

An Introduction to CHOICES in Long Term Services and Supports (LTSS)

*Tennessee Transition Summit
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Today's Discussion

- Transitioning into adult TennCare
- CHOICES
- Employment and Community First CHOICES
- Coordination of Benefits



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Transitioning to Adult to TennCare



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The Good News

A child who previously did not qualify for Medicaid may qualify for Medicaid as an adult.

- **Eligibility:**
 - Depending on the eligibility category, parents' income and resources typically count in determining the child's eligibility for SSI (Supplemental Security Income) and Medicaid until the child is at least age 18
 - Once the child becomes an adult (18-22 depending on the eligibility category and whether the child is a student), parents' income and resources are no longer considered in determining the child's eligibility for these programs
- **Income limits to qualify for Medicaid:**
 - Change based on age
 - Higher for a person receiving LTSS



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What You Need to Know

Adult Medicaid benefits are different.

- Benefits:
 - Under age 21, eligible for EPSDT (Early Periodic Screening, Diagnosis and Treatment) services
 - Eligible for benefits not covered for adults, including services to “ameliorate” physical and mental conditions
 - Adults age 21 and older subject to benefit limits, including:
 - Pharmacy
 - Home health services

The Great News

- **Adults age 21 and older with physical disabilities may qualify for the CHOICES program.**



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CHOICES Eligibility

To become a CHOICES participant, an applicant must meet the following criteria:

Target Populations

- To receive care in the community:
 - age 65+
 - age 21+ with a physical disability

Medical Eligibility

- Need the level of care provided in a nursing home; or
- Be “at risk” for nursing home placement

Categorical and Financial Eligibility

- Qualify for Medicaid in one of the groups Medicaid covers
- Financial eligibility for Medicaid is determined by the Department of Human Services



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CHOICES Eligibility

In addition, to receive HCBS:

- Care must be safely provided in the community at a cost that does not exceed the cost of nursing home care (individual cost neutrality)
- There must be capacity to enroll within any established enrollment target for the group.



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CHOICES Benefits

CHOICES benefits are based on a comprehensive assessment of the member's needs and can include:

Hands-on Services

- Personal Care Visits
- Attendant Care

Caregiver Assistance

- Adult Day Services
- In-home Respite Care
- In-patient Respite Care

Community Based Residential Alternatives (CBRAs)

- Assisted Care Living Facility
 - Adult Care Home
 - Companion Care

Other Support Services

- Home Delivered Meals
- Personal Emergency Response System (PERS)
- Assistive Technology
- Minor Home Modifications
- Pest Control

* Some CHOICES services can be provided through Consumer Direction. In Consumer Direction, the caregiver works directly for the member – not a provider agency.



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CHOICES Care Coordination

Comprehensive Care Coordination provided by MCOs

- Each member has an assigned Care Coordinator—nurses and social workers
- Comprehensive ongoing needs assessment/person-centered care planning
- Coordination of physical, behavioral, functional and social support needs
- Management of chronic conditions and care transitions
- On the ground and face-to-face with minimum contact requirements
- Detailed contract requirements and protocols
- Continuous monitoring and oversight of compliance with contract requirements and timelines



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Ongoing HCBS Care Coordination

Ongoing Comprehensive Care Coordination is the key to ensuring safety and quality of care in the community.

- Care Coordinators conduct a needs assessment:
 - Annually
 - After any significant change in needs or circumstance
- Update Plan of Care as needed
- MCOs monitor service delivery - electronic visit verification (EVV)
 - Are services delivered in accordance with the plan of care?
 - Is back-up plan implemented as needed?
 - Do services continue to meet member needs?
- Coordinate with natural supports and community organizations
- Minimum Care Coordinator contact with CHOICES HCBS members:
 - Monthly phone calls
 - Quarterly face-to-face visits
 - More frequently, if needed



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Employment & Community First CHOICES



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Employment and Community First CHOICES

Who is it for?

- People with intellectual and other developmental disabilities who are not currently receiving services
- People in current waivers can choose to move to the new program later on

What will it offer?

- Support for families caring for a person with I/DD
- Supports to help people with I/DD achieve employment and independent living goals
- For people who cannot work or need more support to live in the community, residential and other day services to help them achieve their community living goals



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Employment and Community First CHOICES

Essential Family Supports

- Families with a child under 21 who has I/DD
- Help families plan and prepare their child for transition into employment and integrated, independent living in adulthood

Essential Supports for Employment and Independent Living

- Adults age 21 and older with I/DD
- Help young adults transition from school and adults of all ages plan for and achieve employment and independent living goals
- Includes residential services for people who need less than 24 hour support



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Employment and Community First CHOICES

Comprehensive Supports for Employment and Community Living

- Adults age 21 and older with I/DD with more needs
- Help adults of all ages plan for and achieve employment goals whenever possible
- Includes services for people not pursuing employment
- Includes residential services for people who need 24 hour support, including people with medical or behavioral needs



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Employment and Community First CHOICES

More choices about how services are delivered

- Everyone in Employment and Community First CHOICES can choose to receive services through “Consumer Direction”
 - The person has a budget based on his/her needs
 - The person directs funds to purchase the services they need
 - The person can employ staff who provide services
 - A fiscal agent helps the person manage the budget and makes the payments



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Employment and Community First CHOICES

More choices about how services are delivered

- For people with more needs who qualify to receive Comprehensive Supports for Employment and Community Living, there will be an additional option
 - The person can choose a provider agency to help manage the budget
 - The person will help select and oversee staff who provide services
 - Staff will be employed and supervised by the provider agency
 - The provider will also help coordinate physical and behavioral health services to manage the person's health conditions



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Employment and Community First CHOICES

How will the program be managed?

- TennCare will contract with Managed Care Organizations to coordinate services for people in the new program
- Each person will have a Care Coordinator to help them with their HCBS, and with their physical and behavioral health services
- DIDD (Dept. of Intellectual & Developmental Disabilities) will play an important role in the new program, including ensuring the quality of services provided and protection from harm
- TennCare and DIDD will work together to oversee the new program to make sure that services are high quality and people's needs are met



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Employment and Community First CHOICES

How will participants be selected?

- TennCare and DIDD must decide how to bring people into the new program
- Seeking input
- Once developed, process will be shared with people on the DIDD waiting list and with people who have other kinds of developmental disabilities who want to apply for services
- The number of people enrolled will depend on funding available
- TennCare and DIDD will work together to manage existing and new funds as cost effectively as possible, and where we can, will redirect resources to help us serve more people
- Since the new program will be more cost-effective, any new funding can be stretched to serve more people



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Employment and Community First CHOICES

For more information visit:

<http://tn.gov/tenncare/forms/ConceptPaperSummaryWaitingList.pdf>



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Coordination of Benefits



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Coordination of Benefits

Prior to 21st birthday

- If the individual is in DIDD waiver:
 - MCO and ISC assess individual needs to determine appropriate TennCare and waiver services
 - Prepare individual and family for transition to different services and potentially different service providers
- If the individual is NOT in a waiver:
 - Contact MCO to request assessment
 - Phone screening to determine potential eligibility for CHOICES program
 - If person is believed to meet CHOICES eligibility criteria:
 - MCO schedules face to face visit to conduct functional assessment and collect supporting documentation
 - MCO submits enrollment request to TennCare LTSS where CHOICES enrollment determination is made
 - If the individual does not meet CHOICES eligibility criteria:
 - MCO conducts face to face assessment to determine appropriate level of Home Health and or Nursing services needed as well as additional TennCare covered benefits as medically necessary
- Individuals and families may need to prepare for potential change in services and or service providers



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Thank you!



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