Amendment #27: Employment and Community First CHOICES
TennCare II demonstration (No. 11-W-00151/4)

Table of Contents

PART I: A Detailed Description of the Amendment, Including Impact on Beneficiaries

- **Program Changes**
- **Program Administration and Operation**
- **Eligibility**
- **Benefits**
- **Enrollment Targets and Waiting Lists**
- **Qualified Providers**
- **Participant Direction**
- **Participant Rights**
- **Participant Safeguards**
- **Quality Assurance and Quality Improvement**
- **Financing**
- **Waivers and Expenditure Authorities Requested**

PART II: Explanation of the Public Process Used by the State

PART III: A Description of How the Evaluation Design Will be Modified

PART IV: Data Analysis

PART I: A Detailed Description of the Amendment, Including Impact on Beneficiaries

Proposed Changes

With Amendment 27 to the TennCare demonstration, Tennessee proposes to implement within its existing managed care demonstration an integrated managed long-term services and supports (MLTSS) program that is specifically geared toward promoting and supporting integrated, competitive employment and independent, integrated community living as the first and preferred option for individuals with intellectual and developmental disabilities (I/DD).

Amendment 27 is the culmination of more than 18 months of intense planning and discussion with stakeholders, including individuals with I/DD and their families; groups who advocate on their behalf, including the Arc of Tennessee, the Tennessee Council on Developmental Disabilities, and the Tennessee Disability Coalition; and providers of HCBS for individuals with I/DD and their associations, as described in Part II. Amendment 27—in particular the proposed employment services array and service definitions—were developed with technical assistance and guidance from subject matter experts with the Office of Disability Employment Policy, Allan I. Bergman and Lisa Mills, Ph.D.

The new program will be called *Employment and Community First CHOICES* and will fully comport with standards applicable to person-centered planning and HCBS settings delivered under Section 1915(c) of the Social Security Act.

Under Tennessee law, intellectual disability is defined as substantial limitations in functioning:

(i) 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; and

(ii) That are manifested before eighteen (18) years of age.

Developmental disability in a person over five (5) years of age means a condition that:

(i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;

(ii) Manifested before twenty-two (22) years of age;

(iii) Is likely to continue indefinitely;

(iv) Results in substantial functional limitations in three (3) or more of the following major life activities:

(a) Self-care;
(b) Receptive and expressive language;
(c) Learning;
(d) Mobility;
(e) Self-direction;
(f) Capacity for independent living; or
(g) Economic self-sufficiency; and

(v) Reflects the person's need for a combination and sequence of special interdisciplinary or generic services, supports, or other assistance that is likely to continue indefinitely and need to be individually planned and coordinated.

Developmental disability in a person up to five (5) years of age means a condition of substantial developmental delay or specific congenital or acquired conditions with a high probability of

resulting in developmental disability as defined for persons over five (5) years of age if services and supports are not provided.

Tennessee's current service delivery system for individuals with intellectual disabilities includes services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) as well as three Section 1915(c) HCBS waiver programs:

- The Arlington Waiver (Control # TN.0357);
- The Statewide Waiver (Control # TN.0128); and
- The Self-Determination Waiver (Control # TN.0427).

With limited exception (i.e., children under age six with a developmental disability who do not yet have a formal diagnosis of intellectual disability), the target population served in each of these waivers is individuals with an intellectual disability who qualify for the level of services provided in an ICF/IID.[1] Individuals with developmental disabilities (other than intellectual disabilities), as defined in Tennessee, are generally not eligible for these waivers.

Individuals receiving ICF/IID services or enrolled in a Section 1915(c) waiver have been enrolled into managed care in Tennessee since the inception of the TennCare demonstration in 1994. They receive all of their covered physical and behavioral health services from the TennCare-contracted managed care organization (MCO) into which they are enrolled. However, the LTSS they receive are carved out of the managed care program.

Amendment 27 does <u>not</u> seek to change how ICF/IID services are delivered and will <u>not</u> change the existing 1915(c) waivers for people already enrolled in those waivers. ICF/IID services and the existing 1915(c) waivers will continue to operate outside the managed care demonstration.

Amendment 27 will create a new MLTSS program for all individuals with intellectual disabilities *and* individuals with developmental disabilities who are *newly* enrolling into HCBS programs.[2] LTSS (as specified in Table 3 and defined in Attachment G) will be added to the array of benefits coordinated by a member's MCO for individuals who are enrolled in the *Employment and*

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[1] The Statewide waiver includes in the defined target population children five (5) years of age or younger who "[h]ave a developmental disability, which is defined as a condition of substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in mental retardation (i.e., intellectual disability)…" Except for children who may not yet have a formal psychological evaluation and diagnosis of intellectual disability, individuals with a developmental disability who do not also have an intellectual disability do not qualify for enrollment in the State's existing 1915(c) waivers.

[2] Once *Employment and Community First CHOICES* is established, all new enrollment will be directed to the new program. Except for an individual identified by the state as a former member of the certified class in United States vs. State of Tennessee, et al. (Arlington Developmental Center), a member of the certified class in United States vs. the State of Tennessee, et al. (Clover Bottom Developmental Center), or a person discharged from a State Developmental Center (Clover Bottom or Greene Valley) or the Harold Jordan Center following a stay of at least 90 days, no new persons will be enrolled in the Section 1915(c) waivers. Persons will not be permitted to transition from ECF CHOICES into a Section 1915(c) waiver, except that if the State chooses to permit people enrolled in a Section 1915(c) waiver to voluntarily transition to ECF CHOICES once it is established, an individual who voluntarily elects to transition to ECF CHOICES may be permitted for a period of up to 90 days to transition back to the Section 1915(c) waiver in which he was previously enrolled.

Community First CHOICES program once it is established. Once the *Employment and Community First CHOICES* program is established, the State may choose to permit individuals in the waivers to voluntarily elect to transition into the MLTSS program.

The new Employment and Community First CHOICES program will demonstrate the following:

- A tiered benefit structure based on the needs of individuals enrolled in the program will allow the state to provide HCBS and other Medicaid services more cost-effectively so that more people who need HCBS can receive them. This includes people with intellectual disabilities who would otherwise be on the waiting list for a Section 1915(c) waiver and people with other developmental disabilities who are not eligible for Tennessee's current Section 1915(c) waivers.

- The development of a benefit structure and the alignment of financial incentives specifically geared toward promoting integrated competitive employment and integrated community living will result in improved employment and quality of life outcomes.

Program Administration and Operation

Employment and Community First CHOICES will be an integrated MLTSS delivery model. TennCare managed care contractors will be responsible for all of the covered primary, acute, behavioral, and LTSS for members enrolled in the new program. TennCare MCOs who will administer the program were selected through a competitive procurement process: United Healthcare Community Plan, Amerigroup and Blue Care.

TennCare will amend Contractor Risk Agreements with existing MCOs for the day-to-day administration of the program. TennCare will also contract with the Department of Intellectual and Developmental Disabilities (DIDD) to assist with program implementation and oversight, as further described below.

Point of entry into *Employment and Community First CHOICES* will be through the DIDD Regional Offices for persons not currently enrolled in TennCare. (DIDD Regional Offices currently perform intake functions for individuals with intellectual disabilities seeking enrollment into a Section 1915(c) waiver.) DIDD Regional Office staff will perform level of care assessments and facilitate Medicaid financial eligibility applications for new Medicaid applicants. MCOs will assist their current members in applying for the new program. Medical (i.e., level of care) and financial eligibility determinations and all enrollment functions will be performed by the Medicaid Agency.

Eligibility

Employment and Community First (ECF) CHOICES will provide HCBS to four target populations of individuals with intellectual or developmental disabilities (I/DD). Under the fully implemented program design, individuals can qualify for each of these four target populations through enrollment in TennCare Medicaid as an SSI recipient, or through enrollment in one of three new demonstration groups. First, as in the existing CHOICES program, there will be a "217-Like

Demonstration Group" for individuals with I/DD, with eligibility based on receipt of HCBS and institutional resource and income standards (up to 300% of the SSI FBR). Second, Tennessee will add an "At-Risk Demonstration Group" for individuals with I/DD who are at risk of nursing facility placement, have family income at or below 150% of the FPL, and whose resources do not exceed $2,000. Third, consistent with the goal of aligning incentives toward employment, Tennessee will add a "Working Disabled Demonstration Group" for individuals with I/DD who are employed, have family income at or below 250% of the FPL, and who would qualify for SSI (including applicable resource limits) if their earned income is disregarded.

Table 1 below illustrates the pathways to eligibility for the four different target groups:

Table 1
Target Populations for ECF CHOICES

Target Population	Eligibility Pathway	
	TennCare Medicaid	Demo Group
1. Children under age 21 with I/DD living at home with family and who meet the NF LOC*	SSI Group	217-Like Group, Working Disabled Group
2. Children under age 21 with I/DD living at home with family and who, in the absence of HCBS, are "At risk of NF placement"	SSI Group	At-risk Group, Working Disabled Group Pending full implementation: Interim At-risk Group
3. Adults age 21 and older with I/DD who meet the NF LOC* and need specialized services for I/DD	SSI Group	217-Like Group, Working Disabled Group
4. Adults age 21 and older with I/DD who, in the absence of HCBS, are "At risk of NF placement"	SSI Group	At-risk Group, Working Disabled Group Pending full implementation: Interim At-risk Group

*The institutional level of care is based on NF rather than ICF/IID because the ICF/IID level of care is limited to individuals with intellectual disabilities, as defined by state law, and ECF CHOICES will also extend HCBS to individuals with other developmental disabilities. Because the 1915(c) waivers use an ICF/IID level of care, for those categories requiring a NF LOC, the State may grant an exception to individuals transitioning from the Statewide or Comprehensive Aggregate Cap Waivers who meet the ICF/IID but not the NF level of care.

To cover these target groups, this amendment requests the addition of three new demonstration groups:

- ECF CHOICES 217-Like Group. Individuals with I/DD of all ages who meet the NF LOC, are receiving HCBS, and who would be eligible in the same manner as specified under 42 CFR § 435.217, 42 CFR § 435.726 and Section 1924 of the SSA, if the HCBS were provided under a Section 1915(c) waiver. This group will be subject to the enrollment targets for ECF CHOICES discussed below.

- ECF CHOICES At-Risk Group. Individuals with I/DD of all ages who: are not eligible for Medicaid or TennCare under any other category; are receiving HCBS; meet the resource limit for the ECF CHOICES 217-Like Group; have income at or below 150% of the FPL; meet the NF LOC criteria in place on June 30, 2012 but not the criteria in place on July 1, 2012; in the absence of ECF CHOICES are "at risk" of institutionalization. The income standard and needs-based eligibility requirements for this group are similar to the income standard and needs-based requirements that States can impose for Section 1915(i) services. This group will be subject to the enrollment targets for ECF CHOICES discussed below.

- ECF CHOICES Working Disabled Group. This group will mirror the Section 1902(a)(10)(A)(ii)(XIII) Medicaid Buy-in Group, except that it will be limited to individuals with I/DD who are receiving ECF CHOICES HCBS and enrollees will be subject to the enrollment targets for ECF CHOICES discussed below. More specifically, this group covers working age adults with I/DD who: are not eligible for Medicaid or TennCare under any other category; are receiving HCBS; but for their earned income would be eligible for SSI; and have family income at or below 250% of the FPL.

Because Tennessee is in the midst of developing a new eligibility system, the ECF CHOICES At-Risk Group and the ECF CHOICES Working Disabled Group cannot be established at the program's inception. In order to expedite the implementation of the new program and the availability of these services, the State therefore requests an additional interim demonstration group that would be open only until these two new demonstration groups can be established (expected in 2017).

The Interim demonstration group is like the At-Risk Demonstration Group currently approved under the State's 1115 demonstration for adults age 65 and older and adults age 21 and older with physical disabilities, although new enrollment in this group will close effective July 1, 2015.

- Interim ECF CHOICES At-Risk Group. Individuals with I/DD of all ages who: are not eligible for Medicaid or TennCare under any other category; meet the financial eligibility standards for the ECF CHOICES 217-Like Group; meet the NF LOC criteria in place on June 30, 2012 but not the criteria in place on July 1, 2012; in the absence of ECF CHOICES are "at risk" of institutionalization. This group is subject to the enrollment targets for ECF CHOICES discussed below. The Interim Employment and Community First CHOICES At Risk Demonstration Group will open to new enrollment only until such time that the Employment and Community First CHOICES At-Risk Demonstration Group (with income up to 150% of the FPL) and the Employment and Community First CHOICES Working Disabled Demonstration Groups can be established. Persons enrolled in the

Interim Employment and Community First CHOICES At-Risk Demonstration Group as of the date new enrollment into the group closes may continue to qualify in the group as long as they continue to meet nursing facility financial eligibility standards and the nursing facility level of care criteria in place on June 30, 2012, and remain continuously eligible and enrolled in the Interim Employment and Community First CHOICES At-Risk Demonstration Group.

Benefits

The benefits that will be available in ECF CHOICES were designed based on input from stakeholders during the course of extensive engagement activities. The service definitions were developed in consultation with experts from the Office of Disability Employment Policy to create a roadmap that will help individuals with intellectual and other developmental disabilities achieve their employment goals. Many of the definitions contemplate an outcome-based reimbursement approach that will provide accountability as well as monetary incentive for the completion of each step on the employment path.

Individuals in the four target groups described above will be eligible for one of three benefit packages, as shown in Table 2:

Table 2
ECF CHOICES Benefit Groups

	Benefit Groups		
	Essential Family Supports	**Essential Supports for Employment and Independent Living**	**Comprehensive Supports for Employment and Community Living**
Target population	Children under age 21 with I/DD living at home with family and who meet NF LOC Children under age 21 with I/DD living at home with family and who, in the absence of HCBS, are "At Risk" of NF placement If they are living at home with family caregivers, adults age 21 and older with I/DD who meet or are "At Risk" of NF LOC, may also elect to be in this benefit group	Adults age 21 and older I/DD who do not meet NF LOC, but who, in the absence of HCBS are "At Risk" of NF placement	Adults age 21 and older with I/DD who meet NF LOC and need specialized services for I/DD

The services available for each benefit group are set forth below and defined in Attachment G.

Table 3
Services to be Available for Persons in ECF CHOICES

Essential Family Supports	Essential Supports for Employment and Independent Living	Comprehensive Supports for Employment and Community Living
• Respite • Supportive Home Care (SHC) • Family Caregiver Stipend in lieu of SHC • Community Integration Support Services • Community Transportation • Independent Living Skills Training • Assistive Technology, Adaptive Equipment and Supplies • Minor Home Modifications • Community Support Development, Organization and Navigation • Family Caregiver Education and Training • Conservatorship Counseling and Assistance • Health Insurance Counseling/Forms Assistance	• Employment Services/Supports, as follows: --Supported Employment – Individual Employment Support, including Exploration Discovery Situational Observation and Assessment Job Development Plan or Self-Employment Plan Job Development or Self-Employment Start Up Job Coaching for Competitive, Integrated Employment Job Coaching for Self-Employment Co-Worker Supports --Supported Employment – Small Group --Integrated Employment Path Services --Employment Discovery and Customization --Career Advancement --Benefits counseling • Community Integration Support Services • Community Transportation • Independent Living Skills Training • Personal Assistance • Community Living Supports • Community Living Supports – Family Model • Assistive Technology, Adaptive Equipment and Supplies • Minor Home Modifications • Individual Education and Training • Peer-to-Peer Self-Direction,	• Employment Services/Supports, as follows: --Supported Employment – Individual Employment Support, including Exploration Discovery Situational Observation and Assessment Job Development Plan or Self-Employment Plan Job Development or Self-Employment Start Up Job Coaching for Competitive, Integrated Employment Job Coaching for Self-Employment Co-Worker Supports --Supported Employment – Small Group --Integrated Employment Path Services --Employment Discovery and Customization --Career Advancement --Benefits counseling • Community Integration Support Services • Community Transportation • Independent Living Skills Training • Personal Assistance • Community Living Supports • Community Living Supports – Family Model • Assistive Technology, Adaptive Equipment and Supplies • Minor Home Modifications • Individual Education and Training • Peer-to-Peer Self-Direction,

Essential Family Supports	Essential Supports for Employment and Independent Living	Comprehensive Supports for Employment and Community Living
	Employment and Community Support and Navigation • Specialized Consultation and Training	Employment and Community Support and Navigation • Specialized Consultation and Training • Health Home
Expenditure Cap		
$15,000, not counting cost of minor home modifications	$30,000 Exception for emergency needs up to $6,000 in additional services per year (hard cap of $36,000, consistent with Self-Determination waiver)	$45,000 – low to moderate need $60,000 – high need Exception up to applicable average cost of NF + specialized services for DD with exceptional medical/behavioral needs; average cost of private ICF/IID for ID with exceptional medical/behavioral needs)

An individual may transition from one benefit group to another when their level of care changes (i.e., At-Risk or NF plus the need for specialized I/DD services) and in accordance with eligibility criteria for that benefit group. MCO Care Coordinators will review level of care on at least an annual basis. A person may request a reassessment of level of care at any time.

Essential Family Supports

In addition to the benefits available in the Essential Family Supports group, children enrolled in Employment and Community First CHOICES will have access to the full array of benefits provided pursuant to EPSDT. Essential Family Supports benefits are thus, those things beyond the scope of EPSDT that will help families face the unique challenges of supporting a child with intellectual or developmental disabilities, as reflected in the stakeholder input received. Essential Family Supports will supplement but not supplant the availability of natural supports and will help individuals with an intellectual or developmental disability and their families plan and prepare for transition to employment and integrated, independent living in adulthood.

Essential Supports for Employment and Independent Living

Essential Supports for Employment and Independent Living include those services and supports that are most critical to helping adults plan and achieve employment and independent living goals, and participate fully in community life.

Comprehensive Supports for Employment and Community Living

Comprehensive Supports for Employment and Community Living include those services and supports that allow individuals with more significant needs related to an intellectual or developmental disability 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.

This structure (benefit groups, each with its own unique benefit package) was developed based on recommendations received during the public input process. Advocacy groups recommended HCBS programs offering a tier of capped services beginning at $12,000-$15,000, with varying additional service packages and higher expenditure caps, depending on the needs of the target population served. One of the clear priorities for stakeholders—individuals, families and advocates—was serving young adults transitioning out of school (as well as those who may have already aged out of school), with a primary focus on Employment services and Personal Assistance. Two of the advocacy groups focused on efforts to reduce reliance on 24-hour residential services, moving toward Semi-Independent Living, Personal Assistance, or other less intensive and less expensive support options.

There were strong recommendations to modify waiting list management approaches to offer support to families of children and adolescents as well as adults continuing to live at home, building on and directing specific efforts and resources toward developing and strengthening natural and community support systems and capacities. These recommendations included assisting young adults in transitioning from school to employment—in short, investing *before* the crisis occurs rather than responding after it has happened.

Providers also recommended a capped employment waiver with a moderate package of employment-specific services and supports capped at $12,000-$18,000 per member per year, targeting young adults with intellectual and developmental disabilities transitioning from school, as well as targeted services to aging members. All groups stressed the importance of ongoing stakeholder engagement in program design and implementation.

Person-Centered Planning

Once enrolled in the program, MCOs will be responsible for comprehensive needs assessment and person-centered planning processes. This includes the development and implementation of a comprehensive Individualized Support Plan (ISP), encompassing individually identified employment, community living, and health and wellness goals; all of the physical and behavioral health services, LTSS, and natural and social supports that are needed and will be received by the member; and the member's choices and preferences with respect to services, settings, and delivery options, including participant direction and/or preferred providers, as applicable. This support planning process, and the resulting person-centered ISP, will assist each member enrolled in *Employment and Community First CHOICES* in achieving personally defined employment and other outcomes in the most integrated community setting, ensure delivery of services in a manner that reflects personal preferences and choices, and contribute to the assurance of each member's health and welfare.

MCO Support Coordinators will be required to complete person-centered planning training requirements, including training conducted by DIDD. In January 2015, DIDD became the first

state delivery system in the country to receive Network Accreditation in Person-Centered Excellence from the Council on Quality and Leadership (CQL). DIDD employs 11 staff certified by CQL as inter-rater reliable Personal Outcome Measures interviewers and Personal Outcome Measures workshop facilitators. DIDD also has a number of staff certified in Person Centered Thinking training through the Learning Community on Person Centered Practices. These staff will be utilized to train MCO Support Coordinators for *Employment and Community First CHOICES*, both prior to the implementation of the new program, and as needed on an ongoing basis.

Cost Limits

Each benefit package will have an individual cost limit.

The cost limit for ECF CHOICES services for individuals in the Essential Family Supports benefit group is $15,000 per member per year, excluding the cost of Minor Home Modifications. Except for Minor Home Modifications that do not count against the cost limit for Essential Family Supports, there are no exceptions to the cost limit for Essential Family Supports.

For individuals enrolled in the Essential Supports for Employment and Independent Living benefit group, the cost limit is $30,000 per year in ECF CHOICES benefits, which is consistent with the cost limit currently applied in the State's 1915(c) Self-Determination waiver. An exception may be granted based on emergency needs for up to $6,000 in additional services per year, also consistent with the exception granted in the Self-Determination waiver.

For individuals enrolled in the Comprehensive Supports for Employment and Community Living benefit group, the cost limit will depend on an individualized and objective assessment of the person's level of support need. This assessment will be performed by an objective entity contracted with the State (not the Managed Care Organization). Persons assessed to have low to moderate need for support with have a cost limit of $45,000 per year. Persons assessed to have high need for support will have a cost limit of $60,000 per year. The State may grant an exception to these cost limits for adults in the Comprehensive Supports for Employment and Community Living benefit group determined to have exceptional medical and/or behavioral support needs. For these individuals, the cost limit will be no more than the average annual cost of NF services plus specialized services for individuals with DD and no more than the average annual cost of private ICF/IID services for individuals with ID (who would also meet ICF/IID LOC).

A person enrolled in the Comprehensive Supports for Employment and Community Living benefit group may request an objective reassessment of their level of support need (and cost limit) based on a significant change in needs or circumstances, or at reasonable intervals. MCO Support Coordinators will also be responsible for referral for reassessment of level of support need as appropriate.

Enrollment Targets and Waiting Lists

As of January 2015, there are 6,630 people on a waiting list for enrollment into the State's Section 1915(c) waivers serving individuals with intellectual disabilities, including 46 individuals deemed to meet "Crisis" criteria, 440 "Urgent," 4,639 "Active," and 1,505 "Deferred." Because individuals with a developmental disability who do not also have an intellectual disability generally do not qualify for enrollment in the State's existing 1915(c) waivers, the number of persons with a developmental disability who may need and qualify for these services is unknown, but estimated to be at least as many as the number of individuals with an intellectual disability currently waiting for waiver services.

In order to assure that the *Employment and Community First CHOICES* program enrollment does not exceed the State's capacity to provide services safely and effectively and within available state resources, the State reserves the right to establish yearly enrollment caps, if necessary, for each of these groups.[3] The State will submit to CMS at least 60 days prior to the beginning of each program year a proposed enrollment target range for each benefit group. The State may, during the course of each year, adjust the specific enrollment target for each group so long as the target remains within the approved enrollment target range for that benefit group. An amendment is required for any proposed adjustment in the enrollment target outside the approved range.

In order to maximize the opportunity to stretch limited resources to serve as many people as possible, any enrollment target for Essential Supports for Employment and Independent Living will be at least twice as high as any enrollment target for Comprehensive Supports for Employment and Community Living.

The state will be responsible for management of a statewide waiting list. Criteria for assigning prioritization of persons on the waiting list will be developed with input from stakeholders, and will prioritize for enrollment young adults transitioning from school into integrated, competitive employment, including Project SEARCH graduates[4], and adults with aging caregivers.

Qualified Providers

The State will establish standards for qualified providers, including licensure, training and background check requirements. MCOs will be responsible for review and validation of these standards as part of the credentialing process.

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[3] Funding to establish the new program is expected in part to come from savings that will be realized as the State closes its remaining large institutions for people with intellectual disabilities and transitions residents to more integrated and cost-effective community living. Additional funding needs will be identified in the FY 2017 budget. Implementation of the new program and the number of people enrolled will be subject to the availability of appropriations.

[4] Project SEARCH is a high school transition initiative for the Tennessee Council on Developmental Disabilities. The school-to-work initiative targets students with intellectual & developmental disabilities in their last year of high school. . The program provides real-life work experience combined with training in employability and independent living skills to help youths with significant disabilities make successful transitions from school to productive adult life. Between 90 and 100% of the participants complete the program and are offered a job. The availability of wrap-around employment services may be critical to their continued employment success.

Participant Direction

Consistent with recommendations received during the public input process, all of the individuals enrolled in *Employment and Community First CHOICES* will have the option for participant direction, including budget authority. The participant direction model will be a modified budget authority model. The participant direction budget will be established in accordance with the benefit group in which the person is enrolled, the individual cost limit applicable to that group, and based on a comprehensive assessment of the individual's needs. Once determined, the member (or his/her representative) will be able to manage those services available through participant direction, so long as individual benefit limits (as applicable) and the member's total participant direction budget is not exceeded.

For individuals who are in the Comprehensive Supports for Employment and Community Living benefit group, the Health Home Agency with Choice model will allow an individual with an intellectual or developmental disability who has more significant needs to elect to work with a qualified provider of residential services that he or she selects, to direct his/her services and supports budget. The State intends to establish this authority under the demonstration rather than the State Plan in order to combine the functions of a Health Home with flexibilities to permit self-determination regarding the supports budget and selection and supervision of staff.

In the Health Home Agency with Choice model, the individual will have the opportunity to help select and supervise his or her direct support staff, who will be employed by the Health Home Agency. The Health Home Agency will support the individual in deciding how s/he will direct his/her services and supports budget, based on the needs identified in the ISP. The individual's MCO Support Coordinator will be involved in the planning process to ensure that the planning process remains conflict free and will monitor the ongoing provision of HCBS to ensure that the individual's needs are met.

In addition, the Agency must meet all of the qualifications in order to function as the individual's Health Home. The Health Home Agency must work with the MCO Support Coordinator to develop a person-centered ISP for each individual that coordinates and integrates all clinical and non-clinical services and supports required to address the person's health-related needs. The agency will work with the MCO Support Coordinator to facilitate access to and coordination of the full array of primary and acute physical health services, behavioral health care, and long-term community-based services and supports. Services performed by the Health Home Agency will include comprehensive chronic disease and care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; referral to community and social support services; and the use of the MCO's or State's health information technology (HIT) to link services, facilitate communication between and among providers, the individual, and caregivers, and provide feedback. In addition, they must establish a continuous quality improvement program, and collect and report data to the MCO and to TennCare that support the evaluation of health homes.

Participant Rights

In addition to requirements set forth in 42 CFR Part 431, subpart E, TennCare operates under a federal court order regarding notice and appeal processes pertaining to program benefits. Under the current order, all medical service (including LTSS) appeals are handled directly by the Medicaid Agency, and not the MCO. Thus, in addition to fair hearing processes regarding determinations of eligibility or enrollment for the program, TennCare will grant a fair hearing regarding any valid factual dispute pertaining to any adverse action impacting the benefits available to a member in the *Employment and Community First CHOICES* program.

Participant Safeguards

The State, operating in partnership with contracted MCOs and DIDD, will operate a Critical Incident Reporting and Management Process for the *Employment and Community First CHOICES* program. Responsibilities of each entity will be set forth in the CRA or interagency contract, as applicable. The State intends to build on a well-developed protection from harm system currently in place for the Section 1915(c) waivers in order to create a seamless statewide system for individuals with I/DD. In addition to prompt remediation of individual issues, analysis of data can be conducted across the entire I/DD delivery system, allowing for proactive identification and resolution of systemic issues and concerns.

Quality Assurance and Quality Improvement

The Quality Management strategy for *Employment and Community First CHOICES* will include many components.

TennCare already requires that MCOs participating in the program are accredited by the National Committee on Quality Assurance. MCO performance is measured based on audited data across clinical outcomes and the member experience. In addition, MCOs must meet system and process standards that are essential for quality care and consumer protection, including standards which address quality improvement, provider credentialing, utilization management, member rights and responsibilities and member information programs. All TennCare health plans continue to be ranked among the top 100 Medicaid health plans in the country.

As with the existing CHOICES MLTSS program, the State will develop detailed contract requirements and will require ongoing reporting and conduct periodic audits to monitor and assure program compliance. Review of monthly and quarterly data by TennCare will facilitate early discovery and remediation of individual issues. In addition, data will be tracked and trended over time to allow for identification of potential systemic issues and for systemic remediation that will result in improved quality performance of the system over time.

TennCare will contract with DIDD to conduct Quality Assurance surveys of providers enrolled to deliver services in the *Employment and Community First CHOICES* program. DIDD Quality Assurance surveys are completed on site and include visits with people receiving services, thereby obtaining invaluable information about the quality of services from the member's

perspective and their satisfaction with services. The State will thus build on a well-developed quality strategy that has been hailed by CMS in the most recent evidentiary review of the 1915(c) waivers as a "model of best practices" to establish performance measures and processes for discovery, remediation, and ongoing data analysis and quality improvement regarding the *Employment and Community First CHOICES* program. In addition to providing data specific to the quality of services offered in the ECF CHOICES program, this will ensure that TennCare has a comprehensive perspective of quality performance and strategies for quality improvement across the I/DD system as a whole.

Tennessee already participates in National Core Indicators for individuals with ID in existing LTSS programs, and once the population enrolled in *Employment and Community First CHOICES* is sufficient, will gather and review data specific to the ECF CHOICES program to help monitor compliance with HCBS setting requirements and to inform program improvements.

In addition, as part of the State's plan for assuring ongoing compliance with the HCBS settings rule (as set forth in the Statewide Transition Plan), the State (or its contractors) will conduct an Individual Experience Assessment as part of initial and annual person-centered plan reviews.

Financing

Separate risk-based capitation rate cells will be developed for each of the three benefit groups in *Employment and Community First CHOICES*, as is the case in TennCare's existing CHOICES MLTSS program for seniors and adults with physical disabilities. The rates will be inclusive of physical, behavioral health and LTSS the person receives. Medical Loss Ratios will be monitored both broadly (i.e., across all covered services) and specifically as it relates to LTSS.

We believe that it may be necessary to reimburse the MCOs directly for ECF CHOICES benefits for an initial period (at least two to three years) in order to gather sufficient experience in the new model with supporting encounter data to develop an actuarially sound capitation payment for these new benefit packages. MCOs would continue to receive a risk-based capitation payment for physical and behavioral health services during this interim period, and would assume risk across all benefits (including LTSS) once a capitation rate is established.

Waivers and Expenditure Authorities

The State asks CMS to add the following waivers of Title XIX requirements to the TennCare II demonstration pursuant to Section 1115(a)(1) of the Social Security Act:

1) Comparability. Section 1902(a)(10)(B)

   To the extent necessary to allow the state to offer the ECF CHOICES benefits package to individuals with I/DD.

2) Reasonable Promptness. Section 1902(a)(8)

To enable the state to limit enrollment in ECF CHOICES to the enrollment targets established by the state and to allow the state to require individuals seeking the services provided in ECF CHOICES to complete person-centered planning.

3) Freedom of Choice. Section 1902(a)(23)

To enable the state to restrict freedom of choice of provider through the use of mandatory enrollment in managed care plans for the receipt of ECF CHOICES services.

The State asks CMS to add the following expenditure authorities to the TennCare II demonstration pursuant to Section 1115(a)(2) of the Social Security Act:

1) ECF CHOICES 217-Like Group. Expenditures for ECF CHOICES enrollees who would be Medicaid-eligible under Section 1902(a)(10)(A)(ii)(VI) and 42 CFR 435.217, if the services they received under ECF CHOICES were provided under a Section 1915(c) waiver. This includes application of the post-eligibility and spousal impoverishment rules. These expenditures are limited to those necessary to provide:

   a. Services as presented in Table 2a of the TennCare II STCs;
   b. ECF CHOICES services.

2) ECF CHOICES At-Risk Demonstration Group. Individuals who are not otherwise eligible for Medicaid or TennCare who meet the resource limit for the special income level group; have income at or below 150% of the FPL; meet the NF LOC in place on June 30, 2012 but not the NF LOC in place on July 1, 2012; and in the absence of the services offered through ECF CHOICES are "at risk" of institutionalization. These expenditures are limited to those necessary to provide:

   a. Services as presented in Table 2a of the TennCare II STCs;
   b. ECF CHOICES services.

3) ECF CHOICES Working Disabled Demonstration Group. Individuals with I/DD of all ages who: are not otherwise eligible for Medicaid or TennCare; are receiving HCBS; but for their earned income would be eligible for SSI; and have income at or below 250% of the FPL. These expenditures are limited to those necessary to provide:

   a. Services as presented in Table 2a of the TennCare II STCs;
   b. ECF CHOICES services.

4) Interim ECF CHOICES At-Risk Demonstration Group. Individuals who are not otherwise eligible for Medicaid or TennCare who meet the financial eligibility standards for the special income level group; meet the NF LOC in place on June 30, 2012 but not the NF LOC in place on July 1, 2012; and in the absence of the services offered through ECF CHOICES are "at risk" of institutionalization. These expenditures are limited to those necessary to provide:

a. Services as presented in Table 2a of the TennCare II STCs;
b. ECF CHOICES services.

5) ECF CHOICES for SSI Eligibles. Expenditures for the provision of HCBS waiver-like services provided through ECF CHOICES, as detailed above, that are not described in Section 1905(a) and not otherwise available under the approved state plan, but could be provided under Section 1915(c) and that are furnished to ECF CHOICES enrollees with disabilities with income up through 100% of the SSI/FBR and resources at or below $2,000 who either meet the NF LOC or are, in the absence of HCBS, "at risk" of institutionalization.

PART II: Explanation of the Public Process Used by the State

In order to provide opportunities for input regarding the development of this program, the Bureau of TennCare and the Department of Intellectual and Developmental Disabilities (DIDD) jointly hosted various stakeholder processes. These processes commenced in December 2013 with meetings including each of the advocacy groups representing individuals with intellectual and developmental disabilities and their families in Tennessee, as well as HCBS provider groups serving individuals with intellectual disabilities. Beginning in January 2014, self-report data was gathered from consumers, family members, and providers via a series of statewide Community Meetings. An online survey afforded consumers and family members who were unable to participate in Community Meetings with an alternative mechanism to provide input. Finally, additional written comments and other follow-up recommendations were received by TennCare after the conclusion of the Community Meetings and online survey processes.

A comprehensive *Stakeholder Input Summary* is available at: http://www.tn.gov/assets/entities/tenncare/attachments/ID_DDStakeholderInputSummary.pdf.

On May 30, 2014, based on the input received, TennCare and DIDD posted for public review and input a *Concept Paper* (available at http://www.tn.gov/assets/entities/tenncare/attachments/ConceptPaper.pdf), summarizing proposed changes to the State of Tennessee's Section 1915(c) Home and Community Based Services (HCBS) waiver programs and a proposed new program that will provide HCBS to individuals with intellectual and other kinds of developmental disabilities.

As part of the ongoing public input process, TennCare and DIDD again jointly hosted regional community meetings in order to present the *Concept Paper* to stakeholders, respond to questions, and gather stakeholder feedback. Community meetings began with a 60-75 minute PowerPoint presentation describing key elements of the *Concept Paper* (available at http://www.tn.gov/assets/entities/tenncare/attachments/DIDDConceptPaperCommunityMeetingsConsumers.pdf and

http://www.tn.gov/assets/entities/tenncare/attachments/DIDDConceptPaperCommunityMeetingsProviders.pdf).

The presentation was followed by a 30-45 minute period for questions and answers. At the conclusion of the presentation and question and answer session, participants were strongly encouraged to take the remaining time (generally 10-15 minutes) to craft written comments regarding the *Concept Paper* which they could submit prior to leaving. An input form was made available to each attendee. Attendees were also advised of the online survey as an alternative way to submit comments. Attendees electing not to submit comments prior to leaving the meeting were strongly encouraged to submit comments via the alternative online option, in order to help inform future program changes.

Immediately following the community meetings and based on additional feedback, TennCare worked with the Tennessee Council on Developmental Disabilities to develop easier-to-understand summaries of the *Concept Paper* for two target groups: individuals receiving waiver services and their families/conservators, and individuals needing and waiting to receive services and their families/conservators.

These documents are available at:
http://www.tn.gov/assets/entities/tenncare/attachments/ConceptPaperSummaryCurrentWaiver.pdf and
http://www.tn.gov/assets/entities/tenncare/attachments/ConceptPaperSummaryWaitingList.pdf .

TennCare disseminated these summaries to each of the advocacy and provider groups identified above, and requested their assistance in distributing the materials to consumers, family members, and conservators.

A summary of input received on the *Concept Paper* is available at
http://www.tn.gov/assets/entities/tenncare/attachments/ConceptPaperStakeholderInputSummary.pdf.

Upon review and consideration of additional input received on the *Concept Paper*, TennCare and DIDD developed this waiver amendment. While extensive public notice and comment periods have been conducted, this amendment will be posted on the TennCare website, and TennCare will continue to accept comments for at least 30 additional days. Even once these processes have concluded, TennCare and DIDD will continue to work closely with stakeholders as the program is implemented, and will use their input to help inform future program improvements.

PART III: A Description of How the Evaluation Design Will be Modified

The state intends to modify the evaluation design to add performance measures for Objective 7 (see below) that are specific to the new *Employment and Community First CHOICES* program.

> Provide appropriate, and cost-effective home and community based services that will improve the quality of life for persons who qualify for nursing facility care, as well as for persons who do not qualify for nursing facility care but who are "at risk" of institutional placement and that will help to rebalance long-term services and supports expenditures.

These will include measures regarding the cost-effectiveness of services provided under the new program (compared to the cost of institutional services and/or HCBS currently provided under the State's 1915(c) waivers), measures of increased access to HCBS for persons with intellectual and developmental disabilities, and measures regarding the achievement of integrated employment goals and improved quality of life for program participants.

The amended Evaluation Design, including proposed new performance measures, will be submitted to CMS within 90 days of approval of this amendment, and prior to program implementation.

PART IV: Data Analysis

To be provided under separate cover.

Attachment G:

Employment and Community First CHOICES Service Definitions

Attachment G
Employment and Community First CHOICES Service Definitions

Employment Services/Supports

Supported Employment—Individual Employment Support
These services are provided on an individual basis for a person who, because of his or her disabilities, needs support that is not available through a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) in order to obtain and/or maintain a competitive or customized job, or self-employment, in an integrated community setting for which the individual is compensated at or above the minimum wage.

The expected outcome of this service is individualized employment in an integrated setting, either:
(1) Sustained paid employment in a competitive or customized job with an employer for which an individual is compensated at or above the state's minimum wage, with the optimal goal being not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities; or
(2) Sustained paid self-employment that is home-based or conducted in an integrated setting(s) where net income in relation to hours worked is equivalent to no less than the federal and state's minimum wage, after a reasonable self-employment start-up period.

These services are designed to support the achievement of integrated employment outcomes consistent with the individual's personal and career goals, as determined through Exploration, Discovery and/or career planning processes including an introduction to benefits planning and the variety of work incentives available to individuals receiving SSI and/or SSDI, Medicaid and/or Medicare.

The Supported Employment—Individual Employment Support provider shall be responsible for any personal assistance needs during the hours that Supported Employment services are provided; however, the personal assistance services may not comprise the entirety of the Supported Employment—Individual Employment Support service. All providers of personal care under Supported Employment—Individual Employment Support shall meet the personal assistance provider qualifications.

Supported Employment—Individual Employment Support services are individualized and may include the following components:

- **Exploration:**

This is a one-time, time-limited and targeted service designed to help an individual make an informed choice about whether s/he wishes to pursue individualized, integrated employment or self-employment. Exploration shall be limited to no more than thirty (30) calendar days from the date of service initiation. This service is not appropriate for individuals who know they want to pursue

individualized, integrated employment or self-employment. This service includes introductory activities to identify a person's areas of specific interest, experience and skill related to individual, integrated employment or self-employment. This service also includes exploration of employment or self-employment opportunities that are specifically related to the individual's identified interests, experiences and/or skills through three to five uniquely arranged business tours, informational interviews and/or job shadows. (Each person receiving this service should participate in activities uniquely designed based on his or her individual interests, experiences, and/or skills. All persons should not participate in the same experiences.) Each activity shall include time for set-up, prepping the person for participation in the activity, and debriefing with the person after each opportunity.

This service also includes introductory education on the numerous work incentives for SSI and/or SSDI beneficiaries and how Supported Employment services work (including Vocational Rehabilitation services). The provider shall document each date of service, the activities performed that day, and the duration of each activity. A *minimum* of 100 hours of service occurring over *at least* 20 dates of service shall be required for reimbursement. This service culminates in a written report summarizing the process and outcomes, due no later than thirty (30) calendar days after the service commences. Exploration is paid on an outcome basis, after the written report is received and approved.

- **Discovery**

This is a one-time, time-limited and targeted service designed to help an individual, who wishes to pursue individualized, integrated employment or self-employment, to identify through person-centered assessment, planning and exploration:

  - Strong interests toward one or more specific aspects of the labor market;
  - Skills, strengths and other contributions likely to be valuable to employers or valuable to the community if offered through self-employment;
  - Conditions necessary for successful employment or self-employment.

Discovery may involve a comprehensive analysis of the person's history, interviews with family, friends and support staff, observing the person performing work skills, and career research in order to determine the person's career interests, talents, skills and support needs, and the writing of a Profile, which may be paid for through ECF CHOICES in order to provide a valid assessment for Vocational Rehabilitation (VR) services to begin, which would begin with the development of an Employment Plan through VR.

Discovery shall be limited to no more than ninety (90) calendar days from the date of service initiation. The provider shall document each date of service, the activities performed that day, and the duration of each activity. A *minimum* of 300 hours of service occurring over *at least* 60 dates of service shall be required for reimbursement. The information developed through Discovery allows for activities of typical life to be translated into possibilities for integrated employment. Discovery results in the production of a detailed written Profile summarizing the process, learning and recommendations for next steps. The written Profile is due no later than ninety (90) days after the service commences. Discovery is paid on an outcome basis, after the written Profile is received and approved.

- **Situational Observation and Assessment**

This is a one-time, time-limited service that involves observation and assessment of an individual's interpersonal skills, work behaviors and vocational skills through practical experiential, community integrated volunteer services and/or paid work experiences that are uniquely arranged and specifically related to the interests and preferences of the job seeker as established through the person-centered plan. The provider will compare the actual performance of the individual being assessed with core job competencies, related work skills, coworker/public social skills and duties required of a skilled worker in order to provide a context to further determine the work skills needed by the individual to be successful in that environment. Each job seeker can be provided up to four such experiences to help inform their employment plan. The provider shall document each date of service, the activities performed that day, and the duration of each activity. A *minimum* of 40 hours of practical experiential, community integrated volunteer services and/or paid work experiences occurring over *at least* eight (8) dates of service, and a comprehensive report synthesizing the information learned through the observation and assessment processes, which will be used to help inform the development of a job plan of self-employment plan, shall be required for reimbursement. Situational Observation and Assessment is paid on an outcome basis, after the written Report and documentation of minimum service requirements is received and approved.

- **Job Development Plan or Self-Employment <u>Plan</u>**

This is a one-time, time-limited and targeted service designed to create a clear plan for Job Development or the start-up phase of Self-Employment. This service is limited to thirty (30) calendar days from the date of service initiation. This service includes a planning meeting involving the individual and other key people who will be instrumental in supporting the individual to become employed in competitive or customized employment or to become self-employed. This service culminates in a written plan directly tied to the results of Exploration, Discovery, and/or Situational Observation and Assessment, as applicable when previously authorized, and is due no later than thirty (30) calendar days after the service commences. For self-employment goals, this service results in the development of a self-employment business plan, including potential sources of business financing (such as VR, Small Business Administration loans, PASS plans), given that Medicaid funds may not be used to defray the capital expenses associated with starting up a business. This service component is paid on an outcome basis, after the plan is received and approved.

- **Job Development or Self-Employment <u>Start Up</u>**

This is a one-time service designed to implement the Job Development or Self-Employment Plan as follows:

  - **<u>Job Development</u> Start-Up** is support to obtain a competitive or customized job in an integrated employment setting in the general workforce, for which an individual is compensated at or above the minimum wage, but ideally not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The Job Development strategy should reflect best practices and whether the individual is seeking competitive or customized employment.

- **<u>Self-Employment</u> Start Up** is support in implementing a self-employment business plan and launching a business.

This service should result in the achievement of an integrated employment outcome consistent with the individual's personal and career goals, as determined through Exploration, Discovery and/or the employment planning process and reflected in the person-centered plan. This service will be paid on an outcome basis once competitive employment in an integrated setting or self-employment has commenced, with payment tiered based upon the person's level of disability (support needs, acuity, etc.).

- **Job Coaching**
  - **Job Coaching for Competitive, Integrated Employment** includes identifying and providing services and supports that assist the individual in maintaining and advancing in individualized employment in an integrated setting that pays at least minimum wage but ideally not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Job coaching includes supports provided to the individual and his/her supervisor or co-workers, either remotely (via technology) or face-to-face. Supports during the early phase of employment must be guided by a Job Coaching Fading Plan and must include systematic instruction utilizing task analysis to teach the individual to independently complete as much of his/her job duties as possible. Alternative strategies (see below) may be approved in writing by the Department, but the provider must be able to demonstrate their efficacy in helping persons supported reduce reliance on paid employment supports.

    Examples of alternative job coaching strategies that may be approved include:
    - Job analysis
    - Job adaptations
    - Instructional prompts
    - Verbal instruction
    - Self-management tools
    - Physical assistance
    - Role play
    - Co-worker modeling
    - Written instruction

    Assistive technology, either high or low tech, should also be introduced whenever possible to increase independence and productivity. Job coaching also must include the engagement of natural supports in the workplace to provide additional targeted supports that allow the job coach to maximize his/her ability to fade.

- **Job Coaching for Self-Employment** includes identification and provision of services and supports that assist the individual in maintaining self-employment through the operation of a business and is not time-limited.

  The amount of time authorized for this service is a percentage of the individual's hours worked and is tiered, based on the individual's level of disability (level of care, SIS score, acuity level) and the length of time the person has been self-employed. An exception policy applies for individuals with exceptional circumstances.

- **Co-Worker Supports**

This service involves the provider of this service entering into an agreement with the employer to reimburse the employer who will in turn reimburse one or more co-workers selected by the person supported for supports provided to the individual by a co-worker in lieu of a job coach as part of a plan for transition to natural supports. This service must be part of the person's individual support plan and will be approved if fading a job coach cannot be achieved over a fixed amount of time (6-9 months) and the co-worker support is seen as less intrusive than the job coach. The use of this service should also be authorized on a time limited basis (i.e., no more than 90 days) and reviewed to determine need for renewal/continuation. This service cannot include payment for the supervisory and co-worker activities rendered as a normal part of the business setting and that would otherwise be provided to an employee without a disability. The co-worker(s) identified to provide the support to the individual must meet the qualifications for a legally responsible individual as provider of this service. The provider is responsible for oversight and monitoring of paid co-worker supports.

If an individual is successfully employed or self-employed in an integrated setting, services may be used to explore advancement opportunities in his or her chosen career.

Social Security's Ticket to Work Outcome and Milestone payments do not conflict with CMS regulatory requirements and do not constitute an overpayment of Federal dollars for services provided since Ticket to Work payments are made for an outcome, rather than for a Medicaid service rendered.

Service Limitations:

- This service *only* is for individuals in integrated employment and is not for group employment of any size.
- This service does not include support for volunteering.
- This service does not include supporting paid employment in sheltered workshops or similar facility-based settings, or in a business enterprise owned by a provider of this service.
- This service does not include payment for the supervisory activities rendered as a normal part of the business setting.

Job Coaching (for Competitive, Integrated Employment or Self-Employment), Co-Worker Supports, and Supported Employment – Small Group in combination with Community Integration Support Services and Independent Living Skills Training shall be limited to a combined maximum of 40 hours

per week , except in instances where the person is employed in paid, individual integrated employment 30 or more hours per week, in which case he/she can receive up to 20 hours of paid Community Integration Support Services in addition to Job Coaching or Co-Worker Supports, but not more than 50 hours per week of paid Community Integration Support Services in combination with all Supported Employment (Individual Employment Support and Small Group) and Independent Living Skills Training services hours.

Within these limitations, the actual amount of Job Coaching or Co-Worker Supports authorized, as a percentage of individual's hours worked, is tiered, based on the individual's level of disability (level of care, SIS score, acuity level) and the length of time the person has been in the job. An exception policy applies for individuals with exceptional circumstances.

Transportation of the individual to and from this service is not included in the rate paid for this service.

ECF CHOICES will not cover services which are otherwise available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not available to the individual under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

This service will not duplicate other services provided through ECF CHOICES or Medicaid state plan services. An individual's ISP may include more than one non-residential habilitation service; however, they may not be billed for during the same period of time (e.g., the same hour).

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment;
- Payments that are passed through to users of supported employment services; or
- Payments for training that is not directly related to an individual's supported employment program.

- **Supported Employment—Small Group (max of 3 persons)**

Employment services and essential training activities to support such employment provided in integrated business, industry and community settings for groups of two (2) or three (3) individuals with disabilities. Supported Employment—Small Group does not include vocational services provided in facility based work settings. Examples include mobile crews, small enclaves and small groups participating in integrated employment that is specifically related to the identified interests, experiences and/or skills of each of the persons in the small group .

- In the **enclave** model, a small group of people with disabilities (no more than 3 people) is trained and supervised among employees who are not disabled at the host company's work site. Persons in the enclave may work as a team at a single work site in a community business

or industry or may be dispersed throughout the company. The Supported Employment—Small Group provider is responsible for Supported Employment training, supervision, and support. Paid supports can be shared by the individuals in the enclave. The business should allow for opportunities for integration, supervision and support from the company and non-disabled coworkers.

- In the **mobile work crew** model, a small crew of persons with disabilities (no more than 3) works as a distinct unit and operates as a self-contained business that generates employment for their crew members by selling a service. The crew works at several locations within the community, under the supervision of an employment specialist or work supports staff. Paid supports can be shared by the individuals in the work crew. The crew should allow for opportunities for integration and interaction with customers and the community.

Training activities must be provided in a manner that promotes integration into the workplace and interaction with people without disabilities in those workplaces. Paid work under Supported Employment—Small Group must be compensated at minimum wage or higher.

Supported Employment—Small Group service settings cannot be a provider-owned, leased or operated setting. The settings must be integrated in, and support full access of participants to the greater community, including opportunities to seek individual integrated employment, engage in community life, and control their earned income.

The expected outcome of this service is sustained paid employment experience and career development leading to individual integrated employment, consistent with the individual's personal and career goals, for which an individual is compensated at or above the state's minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Supported Employment—Small Group services shall be provided in a way that presumes all participants are capable of working in individual, integrated employment. Participants in this service shall be encouraged, on an ongoing basis, to explore their interests, strengths, and abilities relating to individual, integrated employment. The ISP shall reflect at least an annual assessment of the person's opportunities to explore and their interest in individual, integrated employment before continuing Supported Employment—Small Group services are requested or approved.

As a component part of this service, Supported Employment—Small Group service providers shall support individuals in experiencing, identifying and pursuing career advancement opportunities that will move them toward individual integrated employment at competitive wage (with Supported Employment—Individual Employment Support services as necessary). A one-time incentive payment for transition to individual, integrated employment services at a competitive wage shall be paid to the Supported Employment—Small Group provider upon successful and sustained transition from Supported Employment—Small Group services to integrated, competitive employment.

Transportation provided during the course of Supported Employment—Small Group is provided as a component part of the service and the cost of this transportation is included in the rate paid to providers of this service.

The Supported Employment—Small Group provider shall be responsible for any personal assistance needs during the hours that Supported Employment services are provided; however, the personal assistance services may not comprise the entirety of the Supported Employment—Small Group service. All providers of personal care under Supported Employment—Small Group shall meet the personal assistance provider qualifications.

Supported Employment—Small Group services exclude services available to an individual under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). An individual's ISP may include more than one non-residential day or employment service; however, they may not be billed for during the same period of time (e.g., the same hour).

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment;
- Payments that are passed through to users of supported employment services; or
- Payments for training that is not directly related to an individual's supported employment program.

Supported Employment—Small Group does not include supports provided in facility based (sheltered or habilitation) work settings and does not include supports for volunteering.

Supported Employment – Small Group, Job Coaching (for Competitive, Integrated Employment or Self-Employment), and Co-Worker Supports, in combination with Community Integration Support Services and Independent Living Skills Training shall be limited to a combined maximum of 40 hours per week , except in instances where the person is employed in paid, individual integrated employment 30 or more hours per week, in which case he/she can receive up to 20 hours of paid Community Integration Support Services in addition to Job Coaching or Co-Worker Supports, but not more than 50 hours per week of paid Community Integration Support Services in combination with all Supported Employment (Individual Employment Support and Small Group) and Independent Living Skills Training services hours.

- **Integrated Employment Path Services (Time-Limited Prevocational Training)**

The provision of time-limited learning and work experiences, including volunteer work opportunities, where a person can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated, community settings. Services are expected to specifically involve strategies that enhance a participant's employability in integrated, community settings and should be customized to provide opportunities for increased knowledge, skills and experiences specifically relevant to the individual's employment and career goals.

Individuals receiving Integrated Employment Path Services must have employment-related goals in their ISP that Integrated Employment Path Services are specifically designed to support.

The expected outcome of this service is measurable gains in knowledge, skills and experience that contribute to the individual achieving individualized employment in an integrated setting, either:
(1) Sustained paid employment in a competitive or customized job with an employer for which an individual is compensated at or above the state's minimum wage, with the optimal goal being not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities; or
(2) Sustained paid self-employment that is home-based or conducted in an integrated setting(s) where net income in relation to hours worked is equivalent to no less than the state's minimum wage, after a reasonable self-employment start-up period.

Integrated Employment Path Services are intended to develop and teach general skills that lead to employment including but not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; and general workplace safety and mobility training.

Service limitations:

- This service is limited to no more than twelve (12) months. One extension of up to twelve (12) months can be allowed only if the individual is actively pursuing individualized employment in an integrated setting and has documentation that a service(s) (i.e.. Job Development or Self-Employment Plan or Start-Up funded by Tennessee Rehabilitation Services, ECF CHOICES or another similar source) is concurrently authorized for this purpose.
- This service must be delivered in integrated, community settings and may not be provided in sheltered workshops or other segregated facility-based day settings.
- Integrated Employment Path Services, Community Integration Support Services, and Independent Living Skills Training shall be limited to a combined maximum of 30 hours per week.
- Integrated Employment Path Services shall not be provided or reimbursed if the person is receiving Exploration, Discovery, or Situational Observation and Assessment services.
- Integrated Employment Path Services shall not be provided or reimbursed if the person is receiving Employment Discovery and Customization services.
- Integrated Employment Path Services shall not be provided or reimbursed if the person is receiving Job Coaching (for Competitive, Integrated Employment or for Self-Employment), Co-Worker Supports, and Supported Employment-Small Group services.

Transportation of the individual to and from this service is not included in the rate paid for this service but transportation during the service is included in the rate.

ECF CHOICES will not cover services which are otherwise available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not available to the individual under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

This service will not duplicate other services provided through the waiver or Medicaid state plan services. An individual's ISP may include more than one non-residential habilitation service; however, they may not be billed for during the same period of time (e.g., the same hour).

Employment Discovery and Customization:
Services designed to assist individuals who, for whatever reason, may not receive services from VR in order to: 1) access employment; or, 2) explore possibilities for paid, integrated employment. ECF CHOICES will pay for the complete Customization process that includes Discovery and the writing of a Profile, as well as the Job Development Plan and the Employer Negotiations for the customized position.

Employment Discovery and Customization is predicated on the belief that all individuals with developmental disabilities can work in integrated, competitive employment at prevailing wages when given opportunity, training, and supports that build on an individual's strengths, interests and preferences and has the correct job match and supports.

Employment Discovery and Customization are provided when the services are consistent with the individual's ISP goals that are developed through an intensive person-centered planning process, which includes an annual review of the individual's employment goals and the development of updated action steps to the goals.

Employment Discovery and Customization are time-limited activities (provided up to 9 months), which include the assessment process of discovery, developing a profile, and developing an employment plan, followed by employer negotiation and job customization based upon the needs of the employer and the strengths of the job seeker. All employment is at an integrated job site where the individual is receiving comparable wages and where most of the employees do not have disabilities.

Employment Discovery and Customization services include, but are not limited to the following:

- Broad career exploration and self-discovery resulting in targeted employment opportunities such as job shadowing, information interviews and other integrated worksite based opportunities
- Community-based formal or informal situational assessments;
- Job development/customization or self-employment;
- Job and task analysis;
- Job and travel training;
- Work skill training/mentoring;
- Modification of work materials, procedures, and protocols; and,

- Training in social skills, acceptable work behaviors and other skills as money management, basic safely skills and work-related appearance and hygiene.

Reimbursement for the service shall depend at least in part on whether the person is successfully employed in an integrated community setting at a prevailing wage at the conclusion of service delivery.

Employment Discovery and Customization, Community Integration Support Services, and Independent Living Skills Training are limited to a combined maximum of 40 hours per week.

Employment Discovery and Customization shall not be provided or reimbursed if the person is receiving Exploration, Discovery, Situational Observation and Assessment, Job Development or Self-Employment Plan, or Job Development or Self-Employment Start Up services, as these are separate pathways to employment.

Employment Discovery and Customization shall not be provided or reimbursed if the person is receiving Integrated Employment Path Services.

Employment Discovery and Customization shall not be provided or reimbursed if the person is receiving Job Coaching (for Competitive, Integrated Employment or for Self-Employment), Co-Worker Supports and Supported Employment Employment-Small Group.

- **Career Advancement:**

This is a one-time person-centered, comprehensive employment planning and support service for persons currently engaged in integrated, competitive employment which provides individuals with assistance in order to advance in integrated, competitive employment or in self-employment. The service is time-limited and focuses on developing a plan for achieving increased income and economic self-sufficiency through increased hours and/or promotion with his/her current employer or securing a second job in competitive, integrated employment with pay at the state's minimum wage or the prevailing wage.

The outcome for this service is the development of an individual's documented, stated career objective and plan in order to guide career advancement, which shall be implemented as part of the ISP, including through Employment Services/Supports, as applicable. Career Advancement is paid on an outcome basis, after the written career objective plan is received and approved.

- **Benefits Counseling:**

A service designed to inform the individual and their family of the multiple options and pathways to paid, integrated employment and increased economic self-sufficiency, to repudiate myths, and to alleviate fears and concerns that choosing to seek integrated, competitive employment at prevailing wages would jeopardize their benefits. This service is provided by a certified Community Work Incentives Coordinator (CWIC) whether self-employed or an employee of a service provider.

Benefits counseling provides work incentives counseling and planning services to persons seeking paid, integrated employment and career advancement while maintaining access to necessary healthcare and other benefits. Benefits counseling will provide information to individuals and their families where appropriate regarding available benefits and assist individuals to understand the options for making an informed choice about pursuing integrated employment at prevailing wages while maintaining essential benefits including, but not limited to, income support, health care, long term services and supports, housing subsidies, food stamps, etc.

The service also assists the person to understand the array of work incentives and support programs such as IRWE, PASS plans, Trial Work Periods, Medicaid Buy-in for Workers with Disabilities, Medicare continuation benefits for SSDI beneficiaries, and the impact of earned income on their individual benefits, including food stamps and housing subsidies This service will assist persons to understand their benefits supports and how to utilize the incentives and other tools available to them to assist them to achieve economic self-sufficiency.

The service also will provide assistance to the person in the development of a system to maintain proper documentation of services, including creating monthly Benefits Summaries and Analyses and Work Incentive Plans for reports to and for the Social Security Administration.

Service must be provided in a manner that supports the person's communication needs, including, but not limited to, age-appropriate communications, translation/interpretation services for persons of limited English-proficiency or who have other communication needs requiring translation including sign language interpretation, and understanding of the person's use of a communication device.

Benefits Counseling services are paid for on an hourly basis and limited to ten hours per year.

- **Community Integration Support Services:**

Services which emphasize, promote, coordinate and provide individualized, integrated daytime and nighttime activities that support the person's self-determination by exercising his/her interests, preferences, gifts and strengths identified through the person-centered plan and informed choice for a meaningful day by engaging in one or more integrated community settings with persons without disabilities, other than paid caregivers or family persons. This service is provided separate and apart from the person's private (including family) residence, other residential living arrangement and/or the home of a service provider. This service is available only as "wrap-around" supports to Supported Employment services and/or Integrated Employment Path Services, for children under age 21 enrolled in Essential Family Supports, for individuals of retirement age who have elected not to pursue further employment opportunities, or for individuals who, after an informed choice process as required by the State, have determined not to pursue employment at this time.) This service does not take place in licensed facilities.

Community Integration Support Services are designed to promote maximum participation in integrated community life while developing meaningful relationships, friendships and social networks with persons with and without disabilities who share similar interests and preferences. The expected

result is fading of the service and less dependence on paid support; milestones for the reduction/fading of paid supports and the enhancement of natural supports must be established in the ISP and monitored as an ISP outcome. Community Integration Support Services enable the person to increase or maintain his/her capacity for independence and develop social roles valued by the community by learning, practicing and applying skills that promote greater independence and inclusion in their community, including skills in arranging and using public transportation.

Community Integration Support Services are limited to no more than 20 hours per week, no more than 30 hours per week in combination with Integrated Employment Path Services and/or Independent Living Skills Training, and no more than 40 hours per week in combination with Supported Employment (Individual Employment Support and Small Group) services and Independent Living Skills Training in the person's ISP. If the person is employed in paid, individual integrated employment 30 or more hours per week, then he/she can receive up to 20 hours of Community Integration Support Services, but not more than 50 hours per week of Community Integration Support Services in combination with Supported Employment Services and Independent Living Skills Training. Community Integration Support Services provide assistance in a broad range of integrated community settings that allow the person to engage with people who do not have disabilities, other than paid caregivers or family members; develop and sustain a full range of social roles and relationships; build natural supports; increase independence; and experience meaningful community integration and inclusion, including (but not limited to) the following:

- Support to develop social networks with community organizations and clubs to increase the individual's opportunity to expand valued social relationships and build connections within his/her local community;
- Community classes for the development of hobbies or leisure/cultural interests or to promote personal health and wellness (e.g. yoga class, walking group, etc.);
- Participation in adult education and postsecondary education classes;
- Participation in formal/informal associations of community/neighborhood groups such as those provided by recreation and park districts;
- Volunteer opportunities;
- Training and education in self-determination and self-advocacy;
- Using public transportation; and,
- Transportation when public transportation is not available.

This service shall be provided in a variety of integrated community settings that offer opportunities for the person to achieve his or her personally identified goals for community integration, involvement, exploration and for developing and sustaining a network of positive natural supports. All settings where Community Integration Support Services are provided must meet all of the following criteria:

1. The setting is integrated in and supports full access of individuals receiving these services to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving

Medicaid HCBS..

2. The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
3. The setting optimizes, but does not regiment, individuals' initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
4. The setting facilitates individual choice regarding services and supports, and who provides them.
5. The setting is selected by the individual from among setting options that conform to the above criteria, including at least one non-disability specific setting option.

This service includes a combination of training and supports as needed by the individual during such activities. The Community Integration Support Services provider shall be responsible for any personal assistance needs during the hours that Community Integration Support Services are provided; however, the personal assistance services may not comprise the entirety of the Community Integration Support Service. All providers of personal care under Community Integration Support Services meet the personal assistance provider qualifications.

Payment for attendance and materials and supplies at classes and conferences and club/association dues can be covered, but cannot exceed $250 per year for children under age 21 or $500 for adults age 21 and older. These costs are not included in the rates paid to the providers of Community Integration Support Services.

This service shall be limited to 10 hours per week, except in combination with Employment Services and Supports as described above.

Informed Choice Process

An Informed Choice Process will be applied for all working age adults age 21 and older prior to receipt of Employment Path Services and/or Community Integration Support Services that do not wrap Supported Employment services.

Informed Choice Service Expectations:

1. Initial meeting with individual and family/guardian to provide an orientation to employment, including Supported Employment services, how it works, including the role of VR and basic benefits education. Describe Exploration and Discovery Services, and discuss questions/concerns/hopes.
2. Authorize Exploration service.
3. Upon completion of Exploration services and receipt of the written report, if the individual wishes to pursue individualized, integrated employment or self-employment, proceed with authorization of appropriate services. If the individual has not decided to pursue individualized, integrated employment or self-employment service, meet with the individual and family/guardian to review results of Exploration services, provide

re-education or additional education on Supported Employment (including use of reasonable accommodations and assistive technology), vocational rehabilitation, benefits and work incentives, and to offer Peer-to-Peer Person-Centered Planning, Self-Direction, Employment and Community Support and Navigation services specifically related to pursuing integrated employment.

4. If the person declines such services, obtain written confirmation of the person's informed choice not to pursue individualized, integrated employment or self-employment at this time. Authorize alternative services as appropriate.
5. Review interest in pursuing individualized, integrated employment or self-employment at a minimum annually.

Community Transportation:

Community Transportation services are offered in order to enable individuals, and his/her personal assistant as needed, to gain access to employment, community life, activities and resources, that are identified in the ISP. These services allow individuals to engage in typical day-to-day, non-medical activities such as going to and from paid, competitive, integrated employment, the grocery store or bank, participating in social events, clubs and associations and other civic activities, or attending a worship service when public or other community-based transportation services are not available.

Whenever possible, family, neighbors, co-workers, carpools or friends are utilized to provide this assistance without charge. This service is in addition to the medical transportation service offered under the Medicaid State Plan, which includes transportation to medical appointments as well as emergency medical transportation.

Independent Living Skills Training

Independent Living Skills Training services provide education and skill development or training to improve the person's ability to independently perform routine daily activities and utilize community resources as specified in the person's ISP. Services are instructional, focused on development of skills identified in the ISP and are not intended to provide substitute task performance. Daily living skills training may include only education and skill developed related to:

- Personal hygiene;
- Food and meal preparation;
- Home upkeep/maintenance;
- Money management;
- Accessing and using community resources;
- Community mobility;
- Parenting;
- Computer use; and
- Driving evaluation and lessons.

Independent Living Skills Training are intended as a short-term service designed to allow a person to acquire specific additional skills that will support his/her transition to or sustained independent

community living. Individuals receiving Independent Living Skills Training must have specific independent-living goals in their ISP that Independent Living Skills Training is specifically designed to support.

The provider must document monthly progress toward achieving each independent living skill identified in the ISP.

Independent Living Skills Training shall be limited to no more than 10 hours per week, no more than 30 hours per week in combination with Integrated Employment Path Services and/or Community Integration Support Services, and no more than 40 hours per week in combination with Supported Employment (Individual Employment Support and Small Group) services and Community Integration Support Services in the person's ISP. If the person is employed in paid, individual integrated employment 30 or more hours per week, then he/she can receive up to 20 hours of Community Integration Support Services, but not more than 50 hours per week of Community Integration Support Services in combination with Supported Employment Services and Independent Living Skills Training.

Personal Assistance:
A range of services and supports designed to assist an individual with a disability to perform daily activities of living at the person's own home, on the job or in the community that the individual would typically do for themselves if he/she did not have a disability. Personal Assistance Services may be provided outside of the person's home as long as the outcomes are consistent with the supports defined in the ISP with the goal of ensuring full participation and inclusion. Personal Assistance Services may be used to support the person in getting ready for work and in getting to work as well as in the workplace, except that the Supported Employment provider shall be responsible for personal assistance needs during the hours that Supported Employment are provided as long as the Personal Assistance Services do not comprise the entirety of the service. The Community Integration Support Services provider shall be responsible for personal assistance needs during the hours that Community Integration Support Services are provided as long as the Personal Assistance Services do not comprise the entirety of the service.

Personal Assistance Services that are covered include the following:

- Support, supervision and engaging participation with eating, toileting, personal hygiene and grooming, and other activities of daily living as appropriate and needed to sustain integrated employment, community integrated participation and community living, except when provided as a component of another covered service the person is receiving at that time; and
- Direction and training to individuals in the person's social network or to his/her co-workers who choose to learn how to provide some of the Personal Assistance Services.

In the Comprehensive Supports for Employment and Community Living Benefit Group, Personal Assistance Services will be limited to 215 hours per month. An MCO may authorize services in excess of the benefit limit as a cost-effective alternative to institutional placement or other medically necessary covered benefits.

- **Community Living Supports**

As defined in Attachment D.

- **Community Living Supports-Family Model**

As defined in Attachment D.

- **Assistive Technology, Adaptive Equipment and Supplies:**

An item, piece of equipment or product system, whether acquired commercially, modified or customized, that is used to increase, maintain, or improve functional capabilities and to support the individual's increased independence in the home, community living and participation, and integrated employment. The service covers purchases, leasing, shipping costs, and as necessary, repair of equipment required by the person to increase, maintain or improve his/her functional capacity to perform daily tasks in the community and in employment that would not be possible otherwise. All items must meet applicable standards of manufacture, design and installation. The ISP must include strategies for training the individual, his/her employment and community integration supports' staff as well as co-workers and supervisors in the place of employment and his/her friends and colleagues in the community.

A written recommendation by an appropriate professional must be obtained to ensure that the equipment will meet the needs of the person. The recommendation of the Job Accommodation Networks (JAN) will meet this requirement for worksite technology. Depending upon the financial size of the employer or the public accommodation, those settings may be required to provide some of these items as part of their legal obligations under Title I or Title III of the ADA. Federal financial participation is not claimed for accommodations that are the legal responsibility of an employer or public entity, pursuant to Title I or Title III of the ADA.

Assistive Technology Equipment and Supplies covers the following:

- Evaluation and assessment of the assistive technology and adaptive equipment needs of the individual by an appropriate professional, including a functional evaluation of the impact of the provision of appropriate assistive technology and adaptive equipment through equipment trials and appropriate services to him/her in all environments with which the person interacts over the course of any 24 hour day, including the home, integrated employment setting(s) and community integration locations;
- Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, updating, repairing, or replacing assistive technology devices and adaptive equipment;
- Adaptive equipment to enable the individual to feed him/herself and/or complete oral hygiene as indicated while at home, work or in the community (e.g. utensils, gripping aid for utensils, adjustable universal utensil cuff, utensil holder, scooper trays, cups, bowls, plates, plate guards, non-skid pads for plates/bowls, wheelchair cup holders, adaptive cups that are specifically designed to allow a person to feed him/herself or for someone to safely assist a person to eat and drink, and adaptive toothbrushes;
- Coordination and use of necessary therapies, interventions, or services with assistive

technology devices, such as therapies, interventions, or services associated with other services in the ISP;

- Training, programming, demonstrations or technical assistance for the individual and for his/her providers of support (whether paid or unpaid) to facilitate the person's use of the assistive technology and adaptive equipment;
- Adaptive switches and attachments;
- Adaptive toileting equipment;
- Communication devices and aids that enable the person to perceive, control or communicate with the environment, including a variety of devices for augmentative communication;
- Assistive devices for persons with hearing and vision loss (e.g. assistive listening devices, TDD, large visual display services, Braille screen communicators, FM systems, volume control telephones, large print telephones and tele touch systems and long white canes with appropriate tips to identify footpath information for people with visual impairment
- Computer equipment, adaptive peripherals and adaptive workstations to accommodate active participation in the workplace and in the community;
- Software also is approved when required to operate accessories included for environmental control;
- Pre-paid, pre-programmed cellular phones that allow an individual who is participating in employment or community integration activities <u>without</u> paid or natural supports and who may need assistance due to an accident, injury or inability to find the way home. The person's Individual Support Plan outlines a protocol that is followed if the individual has an urgent need to request help while in the community;
- Such other durable and non-durable medical equipment not available under the State Plan that is necessary to address functional limitations in the community, in the workplace, and in the home;
- Repairs of equipment is covered for items purchased through this waiver or purchased prior to waiver participation, as long as the item is identified within this service definition and the cost of the repair does not exceed the cost of purchasing a replacement piece of equipment. The individual must own any piece of equipment that is repaired.

ECF CHOICES will not cover Assistive Technology or Adaptive Equipment and services which are otherwise available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not available to the individual under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

Assistive Technology, Adaptive Equipment and Supplies shall be limited to $5,000 per person per calendar year. An MCO may authorize services in excess of the benefit limit as a cost-effective alternative to institutional placement or other medically necessary covered benefits.

- **Minor Home Modifications**

As defined in Attachment D, including applicable limitations.

- **Individual Education and Training Services:**

Reimbursement up to $500 per year to offset the costs of training programs, workshops and conferences that help the person develop self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services. This service may include education and training for participants, their caregivers and/or legal representatives that is directly related to building or acquiring such skills. Managed care organizations assure that information about educational and/or training opportunities is available to participants and their caregivers and legal representatives. Covered expenses may include enrollment fees, books and other educational materials and transportation related to participation in training courses, conferences and other similar events. Limited to $500 per individual per year.

- **Peer–to-Peer Self-Direction, Employment and Community Support and Navigation:**

These services assist an individual and his/her family member(s) or conservator in understanding and considering self-direction, integrated employment and independent community living options, and addressing questions and concerns related to such options through the experiences of a peer who has successfully self-directed his or her own services and/or achieved integrated employment and community living goals.

Peer-to-Peer Person-Centered Planning, Self-Direction, Employment and Community Support and Navigation services are provided by individuals with intellectual or developmental disabilities who have been identified as successful in their own lives and were offered and chose to receive training to assist their peers on their plan to self-direction and/or integrated employment and integrated community life. Peer-to-Peer Person-Centered Planning, Self-Direction, Employment and Community Support and Navigation services providers are focused on extending services and support to others by relating to individuals based upon their personal experience and success in self-directing services and in integrated employment and integrated community life.
A Peer-to-Peer Person-Centered Planning, Self-Direction, Employment and Community Support and Navigation services provider understands and empathizes with and can support three important areas of enhancing self-esteem:

- The human need for connections;
- Overcoming the disabling power of learned helplessness, low expectations and the stigma of labels; and,
- Supporting self-advocacy, self-determination and informed choice in decision making.

The Peer–to-Peer Person-Centered Planning, Self-Direction, Employment and Community Support and Navigation provider offers:

- One-on-one training and information to encourage the person to lead their person-centered planning process and to explore self-direction and/or integrated employment and independent community living options;
- Education on person-centered planning and self-determination, including decision making, risk

taking, and natural consequences;
- Education on self-direction, including recruiting, hiring and supervising staff;
- Planning support regarding integrated employment and independent community living opportunities, including selection of living arrangements and housemates; and
- Assistance with identifying potential opportunities for community participation, the development of valued social relationships, and the promotion of unpaid supports to address individual needs in addition to paid services.

These services are intended to support an individual in leading their own person-centered planning process, and/or in pursuing self-direction, employment or independent community living, and should not be provided on an ongoing basis, including for companionship. Reimbursement shall be limited to $1,500 per person per lifetime.

- **Specialized Consultation and Training:**

Expertise, training and technical assistance in one or more specialty areas (behavior services, occupational therapy, physical therapy, speech language pathology, nutrition, orientation and mobility, or nurse education, training and delegation) to assist paid or natural or co-worker supports in supporting individuals who have long-term intervention needs, consistent with the ISP, therefore increasing the effectiveness of the specialized therapy or service. This service also is used to allow the specialists listed above to be an integral part of the person-centered planning team, as needed, to participate in team meetings and provide additional intensive consultation for individuals whose functional, medical or behavioral needs are determined to be complex. The consultation staff and the paid support staff are able to bill for their service time concurrently. Activities that are covered include:

- Observing the individual to determine and assess functional, medical or behavioral needs;
- Assessing any current interventions for effectiveness;
- Developing a written, easy-to-understand intervention plan, which may include recommendations for assistive technology/equipment, workplace and community integration site modifications; the Intervention plan will clearly define the interventions, activities and expected timeline for completion of activities;
- Identification of activities and outcomes to be carried out by paid and natural supports and co-workers;
- Training of family caregivers or paid support personnel on how to implement the specific interventions/supports detailed in the intervention plan; in the case of nurse education, training and delegation, shall include specific training, assessment of competency, and delegation of skilled nursing tasks to be performed as permitted under state law;
- Development of and training on how to observe, record data and monitor implementation of therapeutic interventions/support strategies;
- Monitoring the individual, family caregivers and/or the supports personnel during the implementation of the plan;

- Reviewing documentation and evaluating the activities conducted by relevant persons as detailed in the intervention plan with revision of that plan as needed to assure progress toward achievement of outcomes or revision of the plan as needed;
- Participating in team meetings; and/or,
- Tele-Consulting, as permitted under state law, through the use of two-way, real time-interactive audio and video between places of greater and lesser clinical expertise to provide clinical consultation services when distance separates the clinical expert from the individual.

Specialized Consultation Services are provided by a certified, licensed, and/or registered professional or qualified assistive technology professional appropriate to carry out the relevant therapeutic interventions.

Specialized Consultation Services are limited to $5,000 per person per calendar year, except for adults in the Comprehensive Supports for Employment and Community Living benefit group determined to have exceptional medical and/or behavioral support needs.

For adults in the Comprehensive Supports for Employment and Community Living benefit group determined to have exceptional medical and/or behavioral support needs, Specialized Consultation Services shall be limited to $10,000 per person per calendar year.

An MCO may authorize services in excess of the benefit limit as a cost-effective alternative to institutional placement or other medically necessary covered benefits.

- **Respite**

Respite shall mean services provided to a person supported when unpaid caregivers are absent or need relief from routine caregiving responsibilities.

Respite shall be limited to 30 days of service per person per calendar year or to 216 hours per person per calendar year, depending on the needs and preferences of the individual as reflected in the Individual Support Plan. (The 2 limits cannot be combined in a calendar year.)

- **Supportive Home Care (SHC):**

This service involves the provision of in-home services and supports by a paid caregiver who does not live in the family home to an individual living with his or her family that directly assist the individual with daily activities and personal needs to meet their daily living needs and to insure adequate functioning in their home. Services include:

- Hands-on assistance with activities of daily living such as dressing/undressing, bathing, feeding, toileting, assistance with ambulation (including the use of a walker, cane, etc.), care of hair and care of teeth or dentures. This can also include preparation and cleaning of areas used during personal care activities such as the bathroom and kitchen.
- Observation of the person supported to assure safety, oversight direction of the person to complete activities of daily living or instrumental activities of daily living.

- Routine housecleaning and housekeeping activities performed only for the person supported (and not other family members or persons living in the home, as applicable), consisting of tasks that take place on a daily, weekly or other regular basis, including: washing dishes, laundry, dusting, vacuuming, meal preparation and shopping for food and similar activities that do not involve hands-on care of the person.
- Necessary cleaning of vehicles, wheelchairs and other adaptive equipment and home modifications such as ramps.

- **Family Caregiver Stipend in lieu of Supportive Home Care**

A monthly payment to the family and primary caregiver of a person supported when the person lives with the family in the family home and the family is providing daily services and supports that would otherwise be defined within the scope of Supportive Home Care services. This service is available only in lieu of Supportive Home Care (including Personal Assistance) services and shall not be authorized for a person receiving Supportive Home Care (including Personal Assistance) services. The funds may be used to compensate lost wage earning opportunities that are entailed in providing support to a family member with a disability and to help offset the cost of other services and supports the person needs that are not covered under this program.

For a child under age 18, the Family Caregiver Stipend shall be limited to $500 per month.
For an adult age 18 or older, the Family Caregiver Stipend shall be no more than $1,000 per month.

- **Community Support Development, Organization and Navigation**

Assists individuals and families in 1) promoting a spirit of personal reliance and contribution, mutual support and community connection; 2) developing social networks and connections within local communities, and 3) emphasizes, promotes and coordinates the use of unpaid supports to address individual and family needs in addition to paid services.

Supports provided include:

- Helping individuals and family caregivers to develop a network for information and mutual support from others who receive services or family caregivers of individuals with disabilities;
- Assisting individuals with disabilities and family caregivers with identifying and utilizing supports available from community serving organizations and businesses, such as churches, schools, colleges, businesses, libraries, neighborhood associations, clubs, recreational entities and other community serving organizations; and
- Assisting individuals with disabilities and family caregivers with providing mutual support to one another (through service/support exchange), and contributions offered to others in the community.

These services are provided by a Community Navigator and reimbursed on a per person (or family) per month basis, based on specific goals and objectives as specified in the ISP.

- **Family Caregiver Education and Training**

This service provides reimbursement up to $500 per year to offset the costs of educational materials, training programs, workshops and conferences that help the family caregiver to:

  - Understand the disability of the person supported;
  - Achieve greater competence and confidence in providing supports;
  - Develop and access community and other resources and supports;
  - Develop advocacy skills; and
  - Support the person in developing self-advocacy skills.

Family Caregiver Education and Training is offered only for a family caregiver who is providing unpaid support, training, companionship, or supervision for a person participating in ECF CHOICES who is living in the family home. The intent of the service is to provide education and support to the caregiver that preserves the family unit and increases confidence, stamina and empowerment. Education and training activities are based on the family/caregiver's unique needs and are identified in the person's ISP.

Conservatorship Counseling and Assistance

This service offers up to $500 in one-time advocacy and assistance to family caregivers in understanding conservatorship options and legal advice and services in completing the necessary legal processes to obtain conservatorship, when appropriate. Reimbursable services may include payment of court fees necessary to obtain conservatorship. Such services shall be provided in a manner that seeks to preserve the rights of the individual to the maximum extent possible and appropriate.

Health Insurance Counseling/Forms Assistance

Health Insurance Counseling/Forms Assistance services offers assistance to individuals enrolled in ECF CHOICES and/or their family caregiver and policy holder in understanding the benefits offered through their private or public insurance program, completing necessary forms, accessing covered benefits, and navigating member appeal processes regarding covered benefits. An insurance company or its affiliate shall not be reimbursed for providing this service.

This is a time-limited service intended to develop the person and/or family caregiver's understanding and capacity to self-manage insurance benefits. Reimbursement shall be limited to 15 hours per person per year.

Persons choosing to receive this service must agree to complete an online assessment of its efficacy following the conclusion of counseling and/or forms assistance.