that if I don't take part in my child's treatment or carry out the behavior plan, my child won't qualify to enroll or stay enrolled in Intensive Behavioral Family Supports anymore.

Child's Name _____ Date _____

Parent(s)' Signature _____

Group 7 & 8 Certification Forms



Employment and Community First CHOICES Group 7 Certification

Intensive Behavioral Family-Centered, Treatment, Stabilization and Supports (IBFCTSS) Certification

Intensive Behavioral Family-Centered Treatment, Stabilization and Supports (IBFCTSS) is an integrated behavioral health and HCBS benefit targeted to providing intensive in-home, family-centered behavior supports, behavioral-focused supportive home care, caregiver training and support, combined with crisis intervention and stabilization assistance that is available 24 hours a day, 7 days a week, and in-home behavioral respite when needed.

Applicant's Name:	SSN:	
Age:	Date of Birth:	Gender:

List Medical and Behavioral Health Diagnoses:

Certification of Need for Intensive Behavioral Family-Centered Treatment, Stabilization and Supports (IBFCTSS) service (Must be completed by MD Psychiatrist, Psychologist (Psy.D. or Ph.D.) LCSW, LPC/MHSP, DNP, DSW, LBA, or PMHNP-BC)

I certify that the applicant named above, has an intellectual and/ or other developmental disability as defined by Tennessee State Law and TennCare rule (Rule 1200-13-01-.02), requires the level of services defined herein, is a child age 20 or younger AND has severe psychiatric and/or behavioral symptoms that place the applicant or others at imminent and significant risk of physical harm (that does not rise to the level of inpatient treatment or for which such treatment would not be appropriate) AND that threaten the sustainability of the person living at home with family. Less restrictive or intensive levels of treatment have been tried and were unsuccessful or are not appropriate to meet the individual's needs in order to maintain the safety of the person, family, or community at large. The person's behavior creates a risk for placement outside of the home (e.g. State custody, hospitalization, residential treatment, incarceration), as evidenced by a well-documented, persistent and continuing pattern of behaviors that has resulted in serious physical injury to the person or others, and regarding which previous interventions (also documented) have been unsuccessful in reducing the risk to an acceptable level.

I further certify that Intensive Behavioral Family-Centered Treatment, Stabilization and Supports (IBFCTSS) is required to effectively implement an existing or developing Behavior Support (or other Behavior Management) Plan. IBFCTSS is required to help engage, strengthen, support, and build the capacity and confidence of the family in the consistent and effective implementation of the child's behavior support (or other behavior management) plan in all aspects of daily life in order to help ensure safety, well-being, and permanency.

I understand that this information will be used to determine the applicant's eligibility for long-term services. I understand that any intentional act on my part to provide false information that would potentially result in a person obtaining benefits or coverage to which s/he is not entitled is considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. I further understand that, under the Tennessee Medicaid False Claims Act, any person who presents or causes



Employment and Community First CHOICES Group 8 Certification

Intensive Behavioral Community Transition and Stabilization Services (IBCTSS) Behavioral Health Certification

Intensive Behavioral Community Transition and Stabilization Services (IBCTSS) is an integrated benefit that combines generally short-term intensive 24/7 community-based residential services with behavioral health treatment and supports to assist certain adults aged 18 years and older with intellectual and/or developmental disabilities (I/DD) and severe behavioral and/or psychiatric conditions who are transitioning out of a highly structured and supervised environment to achieve and maintain stable, integrated lives in their communities.

Applicant's Name:	SSN:	
Age:	Date of Birth:	Gender:

List Medical and Behavioral Health Diagnoses:

Certification of Medical Necessity for, Intensive Behavioral Community Transition and Stabilization Services (IBCTSS) (Must be completed by MD Psychiatrist, Psychologist (Psy.D. or Ph.D.) LCSW, LPC/MHSP, DNP, DSW, LBA, or PMHNP-BC)

I certify that the applicant named above, requires the level of services defined herein, has an intellectual and/ or other developmental disability as defined by Tennessee State Law and TennCare rule (Rule 1200-13-01-.02), and has psychiatric symptoms or behaviors that place the person or others at imminent and significant risk of serious physical harm (that do not rise to the level of inpatient treatment or for which such treatment would not be appropriate), and necessitate continuous monitoring and supervision by 24-hour staff to ensure the person's safety and/or the safety of others and at least one of the following are also true:

- Applicant is currently transitioning or has experienced a transition (within the preceding 6 months), from a family home where the family is no longer capable of supporting the individual due to the severity and frequency of behaviors or
- Applicant is an emerging young adult (age 18-21) with I/DD and severe psychiatric or behavioral symptoms aging out of the foster care system or
- Applicant is an adult with I/DD and severe psychiatric or behavioral symptoms following a crisis event and/or psychiatric inpatient stay and/or transitioning out of the criminal justice system or a long-term institutional placement (including residential psychiatric treatment facility).
- Applicant requires continued implementation of a plan to fade from high intensity community-based supports following a transition.

I further certify, Intensive Behavioral Community Transition and Stabilization Services (IBCTSS) are required to effectively implement an existing or developing Behavior Support (or other Behavior Management) Plan. Intensive therapeutic support and intervention, up to 24 hours a day, [under the supervision of a psychiatrist or other appropriately licensed psychiatric professional], is necessary in

Group 7 & 8 Recertification Form



Employment and Community First CHOICES Group 7 Certification

to be presented to the State, a claim for payment under the TennCare program knowing such claim is false or fraudulent is subject to federal and state civil and criminal penalties.

Applicant Name:	Applicant SSN:
Printed Name of IBFCTSS Certifier:	Credentials of IBFCTSS Certifier:
Signature and Credentials:	Certification Date:

Continuation of Ongoing Medical Necessity for IBFCTSS: I certify that the member named above continues to meet the requirements for IBFCTSS outlined above and that this level of service is still medically necessary.

RECERT Date	Signature and Credentials of IBFCTSS Certifier	Date of Signature

Discontinue IBFCTSS: I certify that the applicant no longer requires the level of services provided through the IBFCTSS benefit outlined above.

Signature and credentials of IBFCTSS Certifier	Date of Signature
-------------------------------------------------------	--------------------------



Employment and Community First CHOICES Group 8 Certification

all of the applicant's day to day life domains including home, school, work, and community in order to achieve stability, build healthy relationships and successfully plan and transition to other long term services and supports with appropriate behavioral health treatment services. Less restrictive or intensive levels of treatment have been tried and were unsuccessful or are not appropriate to meet the individual's needs in order to maintain the safety of the person, family, or community at large.

I understand that this information will be used to determine the applicant's eligibility for long-term services. I understand that any intentional act on my part to provide false information that would potentially result in a person obtaining benefits or coverage to which s/he is not entitled is considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. I further understand that, under the Tennessee Medicaid False Claims Act, any person who presents or causes to be presented to the State a claim for payment under the TennCare program knowing such claim is false or fraudulent is subject to federal and state civil and criminal penalties.

Applicant's Name:	SSN:
Printed Name of IBCTSS Certifier:	Credentials of IBCTSS Certifier:
Signature and Credentials:	Certification Date:

Continuation of Ongoing Medical Necessity for IBCTSS: I certify that the member named above continues to meet the requirements for IBCTSS outlined above and that this level of service is still medically necessary.

RECERT Date	Signature and Credentials of IBCTSS Certifier	Date of Signature

Discontinue IBCTSS: I certify that the applicant no longer requires the level of services provided through the IBCTSS benefit outlined above.

Signature and credentials of IBCTSS Certifier	Date of Signature
------------------------------------------------------	--------------------------

Group 7 & 8 Recommendation Form



Employment and Community First CHOICES Recommendation Form Group 7 or Group 8

Applicant's Name:	SSN:	
Age:	Date of Birth:	Gender:

(Group 7) Intensive Behavioral Family-Centered, Treatment, Stabilization and Supports

- I have reviewed the documentation supporting the reserve capacity criteria for a Group 7 slot.
- I recommend *Intensive Behavioral Family-Centered Treatment, Stabilization and Supports (IBFCTSS)* as a transitional benefit for this individual; **OR**
- I do **NOT** recommend *Intensive Behavioral Family-Centered Treatment, Stabilization and Supports (IBFCTSS)* as a transitional benefit for this individual.

(Group 8) Comprehensive Behavioral Supports for Employment and Community Living

- I have reviewed the documentation supporting the reserve capacity criteria for a Group 8 slot.
- I recommend *Comprehensive Behavioral Supports for Employment and Community Living* as a transitional benefit for this individual
- I do **NOT** recommend *Comprehensive Behavioral Supports for Employment and Community Living* as a transitional benefit for this individual

Printed Name:	Credentials:
Signature:	Recommendation Date:



Qualifying for ECF CHOICES

Qualifying for ECF CHOICES

- Target Population
- Medical Eligibility
- Financial Eligibility

Applicants must be in the target population for ECF CHOICES and must meet medical and financial eligibility requirements to qualify for Medicaid payment of long-term services and supports in ECF CHOICES.

Target Population

- ECF CHOICES is specifically designed to serve individuals with intellectual and/or developmental disabilities.
- This population is referred to as the target population for ECF CHOICES.
 - Children under age 21** with ID/DD living at home with family and who meet NF LOC.
 - Children under age 21** with ID/DD living at home with family and who, in the absence of HCBS, are “At risk of NF placement”.
 - Adults age 21 and older with ID/DD who meet NF LOC and need specialized services for ID/DD.
 - Adults age 21 and older with ID/DD who, in the absence of HCBS, are “At risk of NF placement”.
- On a case-by-case basis, the state may grant an exception to permit adults ages 18-20 with I/DD not living at home with family, including young adults with I/DD transitioning out of state custody, to enroll in Groups 5 and 6 if they meet eligibility criteria.

Qualifying in the Target Population: ID

- Individuals with intellectual disabilities experience significant limitations in two main areas, **Intellectual Functioning & Adaptive behavior**.
- Both limitations manifest during the developmental period (before the age of 18).
- To qualify in the Intellectual Disability Target Population, must provide documentation showing limitations in both areas.

Intellectual Functioning

Intellectual functioning limitation is evident with an Intelligence Quotient (IQ) score of 70 or below, prior to the age of 18

- The PAE must include an attached psychological examination which includes a full-scale Intelligence Quotient (IQ) and the person's current level of functioning. The psychological exam must be performed by a Licensed Psychologist, or a Licensed Senior Psychological Examiner supervised by a Licensed Psychologist and must have been performed prior to the age of 18.

Intellectual Functioning

- If there is not a psychological exam meeting the requirements in the previous slide, the following proof (in order of preference) may be submitted to TennCare:
 - A Level II PASRR evaluation performed prior to age 18 that includes testing and a Full-Scale IQ;
 - A school psychological performed and signed by a licensed professional;
 - School records documenting a diagnosis of ID or evidence of placement in special education combined with evidence of substantial impairments in adaptive functioning during the developmental period;
 - Medical records documenting ID or a condition with a high probability of resulting in ID combined with evidence of substantial impairments in adaptive functioning during the developmental period

Intellectual Functioning

- If testing has never been done (often occurring with older applicants) or records are no longer kept or can't be located, a combination of the following may be submitted:
 - A current psychological examination;
 - School records; and
 - Phone interview or written statements from family members, friends, conservator or guardian who has direct knowledge of the applicant's functioning during the developmental period and who attest to specific substantial impairments in adaptive functioning during the developmental period, mental incapacity evidenced by dependence upon others for personal needs (grossly in excess of age-appropriate dependence), and/or the inability to successfully participate in regular education and/or post education employment without interventions or supports.

Adaptive Behavior

Adaptive behavior is expressed in the person's conceptual, social and practical everyday living skills including:

- **Conceptual skills:** receptive and expressive language, reading and writing, money concepts, self-direction.
 - **Social skills:** interpersonal, responsibility, self-esteem, follows rules, obeys laws, is not gullible, avoids victimization.
 - **Practical skills:** personal activities of daily living such as eating, dressing, mobility and toileting; instrumental activities of daily living such as preparing meals taking medication, using the telephone, managing money, using transportation and doing housekeeping activities; occupational skills; maintaining a safe environment.
- **Adaptive Behavior skills are reflected by the score on the Life Skills Assessment**

Qualifying in the Target Population-DD

- A **developmental disability** is attributable to a mental or physical impairment or combination of both; occurs before the individual reaches twenty-two (22) years of age and is likely to continue indefinitely;
- A DD results in substantial functional limitation in three (3) or more of the following major life activities:
 - Self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
- Reflects the person's need for a combination and sequence of special interdisciplinary or generic services, individualized supports, or other forms of assistance that are lifelong or extended duration and are individually planned and coordinated.
- Adaptive Behavior skills are reflected by the score on the Life Skills Assessment.

Life Skills Assessment



STATE OF TENNESSEE, HEALTH CARE FINANCE & ADMINISTRATION
BUREAU OF TENNCARE, LONG TERM SERVICES & SUPPORTS
TENNESSEE LIFE SKILLS ASSESSMENT (LSA)

Cover Sheet

APPLICANT NAME:
PRIMARY INFORMANT'S NAME:
PRIMARY INFORMANT'S RELATIONSHIP TO APPLICANT:
OTHER INFORMANTS' NAMES AND RELATIONSHIP TO APPLICANT
QUALIFIED ASSESSOR NAME:
QUALIFIED ASSESSOR CODE: MCO NAME OR DIDD REGIONAL OFFICE:
LOCATION OF INTERVIEW:
LANGUAGE USED*:
DATE OF INTERVIEW:
* Assessment must be conducted in applicant and informant's primary language(s)

1

- The LSA must be completed as part of the determining factor in establishing if a potential applicant is in Target Population (ID or DD).
- Intellectual Disability (ID) is defined as substantial limitations in functioning as shown by significantly sub-average intellectual functioning that exists concurrently with related limitations in **two (2) or more** of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work.
- Developmental Disability is defined as substantial functional limitations in **three (3) or more** of the following major life activities: self-care, receptive and expressive language, learning, mobility; self-direction; capacity for independent living; or economic self-sufficiency.
- **Once complete, the LSA must be attached to all ECF PAEs.**

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Life Skills Assessment- Helpful Tips

- The LSA evaluates the person's adaptive behavioral skills and can only be performed by a TennCare ECF Qualified Assessor.
- Be sure to submit the complete LSA- this includes the Summary Page
- Be sure to answer all the questions on the LSA- do not leave any blank.
- Be sure to score the LSA correctly
- The applicant cannot serve as the informant



Safety Determinations

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TennCare

LTSS

Overview

- To meet NF LOC the applicant must need ECF CHOICES services on an ongoing basis and must score a 9 or above on the acuity scale.
- If the person does not score a 9, there is an exception process
- For adults, if the person's needs cannot be safely met in the community with the array of services and supports that would be available within the expenditure cap if the applicant was enrolled in CHOICES Group 5, a safety determination can be requested.
- This exception process is called a safety determination and allows factors that would not allow the individual to be safely and appropriately served in the “at risk” enrollment group to be considered. If the safety determination is approved, the individual who does not score a 9 or above on the acuity scale is still considered to meet NF LOC.

What is a safety determination?

- A decision made by TennCare that an applicant, age 21 and older who has an intellectual or developmental disability would qualify to enroll in ECF CHOICES Group 5, but there is sufficient evidence to demonstrate that the necessary intervention and supervision needed by the applicant cannot be safely provided within the array of services and supports that would be available if the Applicant was enrolled in ECF CHOICES Group 5.

Katie Beckett Program

- For applicants under age 18 who have an intellectual or developmental disability but are not Medicaid eligible because of their parents income or assets, a Katie Beckett application is appropriate.
- <https://www.tn.gov/didd/katie-beckett-waiver.html>

When to request a safety determination

- A safety determination may be requested for a qualifying adult applicant when:
 - The applicant would likely have an approved acuity score below a 9; and
 - The necessary intervention and supervision needed by the applicant cannot be safely provided within the array of services and supports available if the applicant was enrolled Group 5.
- If during the course of the assessment process, the assessor determines the above criteria is met, AND behavior is a part of the safety concern, the maladaptive behavior assessment (ICAP) and safety determination form is completed and submitted with the PAE.

Group 7 Safety Determination

- A safety determination is not required for individuals under the age of 18 unless the individual meets the criteria for Group 7 enrollment.
- In the case of Group 7 enrollment, the safety determination indicates that the individual in this age group has behaviors that specifically require the services only available in the behaviorally focused, transitional enrollment Group 7 and could not be safely and appropriately served in Group 4.



Safety Determination: Documentation Requirements

Documentation Required to Support Safety Determination Request

- A completed PAE, including detailed explanation of each ADL or related deficiency;
- A completed Safety Determination request; and
- Medical evidence sufficient to support the functional and related deficits identified in the PAE and the health and safety risks identified in the Safety Determination request.

Safety Determination: Documentation Requirements

Completed ECF Safety Determination Form

- At a minimum one justification must be selected for review
- Supporting documentation may consist of, but is not limited to, narrative descriptions or explanations from submitter, caregivers, or family members; hospital notes, therapy notes, MD visits, ADL flow sheets, encounter notes from nurses, therapists, or physicians; and any other documents which would demonstrate the safety concern(s) for the applicant.

Comprehensive Needs Assessment

- Assessment of the applicants physical, behavioral and psychosocial needs
- 6-month history of care, services and living arrangements
- Explanation of recent events which may have triggered a safety concern

Plan of Care

Safety Explanation

- Any other documentation that may show why the person's needs can't be met if enrolled in Group 5, or in the case of Group 7, why the person's behaviors place the person at imminent risk of institutionalization in the absence of the services provided in Group 7.**

Safety Determination Request Form

- When compiling the supporting documentation for a Safety Determination request the assessor must utilize the “ECF Safety Determination Request Form”.
- The ECF Safety Determination Request Form should be submitted with every Safety Request. It should be labeled as ‘ECF Safety Determination Request Form’.
- The qualified assessor will be able to select justifications for the safety request and provide descriptions of why that justification was selected. The assessor does not have to complete the sections that were not checked.

TN Division of Health Care Finance & Administration
Employment and Community First CHOICES
Safety Determination Request Form

Applicant Name: _____
SSN: _____ DOB: _____ Age _____

This form is to be used only by an MCO or DIDD submitting a PAE for NF LOC and requesting a Safety Determination in accordance with requirements set forth in TennCare Rule. This form must be completed in its entirety and included with the PAE submission, along with all required documentation as specified below. An incomplete Safety Determination Request Form, or a Safety Determination Form submitted without documentation as specified below, will be denied.

Total Acuity Score of PAE as submitted: _____

Current Living Arrangements:

Applicant residence:

- Lives in own home alone
- Lives in own home with parents
- Lives at home with other family—specify relationship _____
- Lives at home with others—specify relationship _____
- Lives in other's home—specify relationship _____
- Lives in a community-based residential setting—specify _____
- Other—specify _____

Justification for Safety Determination Request:
Please note that documentation as specified below may consist of, but is not limited to, narrative descriptions or explanations from submitter, caregivers, or family members; hospital notes, therapy notes, MD visits, ADL flow sheets, encounter notes from nurses, therapists, or physicians; and any other documents which would demonstrate the safety concern(s) for the applicant.

- Applicant has an intellectual or developmental disability and a General Maladaptive Index value of -31 or lower

Please attach copy of Maladaptive Behavior Assessment and Score and label MBA and MBI.

STOP: if above box is checked please go directly to Page 9, complete the attestation and submit the ECF CHOICES Safety Determination Form. If the box is not checked, please proceed with the remaining sections of the form.

Please check and complete all that apply. While a single justification is sufficient for review of a Safety Determination request, it is critical that TennCare has benefit of all available information pertaining to safety concerns that could impact the applicant's ability to be safely served in Groups 4 or 5, as applicable.

- The applicant has an intellectual or developmental disability and is under the age of 18 and will not qualify financially for TennCare unless the deeming of the parent's income to the child is waived, and absent the availability of benefits in ECF CHOICES Group 4, the child is at imminent risk of placement outside the home (DIDD use only).

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Safety Determination Request Form

- To request a Safety Determination One of the following must be true:
 - The Applicant has an approved total acuity score of at least five (5) but no more than eight (8);
 - The Applicant has an approved individual acuity score of at least three (3) for the Orientation measure and the absence of frequent intermittent or continuous intervention and supervision would result in imminent and serious risk of harm to the Applicant and/or others (documentation of the impact of such deficits on the Applicant's safety, including information or examples that would support and describe the imminence and seriousness of risk shall be required);
 - The Applicant has an approved individual acuity score of at least two (2) for the Behavior measure; and the absence of intervention and supervision for behaviors at the frequency specified in the PAE would result in imminent and serious risk of harm to the Applicant and/or others (in addition to information submitted with the PAE, information or examples that would support and describe the imminence and seriousness of risk resulting from the behaviors shall be required);

Safety Determination Request Form

- To request a Safety Determination One of the following must be true:
 - The Applicant has an approved individual acuity score of at least three (3) for the mobility or transfer measures or an approved individual acuity score of at least two (2) for the toileting measure, and the absence of frequent intermittent assistance for mobility and/or toileting needs would result in imminent and serious risk to the Applicant's health and safety (documentation of the mobility/transfer or toileting deficits and the lack of availability of assistance for mobility/transfer and toileting needs shall be required);
 - The Applicant has experienced a significant change in physical or behavioral health or functional needs, or the Applicant's caregiver has experienced a significant change in physical or behavioral health or functional needs which impacts the availability of needed assistance for the Applicant;
 - The Applicant has a pattern of recent falls resulting in injury or with significant potential for injury or a recent fall under circumstances indicating a significant potential risk for further falls;

Safety Determination Request Form

- To request a Safety Determination One of the following must be true:
 - The Applicant has an established pattern of recent emergent hospital admissions or emergency department utilization for emergent conditions or a recent hospital or NF admission or episode of treatment in a hospital emergency department under circumstances sufficient to indicate that the person may not be capable of being safely maintained in the community (not every hospital or NF admission or emergency department episode will be sufficient to indicate such);
 - The Applicant's behaviors or a pattern of self-neglect has created a risk to personal health, safety and/or welfare that has prompted intervention by law enforcement or Adult Protective Services (APS). A report of APS or law enforcement involvement shall be sufficient by itself to require the conduct of a Safety Determination (but not necessarily the approval of a Safety Determination);
 - The Applicant has recently been discharged from a community-based residential alternative setting (or such discharge is pending) because the Applicant's needs can no longer be safely met in that setting;

Safety Determination Request Form

- To request a Safety Determination One of the following must be true:
 - The applicant has diagnosed complex acute or chronic medical conditions which require frequent, ongoing skilled and/or rehabilitative interventions and treatment by licensed professional staff;
 - The applicant has an intellectual or developmental disability and a General Maladaptive Index value of -21 or lower, as determined on the Maladaptive Behavior Index (MBI) portion of the Inventory for Client and Agency Planning (ICAP);

Safety Determination Request Form

- To request a Safety Determination One of the following must be true:
 - The applicant's MCO has determined, upon enrollment into Group 5 based on a PAE submitted by another entity, that the applicant's needs cannot be safely met within the array of services and supports available if enrolled in Group 5.
 - None of the criteria above have been met, but other safety concerns which impact the applicant being safely served in CHOICES Group 5 exist.
 - The individual under 18 has been determined to meet the criteria for potential Group 7 enrollment.

Comprehensive Needs Assessment

- An assessment of the applicant's physical, behavioral, and psychosocial needs not reflected in the PAE, including the specific tasks and functions for which assistance is needed by the Applicant, the frequency with which such tasks must be performed, and the applicant's need for safety monitoring and supervision;
- The applicant's living arrangements and the services and supports the applicant has received for the six (6) months prior to submission of the Safety Determination request, including unpaid care provided by family members and other caregivers, paid services and supports the applicant has been receiving regardless of payer and any anticipated change in the availability of such care or services from the current caregiver or payer; and
- A detailed explanation regarding any recent significant event(s) or circumstances that have impacted the applicant's need for services and supports, including how such event(s) or circumstances impact the applicant's ability to be safely supported within the array of covered services and supports that would be available if the applicant were enrolled in CHOICES Group 5.

Person-Centered Support Plan

- A person-centered support plan developed by the MCO Care Coordinator or Support Coordinator which specifies the tasks and functions for which assistance is needed by the applicant, the frequency with which such tasks must be performed, the applicant's need for safety monitoring and supervision; and the amount (e.g., minutes, hours, etc.) of paid assistance that would be necessary to provide such assistance; and that would be provided by such entity upon approval of the Safety Determination;
- A support plan is not required for a Safety Determination submitted by DIDD; and

Safety Explanation

- An explanation regarding why an array of covered services and supports, including ECF CHOICES HCBS up to the Expenditure Cap of \$30,000 and one-time emergency assistance up to \$6,000; and non-CHOICES or non-ECF CHOICES HCBS (e.g., home health), services available through Medicare, private insurance or other funding sources, and unpaid supports provided by family members and other caregivers would not be sufficient to safely meet the Applicant's needs in the community.

Maladaptive Behavior Assessment (ICAP)

- People with more significant needs may qualify for NF LOC.
- When a Safety Determination is requested, the maladaptive behavior scale and score from the Inventory for Client and Agency Planning (ICAP) is used to capture behaviors requiring extra support to ensure the safety of the individual.
- There are 8 maladaptive behavior assessment questions
- This scale generates an index score that takes into account the frequency and severity of the individual's behaviors.
- The General Maladaptive Index (GMI) score offers a well-established, standardized, and reliable method to capture behaviors which require extra support.

Maladaptive Behavior Assessment (ICAP)

- The maladaptive behavior assessment is completed and submitted to Maximus via fax.
- Maximus reviews the maladaptive behavior assessment and the GMI score is calculated.
- The QA will retrieve the GMI score and document on the applicant's ICAP Summary Sheet.
- Required Documents attached to PAE:
 - The ICAP Clinical Reporting Form
 - ICAP Summary Sheet with the calculated score (GMI)
 - ICAP Response Booklet: Cover Page, Section E-Pages 8 and 9

All of these documents are to be submitted with the PAE application in PERLSS.

ICAP Clinical Reporting Form

- The ICAP must be completed and submitted to Maximus via fax. Attach the Clinical Reporting Form with the ICAP.
- Maximus reviews the maladaptive behavior assessment and the GMI score is calculated.
- The QA will retrieve the GMI score and document on the applicant's ICAP Summary Sheet.
- Remember, you MUST submit the ICAP Clinical Reporting Form, ICAP Summary Sheet with the calculated score (GMI) and the cover page, page 8 and page 9 of the ICAP Response Booklet with the PAE application.

PERSON/ASSESSOR/CONSERVATOR INFORMATION		
Person Name:	SSN:	DOB:
Person's Address (Street, City, State, Zip)		
County:	Region:	Assessment Date:
Assessor Name:	Assessment Entity:	
Does the person have a court appointed conservator/guardian	Yes <input type="checkbox"/> No <input type="checkbox"/>	Conservator Name:
Conservator Phone:	Conservator Address:	
CHECKLIST & SIGNATURES		
<input type="checkbox"/> I invited the conservator to have opportunity for meaningful participation in the ICAP assessment. <i>If guardian was unresponsive or declined participation, document contact attempts:</i>		
By my signature below, I acknowledge fidelity to ICAP Project processes and ICAP item definitions.		
<input type="checkbox"/>	Assessor Signature	Date

REVISED 9.15.15 1

Maximus's Fax : 877-431-9568

Safety Determination Approval

- A Safety Determination request shall be approved if there is sufficient evidence to demonstrate that the necessary intervention and supervision needed by the applicant cannot be safely provided within the array of services and supports that would be available if the applicant was enrolled in ECF CHOICES Group 5 or for a child under age 18, who has an intellectual or developmental disability, all the criteria for Group 7 enrollment have been met.

Safety Determination Approval

- An applicant with ID/DD whose GMI score is at or below -31 (categorized as “Serious” or “Very Serious”) will qualify for NF LOC on the basis of the safety determination, regardless of their score on the PAE Acuity Scale. No minimum acuity score and no other information is required as part of the safety determination.
- A maladaptive behavior index value of -21 to -30 (categorized as “Moderately Serious”) is sufficient to warrant a Safety Determination review upon request but shall not automatically qualify for approval of NF LOC on the basis of safety. The decision is based on a review of the entirety of the person’s needs and circumstances and in accordance with documentation requirements already described.
- For applicants with ID/DD who have a maladaptive behavior index value of -20 and above, the problem behavior assessment and the life skills assessment shall be taken into account along with other documentation requirements in determining whether any safety determination request submitted should be approved.



Supports Intensity Scale (SIS)

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Supports Intensity Scale (SIS)

- Supports Intensity Scale (SIS™) is a comprehensive, onsite face-to-face assessment required before any applicant can be enrolled in ECF CHOICES Group 6. These assessments last about 2 hours and are conducted by Maximus, a TennCare contractor qualified to administer the SIS™.
- The SIS™ will be used in needs assessment and person-centered planning functions for ECF CHOICES Group 6 and will be used for purposes of supports budgeting.
- To facilitate scheduling, MCOs or DIDD completes the SIS Informant Form during the enrollment visit when it is likely the applicant will qualify for ECF CHOICES Group 6.
- The completed form should be attached to the PAE when it is submitted to TennCare.



ECF Enrollment

Enrollment

The following requirements must be met before TennCare enrolls a qualified applicant into ECF CHOICES:

- Person must be in the Target Population
- Medical Eligibility criteria must be met
- Financial and Categorical Eligibility criteria must be met
- There must be an available slot
- Person must be able to be safely served in the designated Group

Enrollment

Specific actions and decisions occur prior to enrollment into ECF CHOICES:

- Determine MCO assignment
- Establish monthly patient liability
- Receive SIS results for Group 6 applicants
- Calculate member's expenditure or cost neutrality cap
- Verify there is an available slot

Enrollment

Once criteria are satisfied, TennCare enters ECF enrollment into the MMIS and sends the following member information to the assigned MCO:

- ECF CHOICES Group assignment and effective dates
- Level of Care approved
- Level of Need
- Monthly patient liability obligation amount
- Prorated expenditure/cost neutrality cap
- Annual expenditure/cost neutrality cap

TNAnytime will subsequently be updated with this information.

Group 6 Enrollment

- For Group 6 enrollment, the specific Level of Need is conveyed on the Request info tab in the *Authorization to Enroll in CHOICES* section on the PAE.

Look at the Enrollment Comments...

Authorization To Enroll in Choices

Enrollment Grandfathered: No

Enrollment Status: Enrolled

Group 3 Interest:

Applicant Interested In Group 3: Unknown

Group 3 Interest Date: 01/01/1900

Anticipated NF Discharge Date: 01/01/1900

NF Discharge Date: 01/01/1900

Pending Actions: (None)

Enrollment Approval: Group 6A R - Regular

Enrollment Denial Reasons: (None)

Enrollment Effective Date: 08/22/2017

Enrollment Comments: Group 6 MODERATE LON enrollment

Enrollment

- When a Group 5 member meets criteria for an expenditure exception, a request must be made to TennCare for the exception (up to \$6,000 per calendar year).
- This is accomplished via PERLSS with the existing Approved PAE and an email sent to the TennCare CHOICES mailbox (choicesltc.tennCare@tn.gov):
 - Attach the justification and supporting documentation for the CN (Cost Neutrality) Cap Determination Exception to the existing approved PAE in PERLSS.
 - Send an email request with the subject line “ECF Group 5 Expenditure Exception” to the TennCare CHOICES mailbox and include the PAE number in the email.
 - The ECF PAE nurse will review/approve the exception
 - An additional \$6000 for the calendar year will be conveyed on the TennCare eligibility file for that member

Enrollment

MCOs are obligated to update a member's enrollment

- **Annual LOC Reassessment:**

- On at least an annual basis, LOC is reassessed
- ECF CHOICES LOC Reassessment Form is completed and kept in member's file
- If LOC is no longer met for member's ECF group, a "change in LOC" PAE must be submitted to TennCare

- **Disenrollment:**

- A person may voluntarily disenroll from ECF CHOICES, this includes the member's choice to remain in a NF for >90 days
- Voluntary disenrollment must include member signature
- Involuntary disenrollment may occur when program requirements are not met/followed
- Date of death for ECF members MUST be reported to TennCare
- ECF CHOICES Involuntary Disenrollment Form and Voluntary Disenrollment Form is completed and submitted to TennCare



Denial & Appeal Process

Denials

Target Population Denials

- Supporting documentation for target population is submitted with the intake outcome.
- If the referral or PAE does not include supporting documentation showing the person is in target population for ECF CHOICES, a target population denial notice is sent to the applicant which includes the right to appeal to TennCare LTSS.

Denials

Financial Eligibility Denials

- TennCare's Member Services Division determines financial eligibility for ECF CHOICES.
- When financial eligibility is denied, TennCare Member Services sends the applicant a notice of adverse action which includes the right to appeal to TennCare Member Services.

Appeals

LTSS Appeal Steps

1. Financial eligibility appeals are received and processed by TennCare Member Services.
2. Medical eligibility and enrollment appeals are received and processed by TennCare LTSS.
3. Applicant must submit LTSS appeal in writing within 30 days of receipt of the denial notice.
4. TennCare conducts a technical and clinical review of the original PAE and appeal information to ensure LOC/Target population decisions are correct.
5. When an LTSS appeal is received, TennCare may contact the MCO or DIDD for further information or to request additional documentation
6. The Qualified Assessor may be asked to testify at hearing.
7. Appeals may also be sent to Maximus for an in-person assessment.
8. TennCare reviews results of such assessments and makes an appeal decision.
9. If TennCare's review results in upholding the denial, the appeal is forwarded to TennCare's Office of General Counsel for fair hearing.
10. If a case goes to hearing, the appellant is notified in writing at least 30 days prior to the hearing date.

A PAE may be revised (within the first 30 days) or a new PAE submitted (after 30 days) throughout this process

Who To Contact?

- **ECF questions (Referral, Intake, Enrollment, etc.)**
 - LTSS Help Desk: 1-877-224-0219
- **Financial Eligibility Questions**
 - TennCare Connect: 1-855-259-0701

Keep in Mind

- Your Qualified Assessor code is unique to you as an assessor and should not be shared with anyone except in the instance you are working with a PERLSS submitter, and they are submitting the PAE on your behalf.
- You must enter your code on every HCBS ECF PAE submitted.

Please continue onto Part II of
the ECF Qualified Assessor
Training

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