2024 Community Living Supports in CHOICES & ECF CHOICES Benefits Supplement

Tennessee

United Healthcare® Community Plan

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Welcome

Welcome to the UnitedHealthcare Community Plan care provider manual Community Living Supports in CHOICES & ECF CHOICES Benefits Supplement. This up-to-date reference PDF allows you and your staff to find important information and websites.

Find operational policy changes and other electronic transactions on our website at **Care Provider Manual for TennCare – UnitedHealthcare Community Plan of Tennessee (UHCprovider.com)**.

This supplement supports TennCare, Tennessee's Medicaid program. It has been operating under a waiver from CMS since 1994 to offer coverage to the traditional Medicaid-eligible population as well as an expanded population (TennCare Standard). All TennCare members are enrolled into a managed care organization (MCO) within their geographic region.

We entered into a Contractor Risk Agreement (CRA) for each Grand Region with the State of Tennessee for provision of the TennCare benefits. The TennCare program in each Grand Region is governed by its CRA, the TennCare Rules and Regulations as well as the TennCare Policies. The Division of TennCare website contains links to all governing documents. These include:

- Contractor Risk Agreement: tn.gov
- TennCare Rules: publications.tnsosfiles.com
- TennCare Policies: tn.gov

We administer the TennCare program as an MCO in all 3 geographic regions doing business as UnitedHealthcare Community Plan. We are a primary care practitioner (PCP)-driven HMO network focusing on PCPs providing appropriate care to covered persons based on established clinical guidelines. We operate in an integrated model where all physical, behavioral and long-term services and supports health care needs are assessed, coordinated and monitored. We offer our covered individuals and care providers programs in medical management, quality improvement, education and development, as well as quality customer service.

Some TennCare enrollees are also eligible for enhanced services provided through Long-Term Services and Supports (LTSS) programs that promote quality and cost-effective care coordination for enrollees with chronic, complex health care, social service, and custodial needs. The Employment and Community First CHOICES (ECF CHOICES) program includes Home- and Community-Based (HCBS) support coordination. ECF CHOICES support coordination operates based on our fully integrated model so the physical, behavioral and LTSS needs of the ECF CHOICES enrollees are met. You can find detailed information on the CHOICES program, another Long-Term Services and Supports program, in Chapter 6: Long-Term Services of the Manual **Care Provider Manual for TennCare - UnitedHealthcare Community Plan of Tennessee (UHCprovider.com)**.

Click the following links to access different manuals:

- **Administrative guide** – **UHCprovider.com/guides**
  - Under UnitedHealthcare Care Provider Administrative Guide for Commercial, Medicare Advantage (including Dual Complete Special Needs Plans), click on View Guide. Some states may also have Medicare Advantage information in their Community Plan manual.
- **A different Community Plan care provider manual** – **UHCprovider.com/guides**
  - Under Community Plan Care Provider Manuals for Medicaid Plans by State, click on Tennessee
- UnitedHealthcare Dual Complete: For information about UnitedHealthcare Dual Complete in Tennessee, go to
- > Resources > Health Plans [choose state] > Tennessee Medicare > Advantage Health Plans > Tennessee Dual Complete Special Needs Plan. Please use the following, March vision routine care provider reference guide: marchvisioncare.com. Ophthalmologists rendering medical services to TennCare enrollees should refer to this manual.

Community living supports in CHOICES & ECF CHOICES

Community living supports (CLS) is a community-based residential alternative service for seniors and adults with disabilities encompassing a continuum of support options. CLS supports each member's independence and full integration into the community, ensures each member's choice and rights, and comports fully with standards applicable to the Home and Community-Based Services (HCBS) Settings Rule.

CLS services are individualized based on the needs of each member and specified in the Person- Centered Support Plan (PCSP), but may include hands-on assistance, supervision, transportation, and other supports needed to help the member:

- Select and move into a home
- Locate and choose suitable house mates
- Acquire and maintain household furnishings
- Acquire, retain, or improve skills needed for activities of daily living or assistance with activities of daily living as needed, such as bathing, dressing, personal hygiene and grooming, eating, toileting, transfer, and mobility
- Acquire, retain, or improve skills needed for instrumental activities of daily living or assistance with instrumental activities of daily living as needed, such as household chores; meal planning, shopping, preparation, and storage; managing personal finances
- Build and maintain interpersonal relationships with family and friends
- Pursue educational goals and employment opportunities
- Participate fully in community life, including faith-based, social and leisure activities selected by the member
- Schedule and attend appropriate medical services
- Self-administer medications, including assistance with administration of medications as permitted pursuant to TCA 68-1-904 and TCA 71-5-1414
- Manage acute or chronic health conditions, including nurse oversight and monitoring, and skilled nursing services as needed for routine, ongoing health care tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc.
- Become aware of and effectively use transportation, police, fire, and emergency help available in the community to the general public
- Assert civil and statutory rights through self-advocacy

Community living supports

Reimbursement for CLS

All LTSS rates, inclusive of CLS are established directly f rom TennCare and shared with the Managed Care Organizations (MCOs). These rates have been established to align reimbursement in CHOICES and ECF CHOICES with rates comparable to services in the 1915(c) waivers. The expectation is that comparable hourly wages for frontline support staff are accounted for across Medicaid HCBS programs and populations.

CLS rates can be located on the most recent TennCare issued memo regarding the rate increases. These memos can be located on the TennCare website,

https://www.tn.gov/tenncare/long-term-services-supports/enhanced-hcbs-f map.html.

Across all CLS services, for which rates were increased, the care provider must be able to document how the higher rates were used as intended - for purposes of increasing wages for frontline staff.

CLS CHOICES and ECF CHOICES care providers will be required to sign an attestation of compliance in order to qualify for rate increases for applicable timeframes. The attestation must be fully completed and uploaded to PDMS prior to receiving increased rates. Specific instructions for this process can be found here: https://www.tn.gov/tenncare/long-term-services-supports/enhanced- hcbs-f map.html under provider attestation upload guidance.

CHOICES

CLS care providers will be reimbursed for each CHOICES member receiving CLS services based on the following 3 levels of need:

- **CLS 1** - This level of reimbursement is for CLS services to CHOICES members who are primarily independent or who have family members and other (i.e., non-CHOICES) paid or unpaid supports, but need limited intermittent CLS supports to live safely in a community housing situation, generally less than 21 hours per week—and do not need overnight staff or direct support staff to live on-site for supervision purposes. A primary staff member or other support staff must be on-call on a 24 hour per day basis when assistance is needed. (CLS care provider to post on-call number in a location accessible to all members residing in the home.)
- **CLS 2** – This level of reimbursement is for CLS services to CHOICES members who require minimal to moderate support on an ongoing basis but can be left alone for several hours at a time and do not need overnight staff or direct support staff to live on-site for supervision purposes. A primary staff member or other support staff must be on-call on a 24 hours per day basis. (CLS care provider to post on-call number in a location accessible to all members residing in the home.)
- **CLS 3** – This level of reimbursement is for CLS services to CHOICES members with a higher acuity of need who are likely to require supports and or supervision 24 hours per day due to the following reasons: advanced dementia or significant cognitive disability that impacts the member's ability to make decisions, perform activities of daily living or instrumental activities of daily living, including behaviors which places the member or others at risk; significant physical disabilities that require frequent intermittent hands-on assistance with activities of daily living including toileting, transfers, and mobility; complex health conditions and compromised health status requiring medication assistance and daily nurse oversight and monitoring and/or daily skilled nursing services as needed for routine, ongoing health care tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc. Members approved for 24 hour support who are assessed to be capable of independent functioning may participate in activities of their choosing without the support of staff as specified in the PCSP, risk assessment, and risk agreement.

*Regardless of the level of CLS and CLS-FM reimbursement a member is authorized to receive, members may choose to be away from home (e.g., for overnight visits, vacations, etc.) without the support of staff as specified in the PCSP.

ECF CHOICES

CLS care providers will be reimbursed for each member receiving CLS services based on the following three levels of need:

- **CLS 1a** – This level of reimbursement is for CLS services to ECF CHOICES members who are primarily independent or who have family members and other (i.e., non-ECF CHOICES) paid or unpaid supports, but need limited intermittent CLS supports to live safely in a community housing situation generally less than 16 hours per week and do not need overnight staff or direct support staff to live on-site for supervision purposes. A primary staff member or other support staff must be on-call on a 24 hour per day basis when assistance is needed. (CLS care provider to post on call number in a location accessible to all members residing in the home.)
- **CLS 1b** - This level of reimbursement is for CLS services to ECF CHOICES members who are primarily independent or who have family members and other (i.e., non-ECF CHOICES) paid or unpaid supports, but need limited intermittent CLS supports to live safely in a community housing situation generally 16-40 hours a week and do not need overnight staff or direct support staff to live on-site for supervision purposes. A primary staff member or other support staff must be on-call on a 24 hour per day basis when assistance is needed.(CLS care provider to post on call number in a location accessible to all members residing in the home.)
- **CLS 2** – This level of reimbursement is for CLS services to ECF CHOICES members who require minimal to moderate support on an ongoing basis but can be left alone for several hours at a time and do not need overnight staff or direct support staff to live on-site for supervision purposes > or = total 8 hours a day, but < or = to 16 hours a day. A primary staff member or other support staff must be on-call on a 24 hours per day basis. (CLS care provider to post on call number in a location accessible to all members residing in the home.)

- **CLS 3** - This level of reimbursement is for CLS services to ECF CHOICES members with higher acuity of need who are likely to require supports and or supervision >16 hours a day and up to 24 hours a day due to the following reasons: significant cognitive disability that impacts the member's ability to make decisions, perform activities of daily living or instrumental activities of daily living, including behaviors which places the member or others at risk; significant physical disabilities that require frequent intermittent hands-on assistance with activities of daily living including toileting, transfers, and mobility. Members approved for 24 hour support who are assessed to be capable of independent functioning may participate in activities of their choosing without the support of staff as specified in the PCSP, risk assessment and risk agreement.
- **CLS 4 Medical** - This level of reimbursement is for CLS services to ECF CHOICES members with higher acuity of need who are likely to require supports and or supervision >16 hours a day and up to 24 hours a day due to the following reasons: exceptional medical needs as well as significant cognitive disability that impacts the member's ability to make decisions, perform activities of daily living or instrumental activities of daily living, including behaviors which places the member or others at risk; significant physical disabilities that require frequent intermittent hands-on assistance with activities of daily living including toileting, transfers, and mobility; complex health conditions and compromised health status requiring medication assistance and daily nurse oversight and monitoring and/or daily skilled nursing services as needed for routine, ongoing health care tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc. 24 hour on-call staff back up is required for this service. Members approved for 24 hour support who are assessed to be capable of independent functioning may participate in activities of their choosing without the support of staff as specified in the PCSP, risk assessment and risk agreement.
- **CLS 4 Behavioral** - This level of reimbursement is for CLS services to ECF CHOICES members with higher acuity of need who are likely to require supports and or supervision >16 hours a day and up to 24 hours a day due to the following reasons: exceptional behavioral needs as well as significant cognitive disability that impacts the member's ability to make decisions, perform activities of daily living or instrumental activities of daily living, including behaviors which places the member or others at risk; significant physical disabilities that require frequent intermittent hands-on assistance with activities of daily living including toileting, transfers, and mobility; complex health conditions and compromised health status requiring medication assistance and daily nurse oversight and monitoring and/or daily skilled nursing services as needed for routine, ongoing health care tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc. 24 hour on-call staff back up is required for this service. Members approved for 24 hour support who are assessed to be capable of independent functioning may participate in activities of their choosing without the support of staff as specified in the PCSP, risk assessment, and risk agreement.

*Regardless of the level of CLS and CLS-FM reimbursement a member is authorized to receive, members may choose to be away f rom home (e.g., for overnight visits, vacations, etc.) without the support of staff as specified in the PCSP.

Community living supports - family model

Service description

Community living supports - family model (CLS-FM) is a community based residential alternative service for seniors and adults with disabilitiesencompassing a continum of support options for up to 3 members living in a home that is owned or leased by trained family caregivers (other than the member's own family). CLS-FM care providers live onsite and provide the individualized services that support each member's independence and full integration into the community, ensures each member's choice and rights and comports fully with standards applicable to the HCBS Settings Rule. No more than 3 members may be supported in a CLS-FM home. Members living in a CLS-FM home cannot receive respite services. All family model caregivers that will be providing care on an ongoing or intermittent basis, must have appropriate background and registry checks, as well as appropriate training based on needs notated in the member's Person-Centered Support Plan.

Source: 2010 TCA Title 33-2-1201) CLS-FM care providers are required to complete a DIDD home study prior to residents moving in.

CLS-FM services are individualized based on the needs of each member and specified in the PCSP, but may include hands-on assistance, supervision, transportation, and other supports needed to help the member:

- Select and move into a home
- Locate and choose suitable house mates
- Acquire and maintain household furnishings
- Acquire, retain, or improve skills needed for activities of daily living or assistance with activities of daily living as needed, such as bathing, dressing, personal hygiene and grooming, eating, toileting, transfer, and mobility
- Acquire, retain, or improve skills needed for instrumental activities of daily living or assistance with instrumental activities of daily living as needed, such as household chores; meal planning, shopping, preparation, and storage; managing personal finances
- Build and maintain interpersonal relationships with family and friends
- Pursue educational goals and employment opportunities
- Participate fully in community life, including faith-based, social and leisure activities selected by the member
- Schedule and attend appropriate medical services
- Self -administer medications, including assistance with administration of medications as permitted pursuant to TCA 68-1-904 and TCA 71-5-1414
- Manage acute or chronic health conditions, including nurse oversight and monitoring, and skilled nursing services as needed for routine, ongoing health care tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc.
- Become aware of and effectively use transportation, police, fire, and emergency help available in the community to the general public
- Assert civil and statutory rights through self -advocacy

CHOICES

CLS-FM care providers will be reimbursed for each CHOICES member receiving CLS-FM services based on the following three levels of need:

- **CLS-FM 1** - This level of reimbursement is for CLS-FM services to CHOICES members who are primarily independent or but need intermittent CLS-FM supports to live safely in a community housing situation– generally less than 21 hours per week and typically, do not require assistance through the night. If the caregiver is not on-site for parts of the day, they must be on-call to the member on a 24 hour per day basis when assistance is needed.
- **CLS-FM 2** – This level of reimbursement is for CLS-FM services to CHOICES members who require minimal to moderate support on an ongoing basis but can be left alone for several hours at a time and do not require constant supervision, assistance, or overnight staff. If the caregiver is not on-site for parts of the day, they must be on-call to the member on a 24 hour per day basis when assistance is needed.
- **CLS-FM 3** – This level of reimbursement is for CLS-FM services to CHOICES members with a higher acuity of need who are likely to require supports and or supervision 24 hours per day due to the following reasons: advanced dementia or significant cognitive disability that impacts the member's ability to make decisions, perform activities of daily living or instrumental activities of daily living, including behaviors which places the member or others at risk; significant physical disabilities that require frequent intermittent hands-on assistance with activities of daily living including toileting, transfers, and mobility; complex health conditions and compromised health status requiring medication assistance and daily nurse oversight and monitoring and/ or daily skilled nursing services as needed for routine, ongoing health care tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc. Members approved for 24 hour support who are assessed to be capable of independent functioning may participate in activities of their choosing without the support of staff as specified in the PCSP, risk assessment, and risk agreement.

*Regardless of the level of CLS and CLS-FM reimbursement a member is authorized to receive, members may choose to be away f rom home (e.g., for overnight visits, vacations, etc.) without the support of staff as specified in the PCSP.

ECF CHOICES

CLS-FM care providers will be reimbursed for each member receiving CLS-FM services based on the following 3 levels of need:

- **CLS-FM 1a** – This level of reimbursement is for CLS-FM services to ECF CHOICES members who are primarily independent but need intermittent CLS-FM supports to live safely in a community housing situation generally less than 16 hours per week and typically, do not require assistance through the night. If the caregiver is not on-site for parts of the day, they must be on-call to the member on a 24 hour per day basis when assistance is needed.
- **CLS-FM 1b** - This level of reimbursement is for CLS-FM services to ECF CHOICES members who are primarily independent but need intermittent CLS-FM supports to live safely in a community housing situation generally, 16-40 hours per week and typically, do not require assistance through the night. If the caregiver is not on-site for parts of the day, they must be on-call to the member on a 24 hour per day basis when assistance is needed.
- **CLS-FM 2** – This level of reimbursement is for CLS-FM services to ECF CHOICES members who require minimal to moderate support on an ongoing basis but can be left alone for several hours at a time and do not require constant supervision, assistance, or overnight staff > or = total 8 hours a day, but < or = to 16 hours a day. If the caregiver is not on-site for parts of the day, they must be on-call to the member on a 24 hour per day basis when assistance is needed.
- **CLS-FM 3** - This level of reimbursement is for CLS-FM services to ECF CHOICES members with higher acuity of need who are likely to require supports and or supervision >16 hours a day and up to 24 hours a day due to the following reasons: significant cognitive disability that impacts the member's ability to make decisions, perform activities of daily living or instrumental activities of daily living, including behaviors which places the member or others at risk; significant physical disabilities that require frequent intermittent hands-on assistance with activities of daily living including toileting, transfers, and mobility. Members approved for 24 hour support who are assessed to be capable of independent functioning may participate in activities of their choosing without the support of staff as specified in the PCSP, risk assessment and risk agreement.
- **CLS-FM 4 Medical** - This level of reimbursement is for CLS-FM services to ECF CHOICES members with higher acuity of need who are likely to require supports and or supervision >16 hours a day and up to 24 hours a day due to the following reasons: exceptional medical needs as well as significant cognitive disability that impacts the member's ability to make decisions, perform activities of daily living or instrumental activities of daily living, including behaviors which places the member or others at risk; significant physical disabilities that require frequent intermittent hands-on assistance with activities of daily living including toileting, transfers, and mobility; complex health conditions and compromised health status requiring medication assistance and daily nurse oversight and monitoring and/or daily skilled nursing services as needed for routine, ongoing health care tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc. 24 hour on-call staff back up is required for this service. Members approved for 24 hour support who are assessed to be capable of independent functioning may participate in activities of their choosing without the support of staff as specified in the PCSP, risk assessment and risk agreement.
- **CLS-FM 4 Behavioral** - This level of reimbursement is for CLS-FM services to ECF CHOICES members with higher acuity of need who are likely to require supports and or supervision >16 hours a day and up to 24 hours a day due to the following reasons: exceptional behavioral needs as well as significant cognitive disability that impacts the member's ability to make decisions, perform activities of daily living or instrumental activities of daily living, including behaviors which places the member or others at risk; significant physical disabilities that require frequent intermittent hands-on assistance with activities of daily living including toileting, transfers, and mobility; complex health conditions and compromised health status requiring medication assistance and daily nurse oversight and monitoring and/or daily skilled nursing services as needed for routine, ongoing health care tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc. 24 hour on-call staff back up is required for this service. Members approved for 24 hour support who are assessed to be capable of independent functioning may participate in activities of their choosing without the support of staff as specified in the PCSP, risk assessment, and risk agreement.

*Regardless of the level of CLS and CLS-FM reimbursement a member is authorized to receive, members may choose to be away f rom home (e.g., for overnight visits, vacations, etc.) without the support of staff as specified in the PCSP.

Enhanced CLS levels for ECF CHOICES

All ECF CHOICES CLS care providers holding a Supported Living or Residential Habilitation licensure are eligible to receive referrals for both CLS community stabilization and transition (CLS-CST) services and CLS emergency placement community stabilization and transition (CLS-EPCST) if they are specifically contracted to provide these services.

CLS transitional rates cannot be used in conjunction with CISS or ILST and are based on one calendar year utilization.

CLS community stabilization and transition

The purpose of community stabilization and transition (CLS-CST) benefit is to allow time for stabilization, assessment, and planning for transition to the appropriate ongoing level of CLS. These services are appropriate for members who have been in highly structured (or supports-intensive) settings but do not have co-occurring serious mental health conditions or challenging behaviors that will require the integration of behavioral health (BH) treatment services into the person's daily life.

- T2016 U7, UA (revenue code 960)
- CLS-CST transitional rates apply to a period of up to 90 days (annual maximum)
- This rate will be the same as the rate for Level 4 CLS for a period of up to 90 days(annual maximum)

The CLS-CST care provider is licensed per region by the Department of Intellectual and Developmental Disabilities or Intellectual and Development Disabilities/ID & DD Supported Living (SL) or Res Hab license.

CLS emergency placement community stabilization and transition

The purpose of community emergency placement community stabilization and transition (CLS-EPCST) benefit is to to support members who are ref erred by Adult Protective Services and require immediate housing supports because their home is either uninhabitable or they have been subject to abuse and neglect to the degree that their immediate safety, health, and welfare is in jeopardy.

- T2016 U7, UA (revenue code 960)
- CLS-EPCST services are authorized for 30 days, and in exceptional circumstances, the MCO/TennCare may authorize an additional 30 days maximum
- This rate includes room and board

The CLS-EPCST care provider is licensed per region by the Department of Intellectual and Developmental Disabilities, Mental Retardation or Intellectual and Development Disabilities/IDD Support Living (SL) or Res Hab license.

Behavioral health community stabilization and transition

Behavioral health community stabilization and transition (CLS-BHCST)- 2a and 2b, ensure BH services are integrated for members with co-occurring serious mental health conditions who require intensive integrated BH treatment services and for whom such treatment is available as a part of the daily provision of CLS. This must translate into in-house or consultative psychiatry available as needed, supervision of staff by a master's level clinician and disability support care providers receiving specialized training in providing BH supports for members with intellectual/ developmental disabilities (I/DD). It is expected that staff will be present and awake 24 hours a day, 7 days a week to provide necessary supports.

- **CLS-BHCST 2a**
  - TT2016 U8, UA (revenue code 960) - 2a
  - CLS-BHCST services are for members with co-occurring serious mental health conditions who require intensive integrated BH treatment services as part of the day-to-day provision of CLS
  - No more than 90 days are allotted
- **CLS-BHCST 2b**
  - TT2016 U8, UA (revenue code 960) - 2b
  - This rate will cover the provision of short-term, intensive, 24 hours a day, 7 days a week community-based behavioral-focused transition and stabilization services and supports These provisions will assist members aged 18 years and older with I/DD and severe behavioral and/or psychiatric conditions who are transitioning out of a highly structured and supervised environment to achieve and maintain stable, integrated lives in their communities

- CLS-BHCST services are for members with co-occurring serious mental health conditions who require intensive integrated BH treatment services as part of the day-to-day provision of CLS
- No more than 90 additional days are allotted

The CLS-BHCST care provider is licensed per region by the Department of Intellectual and Developmental Disabilities, or Intellectual and Development Disabilities/ID & DD Supportive Living (SL) or Res Hab license. Care provider must also employee or contract with master's level clinician, have in- house/consultative psychiatry access, and 24/7 wake staff assessed during site visit.

Please note: the ECF CHOICES and CHOICES Rate Increase memos as applicable if you are eligible for ARP enhanced HCBS FMAP Initiatives: American Rescue Plan Enhanced Home and Community Based Services Federal Medicaid Assistance Percentages Initiatives.

Licensure requirements for residential services

There shall be no more than 3 service recipients residing in the home, regardless of the program or funding source, if providing services via a Semi-Independent Supported Living License or a Supported Living license. There shall be no more than 4 service recipients residing in the home regardless of the program or funding source, if providing services via a Residential Habilitation license..

- **Supported living**
  - Member(s) supported own or rent home
  - Member(s) pay own bills
  - Agency licensed by DIDD to provide this service
  - DIDD housing inspection required
  - No more than 3 members per Supported Living home
  - Member(s) have a voice in choosing housemates and staff (control)
- **Residentail habilitation**
  - Agency owns or rents home on behalf of member(s)
  - Room and board charges (80% of this year's SSI payment)
  - Home licensed by DIDD
  - No more than 4 members per home
  - Agency chooses housemates and staff

Source: TN Intellectual and developmental disabilities (DIDD) long-term services and supports (LTSS) supplement

CHOICES CLS (required license per service as outlined within the service definition)

CHOICES CLS Level	DIDD Semi-Independent Living License	DIDD Supportive Living or Residential Habilitation License	DIDD Placement Services License
CLS 1	**X**		
CLS 2	**X**		
CLS 3	**X**	**X**	
CLS-FM 1			**X**
CLS-FM 2			**X**
CLS-FM 3			**X**

DIDD application to provide nursing services and Department of Health PSS (Professional Supports Services) licensure is required for all skilled nursing services within all CHOICES and ECF CLS levels.

ECF CHOICES CLS (required license per service as outlined within the service definition)

ECF CHOICES CLS Level	DIDD Semi-Independent Living License	DIDD Supportive Living or Residential Habilitation License	DIDD Placement Services License	Outpatient MH Facility License from Dept of Mental Health	Dept. of MH PSSA/DIDD PSSA License
CLS a	X				
CLS b	X				
CLS 2	X				
CLS 3	X	X			
CLS 4	X	X			
CLS-FM 1a			X		
CLS-FM 1b			X		
CLS-FM 2			X		
CLS-FM 3			X		
CLS-FM 4			X		
CLS-CST up to 90 days	X	X			
Emergency Placement (CLS- EPCST)	X	X			
CLS- BHCST 2a	X	X			
CLS- BHCST 2b	X	X			
IBCTSS				X	X
IBFCTSS				X	X

DIDD application to provide nursing services and Department of Health PSS (Professional Support Services) licensure is required for all skilled nursing services within all CHOICES and ECF CLS levels.

Lease agreements

Types of lease agreements

- Member ---> Landlord
- Member ---> Sub-lease with CLS care provider (CLS care provider holds responsibility with landlord for full lease if tenants fail to pay – due to member's inability to qualify for income requirements to lease directly with landlord)
- Member ---> CLS care provider (care provider owned home)
- Member ---> CLS care provider/FMP (occupancy agreement)

Home and community-based services setting regulatory definition for dwellings

The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the member receiving services, and the individual has, at a minimum, the same responsibilities, and protections from eviction that tenants have under the landlord/tenant law of the state, county, city, or other designated entity. For settings in which landlord/tenant laws do not apply, the state must ensure that a lease, residency agreement, or other form of written agreement will be in place for each home and community-based services (HCBS) member and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.

- Units have entrance doors lockable by the member, with only appropriate staff having keys to doors
- Members sharing units have a choice of roommates in that setting
- Members have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement
- Members have the freedom and support to control their own schedules and activities and have access to food at any time in accordance to dietary restrictions/plan outlined in the PCSP
- Members can have visitors of their choosing at any time.
- The setting is physically accessible to the member
- Any modification of the additional conditions, under 42 CFR § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the PCSP

Residency/occupancy agreements (including sub-leases with CLS care provider agencies)

The residency agreement must include at a minimum the same level of protections found in the jurisdictions' landlord/tenant laws which may include:

- Length of the agreement
- The amount of and when the payment is due
- Use and return of security deposits
- Expectations for maintenance
- Notice before entry into a unit
- Conditions that could initiate an eviction and the process to terminate an agreement, evict a tenant/resident and the process to appeal an eviction.

Source – CMS.gov – Provider - Owned and Controlled Settings 12/2019

MCO to request a copy of the lease on or prior to date of move in to review to ensure basic tenants' rights are being upheld as noted in HCBS Settings ruling.

CLS care provider to hold a copy of lease for auditing purposes.

Care provider must ensure members are aware that they have a legally enforceable agreement that gives them the same protections as a lease, and that the document is made accessible to them.

Care provider owned CLS homes

- A setting is care provider-owned or care provider-controlled when it is owned or co-owned by a HCBS care provider

- All home modifications are the care provider's responsibility if the home is "care provider-owned"
- When CLS care providers own the place of residence, they must sign a written lease/agreement pursuant to the Tennessee Uniform Landlord and Tenant Act (T.C.A. § 66-28-101, et seq.) with the member per the county of residence
- If this is not applicable to the county of residence, the care provider must sign a written lease/agreement with the members that provides the member with the same protections as those afforded under the Act

CLS operation

- **Housing/Lease Rights** – Members have the right to remain in the home even if CLS services are terminated by the current CLS care provider agency. Members have the right to remain in the home and select a different CLS care provider agency to provide the CLS service within their lease protected residence.
- **CLS Services** – MCO authorizes a CLS service type based upon assessed need. The CLS care provider agency can choose to provide a written notice of 60-day termination of an authorized CLS service if the agency determines they can no longer safely meet the member's needs.

CRA: A.2.12.12.1 - CHOICES, ECF CHOICES, or 1915(c) waiver HCBS care provider to provide notice at least 60 days in advance of the proposed date of services termination to the contractor when the care provider is no longer willing or able to provide services to a member, including the reason for the decision, and to cooperate with the member's care coordinator, support coordinator, independent support coordinator, or DIDD case manager to facilitate a seamless transition to alternate care providers.

- **Legal Eviction** – Members can be formally evicted from their residence for violating conditions of their lease, not because the CLS care provider agency can no longer safely meet their needs in the community.

Source: ECF CHOICES Quality Monitoring Consultative Survey Tool 2019

Residential address changes within same CLS care provider agency

- CLS care providers are to notify the member's MCO as soon as possible when a move is requested by the member or the family for planning purposes
- Members have the right to view the home and meet all potential roommates prior to the move
- All CLS moves should be initiated by the member and free from care provider agency coercion
- Transitioning CLS Provider is responsible for transferring the medical/behavioral records to receiving care provider

Source: TN Intellectual and developmental disabilities (DIDD) long-term services and supports (LTSS) supplement

Residential address changes to a new CLS care provider agency

- CLS care providers are to notify the member's MCO as soon as possible if the member requests to move to another care provider agency
- All CLS moves should be initiated by the member and free from care provider agency coercion
- Care support coordination will work with the MCO transition team to locate an alternative CLS care provdier agency
- Current CLS care provider agency will assist with all meet and greets as requested by MCO
- Care / support / coordination MCO transition team will coordinate a discharge planning meeting with all parties prior to move to ensure continuity of care

CLS roommate disputes/barriers to care/behavior challenges

- CLS care provider agencies are to notify the member's MCO as soon as possible to discuss mitigation and schedule an IDT/circle of support meeting
- IDT/circle of support meeting should take place prior to any 60-day notice of intent to terminate CLS services
- MCO will involve member advocate as appropriate in IDT/circle of support meetings
- One roommate cannot restrict another roommate. A discussion between housemates will be encouraged to work

out any disagreements to find an agreeable solution.

- If members served are making risky decisions that may cause harm to themselves or others, CLS care providers should address those concerns with the member on a case-by-case basis
- CLS care provider agencies should provide clear and consistent information about visitors and guests in the home, specifically for overnight guests. This guidance should include timeframes for how long a visitor may stay in the home (based on current law where applicable). CLS care providers are encouraged to discuss any concerns with the members related to visitors and seek to find an agreeable solution for all members.

Service discontinuation

- CLS care provider agency is to provide notice no less than 60 days prior to the proposed date of service discontinuation in writing to the member (or guardian/conservator) and the care/support coordinator
- Care provider is to cooperate with transition planning, including providing service beyond 60 days if needed and while working with the new care provider to ensure continuity of care

Personal funds management in CLS

If the care provider assists in the management of personal funds, the care provider does so in a way that demonstrates the care provider is committed to maximizing each member's personal control over their personal funds.

In accordance with the HCBS Settings Rule, the care provider will assist the member with the day-to-day management of their funds and finances under the direction of the individual.

Strategies should include:

- Utilize banks and maximize control, ownership, and management of the members' own bank accounts
- Receive and manage their earned income through paychecks made out to the member or direct deposit into the member's own bank account
- Do necessary reporting and monitoring of income and assets to maintain eligibility for key benefits and programs
- Develop and follow a personal budget, reflecting personal preferences for saving, spending and the need to meet specific obligations each month
- Keep appropriate financial records in a secure place in the member's home accessible only to the member and approved staff (e.g., receipts, monthly bills, checkbook ledgers)

CLS care providers that are assigned rep payee status for members; please refer to the social security administration rep payee program rules:

https://www.ssa.gov/payee/faqrep.htm

If a member reports an issue with funds management to CC/SC, the MCO will reach out to the CLS care provider rep payee for quarterly financial statements as needed.

Source: ECF CHOICES Quality Monitoring Consultative Survey Tool 2019

Billing and reimbursement

It is the responsibility of the support coordinator to make a referral to vocational rehabilitation (VR) for employment services during the job development and initial stabilization and maintenance period of the employment process. The support coordinator will provide the local VR counselor with a referral packet. The referral packet will include a release of information allowing the support coordinator to communicate with the VR counselor and receive written and verbal updates on the member's progression. Where the member is in their career path will determine when the referral is made. For members receiving Discovery, the referral will most likely take place at the beginning of that service, unless the local VR counselor and support coordinator collaboratively identify a different timeline.

While the member is receiving job development and placement, job coaching and intensive job services, and initial retention, stabilization and maintenance services from VR, the care provider will send all required VR documentation (reports and forms) to the support coordinator as a method of providing continuous updates on the member's

progress.

If there is a delay in the member receiving employment services from VR, the care provider will communicate with the support coordinator. ECF CHOICES has similar employment services as those offered by VR for receiving job development and placement, job coaching and intensive job services, and initial retention, stabilization and maintenance.

Employment services summary

Reimbursement for CLS - supported living

The member receiving CLS services is responsible for the cost of his/her room and board, and other community living expenses, such as personal care items and community activity expenses. Members may be assisted in accessing housing vouchers, and family members are not prohibited from helping pay a member's room and board expenses.

Reimbursement for CLS - family model

The member receiving CLS-FM services is responsible for the cost of his/her room and board, and other community living expenses, such as personal care items and community activity expenses. Family members are not prohibited from helping pay a member's room and board expenses. If the member's total income, excluding SNAP benefits, is equal to or more than the maximum supplemental security income (SSI) benefit for the applicable year, they will not be charged for room and board that exceeds 70% of the maximum SSI benefit. If the member's total income, excluding SNAP benefits, is less than the maximum SSI benefit for the applicable year, they won't be charged for room and board that exceeds 70% of their total income. Verbiage must be added to CLS-FM lease agreements, if the family model care provider intends to increase the rent before the end of the lease term based on the member's annual cost living adjustment.

Billing for CLS or CLS-FM

- The MCOs encourage the submission of claims electronically through electronic data interchange (EDI)
- Care providers must submit claims within **120** days froom the date of service
- Details regarding each MCOs respective billing system can be found within their care provider manuals via the below links:
  - UnitedHealthCare: **https://www.uhcprovider.com/en/admin-guides/cp-admin-manuals.html**
  - Wellpoint: https://www.provider.wellpoint.com/tennessee-provider/resources/policies-guidelines-and-manuals
  - BlueCare: : https://www.provider.bcbst.com/tools-resources/manuals-policies-guidelines

In accordance with TennCare rules and regulations

- Reimbursement is made to contracted CLS and CLS-FM care providers by the MCO in accordance with the member's PCSP and service authorizations. Reimbursement is contingent upon the member's eligibility for and enrollment in CHOICES or ECF CHOICES.
- Reimbursement for CLS and CLS-FM services is made only for dates of service the member supported actually receives CLS and CLS-FM services. CLS and CLS-FM services are not reimbursed for any date on which the member supported does not receive CLS or CLS-FM services because he or she is in a hospital or other inpatient setting or is on therapeutic leave (i.e., overnight visits, vacations when they are not accompanied by staff).
- For members supported in CLS levels 1a &1b, the care provider can bill for each day, as the expectation is the care provider will provide on call back up to the member daily as needed
- For all levels above CLS1a & CLS1b, the care provider should not bill if services are not provided within the day of billing
- The rate of reimbursement does not vary based on the number of people receiving CLS, CLS-FM or HCBS waiver services, through CHOICES and ECF CHOICES, who live in the home
- The rate of reimbursement of is inclusive of all applicable transportation services needed by the member except for transportation authorized and obtained under the non-emergency medical transportation benef it (NEMT)
- Reimbursement does not include the cost of maintenance to the dwelling
- For CHOICES, personal care is not eligible for authorization or reimbursement. For ECF CHOICES, personal assistance is not eligible for authorization or reimbursement. For both programs, in-home respite is not eligible to authorized or

reimbursed.

Blended homes

A CLS care provider may deliver CLS services in a home where other CHOICES and/or ECF CHOICES members receiving CLS reside. A CLS care provider may also deliver CLS services in a home where ECF CHOICES and/or CHOICES members receiving CLS reside along with individuals enrolled in a Section 1915(c) HCBS waiver program operated by the DIDD. This is considered a blended home. The CLS care provider must be able and willing to provide supports in a blended residence, comply with all applicable program requirements, and meet the needs and ensure the health, safety, and welfare of each member.

A CLS-FM care provider may deliver CLS-FM services in a home where other CHOICES and/or ECF CHOICES members receiving CLS-FM reside. A CLS-FM care provider may also deliver CLS services in a home where CHOICES and/or ECF CHOICES members receiving CLS-FM reside along with individuals enrolled in a Section 1915(c) HCBS waiver program operated by DIDD. The CLS care provider must be able and willing to provide supports in a blended residence, comply with all applicable program requirements, and meet the needs and ensure the health, safety. and welfare of each member. In instances of blended homes, there shall be no more than 3 service recipients residing in the home, regardless of the program or funding source.

The rate of reimbursement for residential services in blended homes will consider only the number of people in the home receiving 1915(c) residential services (not individuals receiving CLS through CHOICES or employment and community first CHOICES). Medical necessity criteria will be applied in establishing the appropriate rate. Rates for members in CHOICES and ECF CHOICES are established and do not vary based on the number of people in a home or the program(s) through which other individuals are supported.

In accordance to TENNCARE LONG-TERM CARE PROGRAMS CHAPTER 1200-12-01

Patient Liability

- 2.21.5.2 The contractor shall delegate collection of patient liability to the nursing facility or community-based alternative facility and shall pay the facility net of the applicable patient liability amount. For members in CHOICES group 2 or 3, ECF CHOICES, or 1915 (c) waivers receiving non-residential CHOICES HCBS, ECF CHOICES HCBS or 1915(c) waiver HCBS, the contractor shall collect applicable patient liability amounts.

Redetermination assistance

The CLS care providers should assist with any necessary paperwork to maintain eligibility which in turn maintains a payor source for CLS care in the community based residential alternative. Many CLS care providers are also the member's representative or payee for their SSDI or SSI so their important and vigilant care for member finances and TennCare eligibility fall in the advocacy and responsibility CLS care provider assistance.