Division of TennCare

October 29, 2024

Jacey Cooper, Director
State Demonstrations Group
Center for Medicaid & CHIP Services
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

RE: TennCare III Demonstration (Project No. 11-W-00369/4 and 21-W-00075/4), Amendment 7

Dear Ms. Cooper,

The purpose of this letter is to request a change to the TennCare Demonstration. In this amendment request, Tennessee is proposing several modifications to enhance the services available to beneficiaries under the Demonstration. These enhancements include expanding the scope of services provided under the demonstration to include services for TennCare-eligible individuals with serious mental illness or serious emotional disturbance who are receiving treatment in an Institution for Mental Diseases; supporting the implementation of a new access/quality improvement program for hospitals; and improving the efficiency and transparency of the HCBS programs authorized under the demonstration. We believe that these changes result in significant improvements in the quality of care received by individuals enrolled in TennCare across a variety of domains.

We look forward to working with you and your team as you review this amendment. If you have questions about this amendment, please contact Aaron Butler at 615.507.6448, or aaron.c.butler@tn.gov.

Thank you for your attention to this important matter.

Sincerely,

[redacted]

Stephen Smith
Director, Division of TennCare

Division of TennCare

TennCare III Demonstration

Project No. 11-W-00369/4 and 21-W-00075/4

Amendment 7

Program Enhancements

October 29, 2024

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Amendment 7 to the TennCare III Demonstration

Since 1994, Tennessee has operated its Medicaid program under the authority of an 1115 demonstration known as TennCare. TennCare is a comprehensive Medicaid reform project, consisting of innovations in multiple aspects of Medicaid, including eligibility, benefits, and service delivery systems. Tennessee currently provides Medicaid coverage to approximately 1.4 million Tennesseans under the authority of the TennCare demonstration.

In this amendment, Tennessee is proposing several changes to the demonstration that will enhance benefits, promote access to care, improve quality outcomes, and improve transparency and program administration. These changes include covering the full continuum of care for individuals with serious mental illness (SMI) and serious emotional disturbance (SED), implementing a new access/quality improvement program for hospitals, and improving the home- and community-based services (HCBS) authorized under the demonstration.

I. Description of the Amendment

This proposed amendment consists of three primary components:

1. Covering the full continuum of care for individuals with serious mental illness (SMI) and serious emotional disturbance (SED);
2. Implementing an access/quality improvement program for hospitals; and
3. Improving home- and community-based services (HCBS) authorized under the demonstration.

Each of these proposals is described below.

Covering the Full Continuum of Care for individuals with SMI and SED

In this demonstration amendment, Tennessee is proposing to amend the benefits package authorized under the demonstration to allow the state to cover the full continuum of care for individuals with serious mental illness (SMI) and serious emotional disturbance (SED). Specifically, Tennessee is requesting expenditure authority to cover services provided to individuals with SMI or SED who are receiving treatment in facilities that meet the federal definition of an institution for mental diseases (IMD).[1] The state's objective in seeking this expenditure authority is to maintain beneficiary access to mental health treatment services in appropriate settings and to ensure that individuals receive care in the settings most appropriate to their needs.

Federal policy generally does not allow Medicaid to cover services for adults under age 65 with SMI or children with SED who are receiving care in a facility that meets the definition of an IMD. Historically, TennCare has not suspended coverage for persons with SMI or SED residing in IMDs; instead, TennCare

[1] IMDs are inpatient facilities with more than 16 beds that are primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases. See Section 1905(i) of the Social Security Act.

paid for care provided on behalf of these individuals with state dollars (since federal Medicaid dollars are not available).

The 21st Century Cures Act directed CMS to use its authority under Section 1115 of the Social Security Act to make demonstration opportunities available to states who wish to cover services for persons with SMI or SED residing in IMDs under their Medicaid programs. CMS subsequently issued guidance inviting states to apply for demonstration authority to cover these services.[2] In this demonstration amendment, Tennessee proposes to add services for individuals with SMI/SED residing in IMDs to the TennCare demonstration as demonstration-covered services in a manner consistent with the demonstration opportunity described by CMS. Specifically, Tennessee requests expenditure authority under Section 1115(a)(2) of the Social Security Act to cover medically necessary services furnished to individuals under age 65 residing in facilities that meet the definition of IMD. For children under age 21, this may include coverage of children receiving treatment in Qualified Residential Treatment Programs (QRTPs). Although this request will represent a change in the benefits authorized under the TennCare demonstration, this will not result in any change to benefits actually received by individuals enrolled in TennCare (since as noted above, TennCare has historically covered these services for impacted beneficiaries with non-federal dollars).

In requesting this expenditure authority, Tennessee affirms its commitment to achieving various milestones during the course of the demonstration, consistent with applicable CMS guidance. These include:

- Ensuring quality of care in psychiatric hospitals and residential settings,
- Improving care coordination and transitions to community-based care,
- Increasing access to a continuum of care, including crisis stabilization services, and
- Early identification and engagement in treatment, including through increased integration.

Tennessee already covers a broad array of mental health and substance use disorder treatment services for all individuals enrolled in TennCare, including a wide range of inpatient, residential, outpatient, health home, crisis stabilization, and other supportive services. These services (including services for persons in IMDs paid with state dollars) are fully integrated with each member's physical health care via TennCare's comprehensive managed care program. This expenditure authority will ensure equitable cost sharing between the state and federal government for the costs of care for Medicaid beneficiaries and ensure that TennCare is able to continue providing a full continuum of care for persons with SMI/SED.

Implementing an Access/Quality Improvement Program for Hospitals

In this amendment, Tennessee is also requesting changes to support the implementation of an initiative to ensure access to hospital services for Medicaid beneficiaries in Tennessee and improve the outcomes associated with hospital services provided to Medicaid beneficiaries. Hospital services are included within the managed care program authorized under the TennCare demonstration. In order to maintain and

[2] See State Medicaid Director Letter #18-011, "Opportunities to Design Innovative Service Delivery Systems for Adults with a Serious Mental Illness or Children with a Serious Emotional Disturbance" (November 13, 2018).

enhance access to hospital care for Medicaid beneficiaries in Tennessee, the state is partnering with hospitals in Tennessee to implement an access and quality improvement initiative. A key component of this initiative will be additional payments to hospitals that achieve agreed-upon quality performance benchmarks. These additional payments to hospitals will be made consistent with 42 CFR § 438.6(c) (concerning state-directed payments, or SDPs, in managed care). Concurrent with this demonstration amendment application, the Managed Care Group (MCG) at CMS is also in the process of reviewing a corresponding SDP application from the state. While MCG will determine whether the state's SDP application meets federal standards governing SDPs, in order to support implementation of this initiative, the state is requesting that the budget neutrality expenditure limit for the demonstration be adjusted to accommodate these additional hospital payments. The state anticipates that these payments will result in an increase in annual aggregate expenditures under the demonstration of $2.5 billion. The state anticipates that, over time, this payment arrangement will support the financial sustainability of hospitals that serve large proportions of Medicaid-covered individuals. This will in turn ensure a sufficient number of hospitals engage in each managed care plan's network to provide timely access to services. Over the longer term, it is also anticipated that these payments will support provider efforts to improve performance, resulting in higher quality services provided to Medicaid managed care enrollees.

In addition to authorizing the state's managed care program, the TennCare demonstration also authorizes certain uncompensated care payments to hospitals. In order to reflect the impact of the proposed hospital access/quality improvement program on the state's existing uncompensated care payments to hospitals, the state is proposing corresponding adjustments to the uncompensated care payment reconciliation methodology. The state's proposed adjustments to the reconciliation methodology are illustrated in Attachment A of this amendment.

HCBS Improvements

The TennCare demonstration currently authorizes three programs of long-term services and supports (LTSS).

- **CHOICES** provides LTSS—including nursing facility services and HCBS—to seniors and to adults with physical disabilities.
- **Employment and Community First CHOICES** (or "ECF CHOICES") provides HCBS to individuals with intellectual or developmental disabilities.
- The **Katie Beckett/Medicaid Diversion** program provides supports to children with disabilities or other complex medical needs.

The oldest of these programs (CHOICES) dates back to 2010, and in this amendment, the state is proposing a number of changes to modernize and update the special terms and conditions (STCs) governing these programs. These changes are intended to improve the efficiency, transparency, and member experience of individuals served by these programs. In addition, the state is proposing a number of changes to enhance the HCBS available to individuals enrolled in these programs and to provide for greater flexibility in the use of HCBS benefits.

Notably, the state's proposed changes include:

1. Providing more flexibility in the use of minor home modifications by eliminating the per project limit on these modifications. This change recognizes the rising costs of building materials and will help ensure that this service continues to meet members' needs.
2. Allowing exceptions to the applicable expenditure cap for persons in ECF CHOICES Group 6 with exceptional medical or behavioral needs so that such individuals may access supported employment services. This change will help ensure that members in ECF CHOICES Group 6 do not face an unnecessary barrier to accessing supported employment services.
3. Revising the definition of Benefits Counseling for CHOICES and ECF CHOICES. The current Benefits Counseling service in CHOICES and ECF CHOICES is reimbursed on an hourly basis and limited based on hours and years. The state is proposing to combine all limit categories, creating a new payment structure that limits the service to 60 hours per year across all programs.
4. Adjusting the limit on Exploration in ECF CHOICES from 30 days to 60 days. This change will align the limit on Exploration services in ECF CHOICES with that in CHOICES, and will provide for greater flexibility in the use of this service.
5. Adding a definition for the Stabilization and Monitoring service in CHOICES and ECF CHOICES.
6. Removing Rideshare/Community Transportation pre-authorization language for Employment and Day Supports in CHOICES.
7. Updating language about the publishing of enrollment targets in CHOICES and ECF CHOICES to provide greater transparency.
8. Updating outmoded language about transitions from CHOICES and 1915(c) waivers to ECF CHOICES.
9. Removing unnecessary language that interferes with the state's ability to enroll people in ECF CHOICES Group 6.
10. Clarifying the data reporting requirements for ECF CHOICES and the Katie Beckett/Medicaid Diversion program to provide maximum transparency around both of these programs.

The state's specific proposed STC edits are illustrated in Attachment B.

Technical Correction

On May 17, 2024, CMS approved Amendment 5 to the TennCare demonstration. Among other things, Amendment 5 streamlined the HCBS benefits authorized under the TennCare demonstration by combining the Attendant Care service and the Personal Care service into one service, which is now referred to as Personal Care. Although the actual services provided to members under these two services were the same, the two services were once scheduled and billed differently. By combining these services into one service—Personal Care—members now have more flexibility in scheduling services, and members are no longer required to request that a new service be authorized solely because a different type of schedule is needed.

While this change was approved on May 17, 2024, some references to the old Attendant Care benefit remain in the STCs. These references should be removed from future iterations of the STCs.

Attachment C illustrates this technical correction.

II. Proposed Waiver and Expenditure Authorities

All waiver and expenditure authorities currently approved for the TennCare demonstration will continue to be in effect.

To effectuate the changes described in this amendment for individuals with SMI/SED, the state requests expenditure authority under Section 1115(a)(2) of the Social Security Act to cover medically necessary services furnished to individuals with SMI/SED under age 65 enrolled in TennCare who are receiving treatment in a facility that meets the definition of an IMD.

The state is not proposing any new waiver or expenditure authorities to implement a hospital access/quality improvement program. Rather, the state is seeking an adjustment to the demonstration's expenditures and budget neutrality framework to support the new program, as well as a corresponding change to the demonstration's uncompensated care payment reconciliation methodology.

The state is not proposing any new waiver or expenditure authorities to effectuate the changes related to the demonstration's HCBS programs described in this amendment. These modifications will involve changes and clarifications to the demonstration's existing special terms and conditions. (See Attachment B.)

III. Expected Impact on Enrollment and Budget Neutrality

Implementation of this amendment is not expected to result in changes to TennCare enrollment.

The state's request to cover services for individuals with SMI/SED residing in IMDs is expected to result in an increase of approximately $25 million in annual aggregate expenditures under the demonstration, representing approximately 1,800 member months per year.

The state's request to implement a hospital access/quality improvement program is expected to result in an increase of $2.5 billion in annual aggregate expenditures under the demonstration.

The enhancements to the demonstration's HCBS programs described in this amendment are not expected to result in material changes to aggregate expenditures under the demonstration.

Attached is an updated overview of the demonstration's finances that reflects these adjustments.

IV. Expected Impact on CHIP Allotment Neutrality

This amendment will not result in any changes to Tennessee's CHIP allotment neutrality.

V. Modifications to Reporting, Quality, and Evaluation Design

The anticipated impacts of this amendment on the monitoring and evaluation processes for the TennCare demonstration are described below.

Covering the Full Continuum of Care for individuals with SMI and SED

Tennessee is committed to appropriate monitoring and evaluation of the requested demonstration authorities and will work with CMS to develop appropriate tools to guide the monitoring and evaluation processes associated with its coverage of services for persons receiving care for SMI/SED in IMDs.

In developing the monitoring, evaluation, and reporting structures for these authorities, it is expected that the monitoring metrics agreed to by the state and CMS will be informed by and adhere closely to the monitoring metrics recommended by CMS for SMI/SED demonstrations.[3] Likewise, Tennessee will work with CMS to modify the TennCare evaluation design to address these new authorities in a manner consistent with CMS guidance related to the evaluation of SMI/SED demonstrations.[4]

In working with CMS to modify the evaluation design for the TennCare demonstration, the hypotheses and research questions will reflect that the proposed expenditure authority does not reflect an actual change in the benefits available to individuals enrolled in TennCare, merely to the availability of federal Medicaid funds to support these benefits.

Implementing an Access/Quality Improvement Program for Hospitals

With regard to the hospital access/quality improvement program, the state will work with the Managed Care Group at CMS to identify appropriate evaluation metrics for the state-directed payment that will support the program, and will work with the State Demonstrations Group at CMS to ensure that those metrics are incorporated into the evaluation design, as appropriate.

HCBS Improvements

The state does not anticipate modifying its evaluation design based on the proposed changes to the demonstration's HCBS programs. These changes are expected to contribute to key goals of the TennCare demonstration already reflected in the demonstration's evaluation design (currently under CMS review). These include enhancing coverage and benefits available under the TennCare demonstration and supporting access to safe and appropriate HCBS.

[3] See https://www.medicaid.gov/medicaid/section-1115-demonstrations/1115-demonstration-monitoring-evaluation/1115-demonstration-state-monitoring-evaluation-resources/index.html
[4] Ibid.

VI. Demonstration of Public Notice and Input

The state has used multiple mechanisms for notifying the public about this amendment and for soliciting public input on the amendment. These public notice and input procedures are informed by—and comply with—the requirements specified in STC 12 of the TennCare demonstration and 59 Fed. Reg. 49249.

Public Notice

The state held a formal notice and comment period on this proposed demonstration amendment from September 12, 2024, through October 11, 2024. During this time, a comprehensive description of the amendment to be submitted to CMS was available for public review and comment on an amendment-specific webpage on the TennCare website. In addition, a notice of the state's intent to submit a demonstration amendment was published in newspapers of general circulation in Tennessee communities with 50,000 or more residents. This newspaper notice described the major elements of the proposed amendment and provided instructions for how to access the full proposal on the TennCare website. The newspaper notice also provided instructions for submitting comments on the proposed amendment to the state during the notice and comment period. In addition, the state notified the public of its intent to submit a demonstration amendment via social media (i.e., Facebook, X) with links to the comprehensive notice on the state's website. The state made copies of its notice available in county health departments throughout the state. TennCare also notified the members of the Tennessee General Assembly of this amendment via an electronically transmitted letter.

Documentation of the state's public notice process is attached as Attachment D.

Public Input

The state received comments from 12 individuals and organizations in response to its public notice. All comments were reviewed and considered by the state prior to the submission of this amendment to CMS. The comments received, along with the state's responses, are summarized below.

The comments received by the state are also appended to this amendment in their entirety as Attachment E.

Several commenters expressed concern about the state's proposal to seek expenditure authority to cover treatment for persons with SMI or SED who are receiving care in an IMD. These commenters generally believed that community-based treatment options are more cost-effective and produce better outcomes than inpatient/institutional care, and that the inappropriate use of inpatient care is associated with a variety of negative outcomes for persons with SMI or SED. These commenters supported the use of state and federal Medicaid funding to support community-based treatment options for Medicaid-enrolled individuals in Tennessee. Some commenters also suggested that accessing federal Medicaid funds to cover Medicaid-eligible individuals receiving treatment in IMDs would incentivize or increase the use of inpatient/institutional care for persons with SMI or SED in Tennessee. Some commenters complained that the state's amendment request "only" referred to

seeking federal Medicaid funding for persons receiving treatment in IMD settings and did not refer to seeking funding for persons receiving treatment in community-based settings.

The state appreciates the range of input it received on this aspect of its proposal. The state agrees with commenters that treatment for persons with SMI or SED should be provided in the least restrictive setting possible and that community-based treatment options are preferable to inpatient or institutional care. However, the state believes that medically necessary care, including inpatient care, should be available as needed and appropriate to Medicaid beneficiaries with SMI or SED to the same degree such care is available to non-Medicaid-eligible individuals. The state disagrees with commenters that providing Medicaid coverage to persons receiving treatment in IMDs is likely to incentivize or increase the use of inpatient or institutional care in Tennessee. To date, CMS has approved the same demonstration authority being requested by Tennessee in at least 12 other states, and to our knowledge these other state demonstrations have not resulted in the negative consequences suggested by commenters.

Tennessee is supportive of the demonstration framework developed by Congress and CMS[5] and is proceeding with its proposal to provide Medicaid coverage to persons receiving care in IMDs in a manner consistent with that framework. Under this framework, states are generally expected to take a number of actions to ensure access to a continuum of care for Medicaid-eligible individuals with SMI or SED, including taking actions to improve community-based mental health care in addition to the short term stays in IMDs, and to improve care coordination and transitions between levels of care. Under the TennCare demonstration, Tennessee already covers a broad array of community-based treatment options, including intensive community-based treatment services (ICBT), health home services for persons with SMI or SED, psychiatric rehabilitation services, crisis services, and substance use disorder treatment services. Tennessee is committed to continuing to enhance access to community-based treatment options in Tennessee through participation in the demonstration framework created by CMS, while also ensuring that inpatient care continues to be available when medically necessary and appropriate. The state did not make changes to the amendment based on these comments.

Two commenters noted that federal Medicaid policy already allows some exceptions to the IMD exclusion for children under the age of 21 (e.g., the "Psych under 21" option). These commenters questioned whether providing Medicaid coverage to children with SED in additional IMD settings would be beneficial.

The state appreciates that federal Medicaid policy already provides for payments on behalf of children with SED receiving treatment in certain IMD settings. However, Medicaid-enrolled children may sometimes receive care in other types of treatment settings, and there is no reason why federal Medicaid funding should not also be available to support medically necessary treatment for these Medicaid-eligible children. To cite one notable example, the Family First Prevention Services Act of the Balanced Budget Act of 2018 defined Qualified Residential Treatment Programs (QRTPs) as appropriate settings for children

[5] See State Medicaid Director Letter #18-011, "Opportunities to Design Innovative Service Delivery Systems for Adults with a Serious Mental Illness or Children with a Serious Emotional Disturbance" (November 13, 2018).

with behavioral health needs. Among other things, QRTPs must provide a trauma-informed model of care designed to address the needs of children with serious emotional or behavioral disorders or disturbances. However, federal Medicaid dollars are only available to support Medicaid-eligible children receiving treatment in QRTPs under the expenditure authority being requested by the state. CMS has encouraged states to seek expenditure authority through Section 1115 to ensure coverage for children receiving treatment in QRTPs. No changes were made to the amendment based on these comments.

Several commenters expressed support for the state's proposals to modify the demonstration's STCs to provide for greater flexibility in the use of certain HCBS by beneficiaries (Minor Home Modifications, Community Transportation, Benefits Counseling).

The state thanks the commenters for their support. No changes were made to the amendment based on these comments.

One commenter recommended that the scope of the Benefits Counseling benefit be broadened to address non-work income, such as survivor benefits from a deceased relative, that could have an impact on an individual's TennCare eligibility.

The state appreciates the commenter's recommendation. This proposed amendment is intended to allow for greater flexibility in use of the Benefits Counseling benefit. Benefits Counseling must be conducted by a certified Community Work Incentives Coordinator (CWIC) or certified Work Incentive Practitioner (WIP-C). By way of clarification, providers of Benefits Counseling provide individualized support to each member, including information on how unearned income will impact other benefits. No changes were made to the amendment based on these comments.

Some commenters commented on the state's proposal to allow exceptions to the applicable ECF CHOICES expenditure limits for persons with exceptional medical or behavioral needs when necessary to permit those individuals to access to Supported Employment and/or Individual Employment Support benefits. While some commenters expressed support for the proposed exception, other commenters suggested that exceptions to the expenditure limits should not be linked specifically to Employment Support services. Some commenters requested that TennCare revise the ECF CHOICES expenditure cap structure more broadly.

Based on the feedback received, the state is proceeding with its proposal to permit exceptions for persons with exceptional medical or behavioral needs when necessary to support access to Employment Support services. The demonstration's STCs already allow for such exceptions for individuals with low, moderate, or high need in ECF CHOICES Group 6. The intent of this amendment is to expand this exception to include individuals in ECF CHOICES Group 6 with exceptional medical or behavioral needs. Similar exceptions are also in place for persons enrolled in ECF CHOICES Groups 4 and 5, as well individuals enrolled in CHOICES Groups 2 and 3. The state is committed to supporting employment for all Tennesseans, and this amendment will ensure that the same level of access to Employment Support services is available for all groups that serve working age adults. To clarify, this exception for employment support services does not

mean that an individual would be unable to access other ECF CHOICES benefits based on whether they were able to obtain or maintain employment. The exception allows the member to maintain their current level of service within the applicable expenditure limit, while allowing additional flexibility to access Employment Support services for individuals interested in pursuing or maintaining employment.

Two commenters commented on proposed changes to the STCs that would facilitate transitions from the state's 1915(c) HCBS waiver programs to ECF CHOICES. One commenter asserted that individuals enrolled in the 1915(c) waivers often have needs that cannot be adequately supported within the array of services available through ECF CHOICES. Another commenter recommended that the state strengthen the support coordination process for individuals who may be interested in, or benefit from, transitioning between programs.

To clarify the intent of the state's proposed changes, the state's 1915(c) HCBS waivers pre-date the establishment of ECF CHOICES. When ECF CHOICES was created in 2016, the demonstration's STCs included language to regulate transitions from the 1915(c) waivers to the new ECF CHOICES program, primarily to ensure that individuals who were not already enrolled in TennCare and receiving HCBS had an opportunity to enroll in the new ECF CHOICES program. Eight years after the creation of ECF CHOICES, the state regards these restrictions as no longer necessary and is proposing to modify the STCs accordingly. Individuals who are enrolled in the state's 1915(c) waiver programs may continue to receive services through those programs under this proposed amendment. Regarding the recommendation to increase information and coordination for persons who may be interested in transitioning between programs, the state appreciates the commenter's recommendation and will work to ensure that individuals who may benefit from transitioning to ECF CHOICES have an opportunity to fully consider the options available to them under the demonstration.

One commenter commented on the state's proposal to clarify the data reporting requirements for the ECF CHOICES and Katie Becket/Medicaid Diversion programs by requesting that the state make the reported data publicly available on its website.

Based on the feedback received, the state is proceeding with its proposal to clarify these data reporting requirements. The state is committed to working with stakeholders to ensure transparency around all aspects of the demonstration, including the HCBS programs authorized under the demonstration. Currently, the state's efforts in this area are focused on ensuring compliance with the Ensuring Access to Medicaid Services final rule (i.e., "the access rule") published on May 10, 2024, including provisions of the final rule focused on increasing transparency in the administration of Medicaid HCBS programs.

Two commenters expressed support for the state's planned access/quality improvement program for hospitals. These commenters believed that this program would help ensure the continued availability of hospital services for persons enrolled in TennCare.

The state thanks the commenters for their support. No changes were made to the amendment based on these comments.

One commenter recommended that in order to support the implementation of the proposed hospital access/quality improvement program, corresponding adjustments should be made to the reconciliation methodology for uncompensated care payments authorized under the demonstration. Specifically, the program may result in changes to the uncompensated care payments received by critical access hospitals (CAHs) that should be reflected in the reconciliation methodology.

The state agrees with this commenter and has modified the amendment by including a proposed update to the reconciliation methodology.

Two commenters suggested that Tennessee should allow family members to be paid for providing care to individuals with disabilities. A third individual specifically requested greater flexibility for family members who are also conservators to be paid for providing care to individuals with disabilities.

No changes were made to the amendment based on these comments, as these comments are outside the scope of the amendment. However, the state values the role that family caregivers play as a source of natural support for persons with disabilities and will work with stakeholders to explore additional opportunities to support these caregivers and their family members.

One commenter requested that a diagnosis of Alzheimer's should be a consideration for persons applying for long-term care under the TennCare demonstration.

Generally, eligibility for long-term services and supports in Medicaid is based on the assessed level of functional need rather than specific diagnoses. However, an individual with an Alzheimer's diagnosis who is assessed to meet Tennessee's level of care criteria can qualify to receive LTSS authorized under the Medicaid State Plan and/or the TennCare demonstration. No changes were made to the amendment based on this comment.

One commenter suggested improvements to the state's public notice process, including holding additional briefings with advocacy and stakeholder organizations and more social media posts throughout the public comment period.

The state appreciates these recommendations and will take them into consideration when planning future public notices.

Attachment A
Proposed Modifications to Reconciliation Methodology

Reconciliation Methodology,
Tennessee Supplemental Pool Payments

The State of Tennessee will implement the following approach to reconcile supplemental payments made to hospitals from the Virtual DSH and Charity Care payment pools.

Timing

Given that all reviews and reconciliations must be performed concurrently so that an accurate reconciliation can be calculated and funds can be appropriately recouped and/or redistributed, the State will follow the existing DSH audit timeframe for performing its reviews and reconciliations. This timeframe is three years following the state fiscal year in which payments were made. For example, in CY2022, the State's contracted DSH auditor is auditing the DSH payments made in SFY2019.

The State will perform its first reconciliation using this methodology in CY2022 for payments made in SFY2019.

Virtual DSH Pool

Sub-Pools

For the following Sub-pools in the Virtual DSH Pool:

- Statutory DSH Method Sub-pool

The State will conduct the reconciliation for this sub-pool using the DSH audit performed by the State's independent contracted DSH auditor. For any overpayments that are identified, money will be redistributed to hospitals with uncompensated care room per DSH audit guidelines. To the extent that there are not enough hospitals with adequate room to redistribute the payments, the federal share of the undistributable balance will be returned.

For the following Sub-pools in the Virtual DSH Pool:

- Children's Safety Net Sub-pool
- Other Essential Acute Sub-pool
- Safety Net Sub-pool
- Psychiatric Facilities Sub-pool

The State will conduct a review of these payments using DSH audit definitions and criteria. None of these sub-pools are subject to the requirement to deliver OB services. The State will submit an annual report to CMS that indicates the amount of these payments and all other Medicaid reimbursement in relation to total uncompensated care availability, using DSH audit criteria.

Critical Access Hospital Sub-Pool

The Office of the Comptroller of the Treasury is a constitutionally-established office with functions that include the audit of state and local governmental entities and participation in the general financial and administrative management and oversight of state government in Tennessee. As part of that function, the Comptroller's Office has historically performed the reconciliation of payments to CAHs. Using cost report data, the Comptroller's Office establishes the cost of inpatient and outpatient services provided to TennCare Members for a given state fiscal year for each CAH. That cost is then compared to the payments each CAH received for claims filed on services provided to TennCare Members. Also taken into account are the CAH pool payments made to each CAH directly per the CAH pool distribution formula. The Comptroller's Office then establishes whether each CAH has been paid above their cost, and if so, what amount needs to be recouped from that CAH – or paid below their cost, and if so, what amount is owed to that CAH. Funds are recouped from CAHs that are above their cost and redistributed to any CAHs that are below their cost by TennCare, with the federal share of any excess funds that cannot be redistributed returned to CMS. In any case where a CAH is above cost upon the settlement taking place, the maximum recoupable and redistributable amount shall not exceed the total amount of the CAH quarterly payments made to that facility.

Public Hospital Costs Sub-Pool

For those public hospitals that participate in statutory DSH, the State will contract with its independent DSH auditors to determine the hospital-specific amounts per the Demonstration's CPE protocol (see Attachment G) as part of the work done in the preparation of the annual DSH audit. For those public hospitals that have not participated in statutory DSH, the State will contract with its independent DSH auditors to collect the data that is necessary to perform this analysis. Similarly, should there be any public hospital that is not a participant in any other Sub-pool in the Virtual DSH Pool, the State will continue to use its independent DSH auditors to work with those hospitals directly to determine the hospital-specific amounts per the CPE protocol. Per the CPE protocol, if it is identified that any amounts claimed were in excess of the uncompensated care limit, the federal share will be returned.

Uncompensated Care Pool for Charity Care

Meharry Medical College Sub-Pool

The State will continue to require that Meharry furnish a completed independent audit to the State that demonstrates more than $10 million in charity care has been provided. To the extent more than $10 million in charity care has not been provided, Meharry shall return the excess portion to the State, and the federal share will be returned.

All Other Sub-Pools

For all other Sub-pools in the Charity Care Pool:

- Public Hospital Sub-pool
- Safety Net Sub-pool
- Research and Rehabilitation Facilities Sub-Pool
- Uncompensated Self-Pay and Charity Sub-Pool

The State will use its independent contracted DSH auditor to take charity care data from the Joint Annual Reports (JAR) submitted by hospitals to conduct the review for these sub-pools. The JAR data to be used will correspond to the period used for other reconciliation activities. The State will submit an annual report to CMS that indicates the amount of these payments and all other Medicaid reimbursement in relation to total uncompensated care availability.

Attachment B
Proposed CHOICES, ECF CHOICES and Katie Beckett/Medicaid Diversion STC Edits

V. BENEFITS

29. TennCare Benefits.

i. The following table (Table 2b) lists HCBS benefits for TennCare Medicaid enrollees and CHOICES demonstration eligibles who are enrolled in the designated CHOICES groups (specified in STC 33.a, *Determination of CHOICES Benefits by Designation into a TennCare CHOICES Group*). These benefits are in addition to the benefits that are available to them through the regular TennCare program. In addition, the following rules apply to the CHOICES benefit.

Table 2b: Benefits for Persons Enrolled in the CHOICES Program			
Benefit (Definitions provided in Attachment E)	**CHOICES 1**	**CHOICES 2**	**CHOICES 3**
Minor home modifications (up to ~~$6,000 per project;~~ $10,000 per calendar year~~;~~ and $20,000 per lifetime)		X	X
Employment services and supports (subject to limitations specified in Attachment E)* • Supported employment— individual employment support • Exploration • Benefits counseling • Discovery • Situational observation and assessment • Job development plan or self-employment plan • Job development or self-employment start up • Job coaching for individualized, integrated employment or self- employment • Co-worker supports • Career advancement • Integrated Employment Path Services • Stabilization and monitoring		X	X

j. The following tables (Tables 2c and 2d) list the HCBS benefits (and limits on those benefits) for TennCare Medicaid enrollees and demonstration eligibles who are enrolled in the ECF CHOICES benefit groups (specified in STC 34.a. *Determination of ECF CHOICES Benefits by Designation into an ECF CHOICES Benefit Group*). These benefits are in addition to the benefits that are available to them through the regular TennCare program. In addition, the following rules apply to the ECF CHOICES benefits.

iv. ECF CHOICES benefits will be subject to an annual per member expenditure cap as follows. The cost of medical assistance provided to an eligible participant in ECF CHOICES, including any exceptions to the expenditure cap granted under this STC, is limited to the amount calculated in the individual cost-neutrality test used in Section 1915(c) waivers as set forth in Section 1915(c)(4)(A). The state may delegate implementation of the cost neutrality test to the MCOs.

C. Individuals receiving Comprehensive Supports for Employment and Community Living benefits will be subject to an annual expenditure cap as follows:

4. The state may grant exceptions to these expenditure caps on a case-by-case basis as follows:

b. For an individual with low, moderate, or high need (~~but not~~ including exceptional medical or behavioral needs), an exception may be made to the applicable expenditure cap when necessary to permit access to Supported Employment and/or Individual Employment Support benefits. The amount will be determined per individual based on the individual's need.

Table 2d
Benefits and Benefit Limits in ECF CHOICES Benefit Groups

Benefit (Definitions provided in Attachment H)	**Essential Family Supports**	**Essential Supports for Employment and Independent Living**	**Comprehensive Supports for Employment and Community Living**	**Intensive Behavioral Family Supports**	**Comprehensive Behavioral Supports for Employment and Community Living**
Minor home modifications (up to ~~$6,000 per project;~~ $10,000 per calendar year~~;~~ and $20,000 per lifetime)	X	X	X	X	X
Supported employment—individual employment support – Exploration – Benefits counseling – Discovery – Situational observation and assessment – Job development plan or self-employment plan – Job development or self-employment start up – Job coaching for individualized, integrated employment or self-employment	X	X	X	X	X

– Co-worker supports – Career advancement --Stabilization and monitoring					

k. The following table (Table 2e) lists benefits for the Katie Beckett eligibility group (specified in STC 23.a. *Katie Beckett (Part A)*). These benefits are in addition to the benefits that are available to them through the regular TennCare program. In addition to the service limits stated in Table 2e, the total cost of the HCBS identified in Table 2e shall not exceed $15,000 per calendar year.

Table 2e **Benefits and Benefit Limitations Katie Beckett (Part A) Eligibility Group**	
Benefit	**Amount Duration and Scope**
Minor home modifications	Up to ~~$6,000 per project;~~ $10,000 per calendar year~~,~~ and $20,000 per lifetime

l. The following table (Table 2f) lists benefits for the Medicaid Diversion (Part B) eligibility group (specified in STC 24). In addition to the service limits stated in Table 2f, the total cost of the services and supports identified in Table 2f shall not exceed $10,000 per calendar year.

Table 2f **Benefits and Benefit Limitations Medicaid Diversion (Part B) Eligibility Group**	
Benefit	**Amount Duration and Scope**
Minor home modifications	Up to ~~$6,000 per project;~~ $10,000 per calendar year~~,~~ and $20,000 per lifetime

VI. CHOICES, ECF CHOICES, KATIE BECKETT, AND MEDICAID DIVERSION ENROLLMENT

33. Operations of the TennCare CHOICES Programs.

d. Enrollment Targets for TennCare CHOICES. The state may establish enrollment targets for CHOICES 2 and CHOICES 3. (There will be no enrollment target for CHOICES 1 or Interim CHOICES 3.) The purpose of the targets is to permit the CHOICES program to grow in a controlled manner, while assuring that the persons enrolled in the program are served appropriately, and cost effectively within available state and Federal resources. Information on CHOICES Groups, targets, and enrollment numbers must be supplied to CMS in the Quarterly Monitoring Report as set forth in STCs 55 *(Monitoring Reports),* 56 *(Enrollment Report).*

i. The CHOICES targets will include both upper limits and lower limits, with the actual target number to be published ~~in state rules~~ by the state. The upper limit will serve as a ceiling on the enrollment target; TennCare will not set the target above the upper limit. The lower limit will serve as an enrollment floor; TennCare will not set the target below the lower limit. To help ensure continuity of eligibility and

benefits, the target for each benefit group will not be less than enrollment in that group at the time the target is established.

34. Operations of Employment and Community First (ECF) CHOICES

c. **Enrollment in ECF CHOICES.** The effective date of enrollment in ECF CHOICES shall be established by the state based on a determination that an applicant is eligible for and will begin receiving LTSS. To be eligible for ECF CHOICES, individuals must be determined by TennCare to meet all applicable eligibility and enrollment criteria.

i. For enrollment in Comprehensive Supports for Employment and Community Living (ECF CHOICES Group 6) or Comprehensive Behavioral Supports for Employment and Community Living (ECF CHOICES Group 8), the state may grant an exception to individuals transitioning either from the Statewide or Comprehensive Aggregate Cap Waivers or from an ICF/IID who are "at risk" of institutionalization and meet the ICF/IID but not the NF LOC.

ii. Individuals enrolled in a Section 1915(c) waiver shall ~~not~~ only be permitted to transition into ECF CHOICES~~, even if they meet the criteria for ECF CHOICES eligibility, until such time that the state determines that such transitions can be permitted~~ when it is determined they meet all enrollment criteria, and it is further determined that their needs can no longer be safely and appropriately met within the cost neutrality of the 1915(c) waiver in which they are currently enrolled and in accordance with timeframes and procedures established by the state.

iii. Individuals enrolled in CHOICES Group 2 or 3 shall ~~not~~ only be permitted to transition into ECF CHOICES~~, even if they meet the criteria for ECF CHOICES eligibility, unless~~ when the state determines that the individual qualifies for ECF CHOICES, the individual's needs can be more appropriately met in ECF CHOICES, and in accordance with timeframes and procedures established by the State.

d. Enrollment Targets for ECF CHOICES. The state may establish enrollment targets for ECF CHOICES. The purpose of the targets is to permit the CHOICES program to grow in a controlled manner, while assuring that the persons enrolled in the program are served appropriately, and cost effectively within available state and Federal resources. Information on ECF CHOICES groups, targets, and enrollment numbers must be supplied to CMS in the Quarterly Monitoring Report as set forth in STCs 55 *(Monitoring Reports),* 56 *(Enrollment Report)*.

i. The ECF CHOICES targets will include both upper limits and lower limits, with the actual target number to be published ~~in state rules~~ by the state. The upper limit will serve as a ceiling on the enrollment target; TennCare will not set the target above the upper limit. The lower limit will serve as an enrollment floor; TennCare will not set the target below the lower limit. To help ensure continuity of eligibility and benefits, the target for each benefit group will not be less than enrollment in that group at the time the target is established. ~~Persons transitioning into ECF CHOICES from a Section 1915(c) waiver or from CHOICES Groups 2 or 3 shall not count~~

~~against the enrollment target for the ECF CHOICES Group in which they are enrolled.~~

ii. The state will submit to CMS at least 60 days prior to the implementation of ECF CHOICES and 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 and the state provides notification to CMS at least 30 days prior to the desired effective date of the change. Except as specified in STC 34.d.iv, an amendment is required for any proposed adjustment in the enrollment target outside the approved range.

~~iii. 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.~~

iv. If the enrollment target established by the state for ECF CHOICES is reached or exceeded, the state shall not enroll additional persons in ECF CHOICES, except as provided below. The state may also establish a waiting list, subject to the following:

A. Reserve Capacity. The state may reserve slots in ECF CHOICES for individuals being discharged from a NF or an ICF/IID, and for individuals being discharged from an acute care setting who are in imminent risk of being placed in an NF or ICF/IID setting, absent the provision of home and community-based services. A copy of the operational procedures for determining individuals for whom the slots will be reserved must be included as an attachment to the Annual Monitoring Report. The state may establish additional criteria or modify procedures for allocating reserve slots upon 30 days advance written notification to CMS; the operational procedure documents included as attachments to subsequent Annual Monitoring Reports must reflect any such changes. In each Quarterly Monitoring Report, the state must provide an accounting of their management of the reserve capacity, including a summary (as of the last day of the quarter) that states the total enrollment targets for ECF CHOICES, the number enrolled in each ECF CHOICES group, and the numbers of slots being held in reserve for various purposes.

B. HCBS as a Cost-Effective Alternative. An MCO with a TennCare enrollee who meets the criteria for ECF CHOICES, but which cannot enroll the individual in ECF CHOICES because the enrollment target has been met, has the option, at its sole discretion, of offering HCBS as a cost-effective alternative to the individual under a plan of care. Such an enrollee would be served in ECF CHOICES outside the applicable enrollment target but moved within the applicable enrollment target at such a time as a slot becomes available. The use of HCBS as a cost-effective alternative would be appropriate if the individual, without HCBS, would be receiving services in a NF. The state may require the MCO to provide documentation of its cost-effective alternative determination

and assurance of provider capacity to meet the member's needs prior to enrollment in ECF CHOICES.

C. **Exception to Enrollment Targets for ECF CHOICES 4 and 6 for Transitions from ECF CHOICES 7 or 8.** An enrollee being served in ECF CHOICES 7 or 8 who meets the requirements to enroll in ECF CHOICES 4 or 6 may enroll in ECF CHOICES 4 or 6 at any time such a transition can be accomplished, even if an enrollment target for ECF CHOICES 4 or 6 has been reached. Such an enrollee would be served in ECF CHOICES 4 or 6 outside the applicable enrollment target but moved within the applicable enrollment target at such a time as a slot becomes available.

D. **Persons Transitioning into ECF CHOICES from a Section 1915(c) Waiver or from CHOICES Groups 2 or 3.** An enrollee being served in CHOICES Group 2 or 3 or a 1915(c) waiver who meets the requirements to enroll in ECF CHOICES may enroll in ECF CHOICES at any time such a transition can be accomplished, even if the ECF CHOICES Group enrollment target has been reached. Such an enrollee would be served in ECF CHOICES outside the applicable enrollment target but moved within the applicable enrollment target at such a time as a slot becomes available.

IX. GENERAL REPORTING REQUIREMENTS

52. CHOICES, ECF CHOICES, and Katie Beckett (Part A) Data.

b. ECF CHOICES ~~and Katie Beckett~~ Data Plan. The state will collect and submit data to CMS, including the following data elements. "Point in time" refers to June 30 of each year.

i. Number of persons with ID actively receiving HCBS upon implementation and at a point in time. Data shall be reported for across Medicaid HCBS programs (including Section 1915(c) waivers).

ii. Number of persons with DD (other than ID) actively receiving HCBS upon implementation and at a point in time. Data shall be reported only for ECF CHOICES ~~and Katie Beckett (Part A)~~;

iii. Number of persons with I/DD actively receiving HCBS upon implementation and at a point in time. Data shall be reported across Medicaid HCBS programs (including Section 1915(c) waivers);

iv. Unduplicated number of persons with ID actively receiving HCBS during a 12 month period prior to implementation and each demonstration year thereafter. Data shall be reported across Medicaid HCBS programs (including Section 1915(c) waivers);

v. Unduplicated number of persons with DD (other than ID) actively receiving HCBS during a 12 month period prior to implementation and each demonstration year thereafter. Data shall be reported only for ECF CHOICES ~~and Katie Beckett (Part A)~~;

vi. Unduplicated numbers of persons with I/DD receiving HCBS during a 12 month period prior to implementation and each demonstration year thereafter. Data shall be reported across Medicaid HCBS programs (including Section 1915(c) waivers);

vii. Average per person LTSS expenditures for individuals with I/DD during a 12 month period prior to implementation and each demonstration year thereafter. Data shall be reported for ECF CHOICES, ~~Katie Beckett (Part A),~~ ICF/IID services, and across Medicaid HCBS programs (including Section 1915(c) waivers);

viii. Total HCBS expenditures for individuals with I/DD during a 12 month period prior to implementation and each demonstration year thereafter, including as a percentage of total LTSS expenditures for individuals with I/DD;

ix. Number of persons with I/DD employed in an integrated setting at or above the minimum wage upon implementation of ECF CHOICES and at a point in time. Data shall be reported for ECF CHOICES and across Medicaid HCBS programs (including Section 1915(c) waivers);

x. Percentage of persons with I/DD reporting improved quality of life as measured by a standardized instrument.

c. Katie Beckett (Part A) and Medicaid Diversion (Part B) Data Plan. The state will collect and submit data to CMS, including the following data elements. "Point in time" refers to June 30 of each year.

i. Number of persons actively receiving HCBS upon implementation and at a point in time. Data shall be reported for Katie Beckett (Part A) and Medicaid Diversion (Part B) separately;

ii. Unduplicated number of persons actively receiving HCBS during a 12 month period prior to implementation and each demonstration year thereafter. Data shall be reported for Katie Beckett (Part A) and Medicaid Diversion (Part B) separately;

iii. Number of persons enrolled in Katie Beckett (Part A) (point in time);

iv. Unduplicated number of persons enrolled in Katie Beckett (Part A) during a 12 month period prior to implementation and each demonstration year thereafter;

v. Average per person TennCare expenditures for individuals enrolled in Katie Beckett (Part A) during a 12 month period prior to implementation and each demonstration year thereafter;

vi. Total HCBS expenditures for individuals during a 12 month period prior to implementation and each demonstration year thereafter. Data shall be reported for Katie Beckett (Part A) and Medicaid Diversion (Part B) separately;

vii. Percentage of Katie Beckett (Part A) and Medicaid Diversion (Part B) members reporting improved quality of life as measured by a standardized instrument.

Attachment E
Glossary of Terms for TennCare Choices

EMPLOYMENT SERVICES AND SUPPORTS

Supported Employment—Individual Employment Support

Supported Employment—Individual Employment Support services are individualized and may include one or more of the following components:

2. Benefits Counseling:

A service designed to inform the individual (and guardian, conservator and/or family, if applicable) of the multiple pathways to ensuring individualized integrated employment or self- employment results in increased economic self-sufficiency (net financial benefit) through the use of various work incentives. This service should also repudiate myths and alleviate fears and concerns related to seeking and working in individualized integrated employment or self- employment through an accurate, individualized assessment. The service provides information to the individual (and guardian, conservator and/or family, if applicable) regarding the full array of available work incentives for essential benefit programs including SSI, SSDI, Medicaid, Medicare, CHOICES, housing subsidies, food stamps, etc.

The service also will provide information and education to the person (and guardian, conservator and/or family, if applicable) regarding income reporting requirements for public benefit programs, including the Social Security Administration.

Benefits counseling provides work incentives counseling and planning services to persons actively considering or seeking individualized integrated employment or self-employment, or career advancement in either of these types of employment.

This service is provided by a certified Community Work Incentives Coordinator (CWIC) or certified Work Incentive Practitioner (WIP-C). In addition to ensuring this service is not otherwise available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.), CHOICES may not fund this service if CWIC Benefits Counseling services funded through the Federal Work Incentives Planning and Assistance (WIPA) program are available to the individual.

Service must be provided in a manner that supports the person's communication style and 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 ability to communicate with a person who uses an assistive communication device.

Benefits Counseling services are ~~paid for on an hourly basis and limited in the following ways:~~ limited to 60 hours every 365 days.

~~a. Initial Benefits Counseling for someone actively considering or seeking individualized integrated employment or self-employment, or career advancement in these types of employment: up to twenty (20) hours. This service may be authorized no more than once every two (2) years (with a minimum of two 365-day intervals between services).~~

~~b. Supplementary Benefits Counseling for someone evaluating an individualized integrated job offer/promotion or self-employment opportunity: up to an additional six (6) hours. This service may be authorized up to three (3) times per year if needed.~~

~~c. PRN Problem-Solving services for someone to maintain individualized integrated employment or self-employment: up to eight (8) hours per situation requiring PRN assistance. This service may be authorized up to four (4) times per year if necessary for the individual to maintain individualized integrated employment or self-employment.~~

3. **Discovery**

4. **Situational Observation and Assessment**

5. **Job Development Plan or Self-Employment Plan**

6. **Job Development or Self-Employment Start-Up**

7. **Job Coaching**

8. **Co-Worker Supports**

9. **Career Advancement**

10. **Integrated Employment Path Services**

11. **Stabilization and Monitoring.**

If the individual's support needs are one (1) hour per week or less, Job Coaching through monthly Stabilization and Monitoring will be authorized as defined and stated above. This requires a minimum of one (1) monthly face-to-face contact with the member, one (1) monthly contact with the employer (does not have to be face-to-face), and ability of the provider to respond as needed to prevent loss of individualized integrated employment or self-employment and, where necessary, pursue a change in service authorization as needed to address longer-term challenges to avoiding loss of employment/self-employment. Other contacts can occur as needed or requested but do not need to occur face-to-face.

EMPLOYMENT & DAY SUPPORTS

Mobile Technologies to teach safe travel skills and guide people during community travel to work or other places important in their lives, by walking or using public transportation.
Enabling technology options include:

- Mobile software applications using digital pictures, audio and video to guide, teach, or remind

- GPS guidance devices
- Wearable and virtual technologies
- Software to support communication with people along participants' routes or destinations.

~~Rideshare/ Community Transportation Pre-authorization of (up to) a $500 coupon code or pass per month based on person's travel plans or needs, (work, school, shopping, movies, etc.).~~

This benefit can also be used to pay a car pooler back for gas, for bus fare, a taxi service, etc.

Attachment H
Employment and Community First CHOICES Service Definitions

A. Employment Services and Supports

Supported Employment—Individual Employment Support

Supported Employment—Individual Employment Support services are individualized and may include one or more of the following components:

1. Exploration:

This is a time-limited and targeted service designed to help a person make an informed choice about whether s/he wishes to pursue individualized integrated employment or self- employment, as defined above. The Exploration service shall be completed no more than ~~thirty (30)~~ sixty (60) calendar days from the date of service initiation. This service is not appropriate for ECF members who already know they want to pursue individualized integrated employment or self- employment.

This service includes career exploration activities to identify a person's specific interests and aptitudes for paid work, including experience and skills transferable to individualized integrated employment or self-employment. This service also includes exploration of individualized integrated employment or self-employment opportunities in the local area that are specifically related to the person's identified interests, experiences and/or skills through four to five uniquely arranged business tours, informational interviews and/or job shadows. (Each person receiving this service should participate in business tours, informational interviews and/or job shadows uniquely selected based on his or her individual interests, aptitudes, experiences, and skills most transferable to employment. All persons should not participate in the same experiences.) Each business tour, informational interview and/or job shadow shall include time for setup, prepping the person for participation, and debriefing with the person after each opportunity.

This service also includes introductory education on the numerous work incentives for individuals receiving publicly funded benefits (e.g. SSI, SSDI, Medicaid, Medicare, etc.). This service further includes introductory education on how Supported Employment services work (including Vocational Rehabilitation services). Educational information is provided to the person and the legal guardian/conservator and/or most involved family member(s), if applicable, to ensure legal guardian/conservator and/or family support for the person's choice to pursue individualized integrated employment or self-employment. The educational aspects of this service shall include

addressing any concerns, hesitations or objections of the person and the legal guardian/conservator and/or most involved family member(s), if applicable.

This service is expected to involve, on average, forty (40) hours of service. The provider shall document each date of service, the activities performed that day, and the duration of each activity. This service culminates in a written report summarizing the process and outcomes, using a standard template prescribed by TennCare. The written report is due no later than fourteen (14) calendar days after the last date of service is concluded. Exploration is paid on an outcome basis, after the written report is received and approved, and the provider submits documentation detailing each date of service, the activities performed that day, and the duration of each activity.

After an individual has received the service for the first time, re-authorization may occur a maximum of once per year (with a minimum 365-day interval between services) and only if the person, at the time of re-authorization, is not already engaged in individualized integrated employment or self-employment, or other services to obtain such employment.

2. Benefits Counseling:

A service designed to inform the individual (and guardian, conservator and/or family, if applicable) of the multiple pathways to ensuring individualized integrated employment or self- employment results in increased economic self-sufficiency (net financial benefit) through the use of various work incentives. This service should also repudiate myths and alleviate fears and concerns related to seeking and working in individualized integrated employment or self- employment through an accurate, individualized assessment. The service provides information to the individual (and guardian, conservator and/or family, if applicable) regarding the full array of available work incentives for essential benefit programs including SSI, SSDI, Medicaid, Medicare, ECF CHOICES, housing subsidies, food stamps, etc.

The service also will provide information and education to the person (and guardian, conservator and/or family, if applicable) regarding income reporting requirements for public benefit programs, including the Social Security Administration.

Benefits counseling provides work incentives counseling and planning services to persons actively considering or seeking individualized integrated employment or self-employment, or career advancement in either of these types of employment.

This service is provided by a certified Community Work Incentives Coordinator (CWIC) or certified Work Incentive Practitioner (WIP-C). In addition to ensuring this service is not otherwise available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.), ECF CHOICES may not fund this service if CWIC Benefits Counseling services funded through the Federal Work Incentives Planning and Assistance (WIPA) program are available to the individual.

Service must be provided in a manner that supports the person's communication style and 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 ability to communicate with a person who uses an assistive communication device.

Benefits Counseling services are ~~paid for on an hourly basis and limited in the following ways:~~ limited to 60 hours every 365 days.

~~a. Initial Benefits Counseling for someone actively considering or seeking individualized integrated employment or self-employment, or career advancement in these types of employment: up to twenty (20) hours. This service may be authorized no more than once every two (2) years (with a minimum of two 365-day intervals between services).~~

~~b. Supplementary Benefits Counseling for someone evaluating an individualized integrated job offer/promotion or self-employment opportunity: up to an additional six (6) hours. This service may be authorized up to three (3) times per year if needed.~~

~~c. PRN Problem-Solving services for someone to maintain individualized integrated employment or self-employment: up to eight (8) hours per situation requiring PRN assistance. This service may be authorized up to four (4) times per year if necessary for the individual to maintain individualized integrated employment or self-employment.~~

3. **Discovery**

4. **Situational Observation and Assessment**

5. **Job Development Plan or Self-Employment Plan**

6. **Job Development or Self-Employment Start-Up**

7. **Job Coaching**

8. **Co-Worker Supports**

9. **Career Advancement:**

10. **Stabilization and Monitoring.**

If the individual's support needs are one (1) hour per week or less, Job Coaching through monthly Stabilization and Monitoring will be authorized as defined and stated above. This requires a minimum of one (1) monthly face-to-face contact with the member, one (1) monthly contact with the employer (does not have to be face-to-face), and ability of the provider to respond as needed to prevent loss of individualized integrated employment or self-employment and, where necessary, pursue a change in service authorization as needed to address longer-term challenges to avoiding loss of employment/self-employment. Other contacts can occur as needed or requested but do not need to occur face-to-face.

Attachment L
Glossary of Terms for Katie Beckett Program

Minor Home Modifications (limited to children enrolled in Katie Beckett Part A or Part B): As defined in Attachment E with a limit of ~~$6,000 per project,~~ $10,000 per calendar year~~,~~ and $20,000 per lifetime.

Attachment C
Technical Corrections

VI. CHOICES, ECF CHOICES, KATIE BECKETT, AND MEDICAID DIVERSION ENROLLMENT

33. Operations of the TennCare CHOICES Programs.

f. Consumer Direction. CHOICES members who have been determined by a care coordinator, as a part of the needs assessment and plan of care processes, to require ~~attendant care,~~ personal care, in-home respite services, companion care or other services specified by the state as eligible for consumer direction, will have the opportunity to exercise decision-making authority regarding the workers who deliver these services (i.e., consumer direction of HCBS). The state will notify CMS in advance of any changes to the list of services eligible for consumer direction. All CHOICES members requiring these services will be offered the option to participate in consumer direction of HCBS. The consumer direction option will be organized and administered in accordance with best practices principles recognized by CMS as reflected in Attachment F.

Attachment E
Glossary of Terms for TennCare Choices

Consumer direction of eligible CHOICES HCBS. The opportunity for a member assessed to need specified types of HCBS including ~~attendant care,~~ personal care ~~visits~~, homemaker services (provided only as part of ~~attendant care or~~ personal care ~~visits~~), in- home respite care, companion care and/or any other service specified in TennCare rules and regulations as available for consumer direction to elect to direct and manage (or to have a representative direct and manage) certain aspects of the provision of such services—primarily, the hiring, firing, and day-to-day supervision of consumer directed workers delivering the needed service(s).

Homemaker services. Effective July 1, 2012, homemaker services are only available as part of ~~attendant care or~~ personal care ~~visits~~ for individuals who need hands-on assistance with ADLs. Services covered include general household activities and chores such as sweeping, mopping, and dusting in areas of the home used by the member, changing the member's linens, making the member's bed, washing the member's dishes, doing the member's personal laundry, ironing, or mending, meal preparation and/or educating caregivers about preparation of nutritious meals for the member, assistance with maintenance of safe environment, and errands such as grocery shopping and having the member's prescriptions filled. Homemaker services are to be provided only for the member (and not for other household members) and only when the member is unable to perform such activities and there is no other caregiver or household member available to perform such activities for the member.

Attachment D
Documentation of Public Notice

Notice of Change to the TennCare III Demonstration
Amendment 7

Published September 12, 2024

The Commissioner of the Tennessee Department of Finance & Administration is providing official notification of intent to file an amendment to the TennCare III demonstration. This amendment, which will be known as "Amendment 7," will be filed with the Centers for Medicare & Medicaid Services (CMS). In this amendment, Tennessee is proposing several changes to the demonstration that will enhance benefits, promote access to care, improve quality outcomes, and improve transparency and program administration.

Description of Amendment and Affected Populations

This proposed amendment consists of three primary components:

1. Covering the full continuum of care for individuals with serious mental illness (SMI) and serious emotional disturbance (SED),
2. Implementing an access/quality improvement program for hospitals, and
3. Improving home- and community-based services (HCBS) authorized under the demonstration.

Each of these proposals is described below.

1. Covering the full continuum of care for individuals with SMI and SED

In this demonstration amendment, Tennessee is proposing to amend the benefits package authorized under the demonstration to allow the state to cover the full continuum of care for individuals with serious mental illness (SMI) and serious emotional disturbance (SED). Specifically, Tennessee is requesting expenditure authority to cover services provided to individuals with SMI or SED who are receiving treatment in facilities that meet the federal definition of an institution for mental diseases (IMD). The state's objective in seeking this expenditure authority is to maintain beneficiary access to mental health treatment services in appropriate settings and to ensure that individuals receive care in the settings most appropriate to their needs.

2. Implementing an access/quality improvement program for hospitals

In this amendment, Tennessee is also requesting changes to support the implementation of an initiative to ensure access to hospital services for Medicaid

beneficiaries in Tennessee and improve the outcomes associated with hospital services provided to Medicaid beneficiaries. Hospital services are included within the managed care program authorized under the TennCare demonstration. In order to maintain and enhance access to hospital care for Medicaid beneficiaries in Tennessee, the state is partnering with hospitals in Tennessee to implement an access and quality improvement initiative. A key component of this initiative will be additional payments to hospitals that achieve agreed-upon quality performance benchmarks.

3. Improving Home- and Community-Based Services

The TennCare demonstration currently authorizes three programs of long-term services and supports (LTSS).

- CHOICES provides LTSS—including nursing facility services and HCBS—to seniors and to adults with physical disabilities.
- Employment and Community First CHOICES (or "ECF CHOICES") provides HCBS to individuals with intellectual or developmental disabilities.
- The Katie Beckett/Medicaid Diversion program provides supports to children with disabilities or other complex medical needs.

In this amendment, the state is proposing a number of changes to modernize and update the special terms and conditions (STCs) governing these programs. These changes are intended to improve the efficiency, transparency, and member experience of individuals served by these programs. In addition, the state is proposing a number of changes to enhance the HCBS available to individuals enrolled in these programs and to provide for greater flexibility in the use of HCBS benefits.

The HCBS improvements proposed in Amendment 7 are:

- Providing more flexibility in the use of minor home modifications by eliminating the per project limit on these modifications;
- Allowing exceptions to the applicable expenditure cap for persons in ECF CHOICES Group 6 with exceptional medical or behavioral needs so that such individuals may access supported employment services;
- Revising the definition of Benefits Counseling for CHOICES and ECF CHOICES;
- Adjusting the limit on Exploration in ECF CHOICES from 30 days to 60 days;
- Adding a definition for the Stabilization and Monitoring service in CHOICES and ECF CHOICES;

- Removing Rideshare/Community Transportation pre-authorization language for Employment and Day Supports in CHOICES;
- Updating language about the publishing of enrollment targets in CHOICES and ECF CHOICES to provide greater transparency;
- Updating outmoded language about transitions from CHOICES and 1915(c) waivers to ECF CHOICES;
- Removing unnecessary language that interferes with the state's ability to enroll people in ECF CHOICES Group 6; and
- Clarifying the data reporting requirements for ECF CHOICES and the Katie Beckett/Medicaid Diversion program to provide maximum transparency around both of these programs.

These proposed changes will support improved HCBS outcomes for persons enrolled in the demonstration's LTSS programs.

Expected Impact on Enrollment and Expenditures

Implementation of this amendment is not expected to result in changes to TennCare enrollment.

The state's request to cover services for individuals with SMI/SED residing in IMDs is expected to result in an increase of approximately $25 million in annual aggregate expenditures under the demonstration. The state's request to implement a hospital access/quality improvement program is expected to result in an increase of $2.5 billion in annual aggregate expenditures under the demonstration. The improvements to the demonstration's HCBS programs described in this amendment are not expected to result in material changes to aggregate expenditures under the demonstration.

Evaluation Impact

Tennessee will work with CMS to develop appropriate tools to guide the monitoring and evaluation processes associated with its coverage of services for persons receiving care for SMI/SED in IMDs. It is expected that the monitoring metrics agreed to by the state and CMS will be informed by and adhere closely to the monitoring metrics recommended by CMS for SMI/SED demonstrations. Likewise, Tennessee will work with CMS to modify the TennCare evaluation design to address these new authorities in a manner consistent with CMS guidance related to the evaluation of SMI/SED demonstrations.

With regard to the hospital access/quality improvement program, the state will work with the managed care group at CMS to identify appropriate evaluation metrics for the state-directed payment that will support the program, and will work with the state demonstrations group at CMS to ensure that those metrics are incorporated into the evaluation design.

The state does not anticipate modifying its evaluation design based on the proposed changes to the demonstration's HCBS programs. These changes are expected to contribute to key goals of the TennCare demonstration already reflected in the demonstration's evaluation design (currently under CMS review). These goals include enhancing coverage and benefits available under the TennCare demonstration and supporting access to safe and appropriate HCBS.

Waiver and Expenditure Authorities Requested

All waiver and expenditure authorities currently approved for the TennCare demonstration will continue to be in effect. To effectuate the changes described in this amendment for individuals with SMI/SED, the state requests expenditure authority under Section 1115(a)(2) of the Social Security Act to cover medically necessary services furnished to individuals with SMI/SED under age 65 enrolled in TennCare who are receiving treatment in a facility that meets the definition of an IMD.

The state is not proposing any new waiver or expenditure authorities to implement a hospital access/quality improvement program. Rather, the state is seeking an adjustment to the demonstration's expenditures and budget neutrality framework.

Tennessee is not proposing any new waiver or expenditure authorities to effectuate the proposed changes to the demonstration's HCBS programs. These modifications will involve changes and clarifications to the demonstration's existing special terms and conditions.

Public Notice Process

TennCare has taken a variety of steps to ensure that members of the public are notified of Amendment 7. These measures include the development and maintenance of this webpage, as well as notices published in newspapers of general circulation in Tennessee communities with 50,000 or more residents. TennCare has disseminated information about the proposed amendment via its social media accounts (e.g., Facebook, Twitter). TennCare has also notified members of the Tennessee General Assembly of its intent to submit Amendment 7.

Public Input Process

TennCare is seeking feedback on Amendment 7 prior to its submission to CMS. Members of the public are invited to offer comments regarding Amendment 7 from September 12, 2024, through October 11, 2024.

Members of the public who wish to comment on the proposed amendment may do so through either of the following options:

- Comments may be sent by email to public.notice.tenncare@tn.gov.
- Comments may be mailed to

Aaron Butler, Director of Policy
Division of TennCare
310 Great Circle Road
Nashville, TN 37243.

TennCare always appreciates input. In order to be considered for the final draft of Amendment 7, feedback must be received no later than October 11, 2024. Individuals wishing to view comments submitted by members of the public may submit their requests to the same physical address and/or email address at which comments are being accepted.

Draft of Amendment 7

A draft of TennCare's proposed demonstration amendment is located at https://www.tn.gov/content/dam/tn/tenncare/documents2/DraftVersionOfAmendment7.pdf. Copies of the draft amendment are also available in each county office of the Tennessee Department of Health. Once comments received during the public input period have been reviewed and considered, a final draft of the amendment will be prepared. The final draft will be submitted to CMS and will then be made available through the webpage located at https://www.tn.gov/tenncare/policy-guidelines/waiver-and-state-plan-public-notices.html.

TennCare Page on CMS Web Site

As the federal agency with oversight authority over all Medicaid programs, CMS offers its own online resources regarding the TennCare demonstration. Interested parties may view these materials at https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/waivers_faceted.html.

TennCare
Published by Amy Sherman Lawrence
· September 13 at 3:37 PM ·

A public comment period is open for Amendment 7 to the TennCare III demonstration. Amendment 7 will enhance benefits, promote access to care, improve quality outcomes, and improve transparency and program administration. This proposed amendment consists of three primary components: 1. Covering the full continuum of care for individuals with serious mental illness (SMI) and serious emotional disturbance (SED), 2. Implementing an access/quality improvement program for hospitals... See more

TennCare @TennCare · Sep 13

A public comment period is open for Amendment 7 to the TennCare III demonstration. Amendment 7 will cover the full continuum of care for individuals with SMI & SED, implement an access/quality improvement program for hospitals, & improve HCBS authorized under the demonstration.

Chattanooga Times Free Press

Account #: AP105178
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310 GREAT CIRCLE RD
NASHVILLE, TN 37243
Ad number #: 439799
PO #:
Matter of: Notice of Change in TennCare III Demonst

AFFIDAVIT • STATE OF TENNESSEE • HAMILTON COUNTY

Before me personally appeared Samara Swafford, who being duly sworn that she is the Legal Sales Representative of the CHATTANOOGA TIMES FREE PRESS, and that the Legal Ad of which the attached is a true copy, has been published in the above named newspaper and on the corresponding newspaper website on the following dates, to-wit:

Times Free Press 09/14/24; TimesFreePress.com 09/14/24

And that there is due or has been paid the CHATTANOOGA TIMES FREE PRESS for publication the sum of $240.30.

[redacted]

Sworn to and subscribed before me this date:16th day of September, 2024

[redacted]

My Commission Expires 12/14/2026

Chattanooga Times Free Press

400 EAST 11TH ST
CHATTANOOGA, TN 37403

Notice of Change in TennCare III Demonstration
Amendment 7

The Commissioner of the Tennessee Department of Finance & Administration is providing official notification, pursuant to 59 Fed. Reg. 49249, of intent to file an amendment to the TennCare III demonstration. The amendment, which will be known as "Amendment 7," will be filed with the Centers for Medicare and Medicaid Services (CMS), a federal agency located in Baltimore, Maryland.

Amendment 7 consists of the following three components: (1) obtaining expenditure authority to cover services provided to individuals with serious mental illness and serious emotional disturbance who are receiving treatment in facilities that meet the federal definition of an institution for mental diseases; (2) implementing an access/quality improvement program for Tennessee hospitals; and (3) improving the home- and community-based services (HCBS) available under the demonstration.

Amendment 7 is not expected to result in changes to TennCare enrollment. Coverage of services for individuals with serious mental illness and serious emotional disturbance as proposed in Amendment 7 is expected to result in an increase of approximately $25 million in annual aggregate expenditures under the demonstration. The state's request to implement a hospital access/quality improvement program as described in Amendment 7 is expected to result in an increase of $2.5 billion in annual aggregate expenditures under the demonstration.

The full public notice associated with this amendment, including a comprehensive description of the amendment, is available on the TennCare website at https://www.tn.gov/content/dam/tn/tenncare/documents2/Amendment7ComprehensiveNotice.pdf.

Members of the public who wish to comment on TennCare's proposal may send written comments by mail to Mr. Aaron Butler, Director of Policy, Division of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243, or by email to public.notice.tenncare@tn.gov. Persons wishing to review copies of written comments received may submit their requests to the same email and/or physical address. The last day on which comments will be accepted is October 11, 2024.

Copies of this notice will be available in each county office of the Tennessee Department of Health.

We do not treat people in a different way because of their race, color, birthplace, language, age, disability, religion, or sex. https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html

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PO Box 631340 Cincinnati, OH 45263-1340

AFFIDAVIT OF PUBLICATION

Jonathan Reeve
Tenncare Bureau State Of Tennessee
310 Great Circle RD
Nashville TN 37243-1700

STATE OF WISCONSIN, COUNTY OF BROWN

The Commercial Appeal, a newspaper published in the city of Memphis, Shelby County, State of Tennessee, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue dated and was published on the publicly accessible website:

09/17/2024

and that the fees charged are legal.
Sworn to and subscribed before on 09/17/2024

[redacted]

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Notary, State of WI, County of Brown

5.15.27

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Notary Public
State of Wisconsin

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PO Box 631340 Cincinnati, OH 45263-1340

AFFIDAVIT OF PUBLICATION

Jonathan Reeve
Attn: Jonathan Reeve
Bureau Of Tenncare
310 Great Circle Rd
Nashville TN 37243-1700

STATE OF WISCONSIN, COUNTY OF BROWN

The Jackson Sun, a newspaper published in the city of Jackson, Madison County, State of Tennessee, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue dated and was published on the publicly accessible website:

09/18/2024

and that the fees charged are legal.
Sworn to and subscribed before on 09/18/2024

[redacted]

Legal Clerk

Notary, State of WI, County of Brown

8.15.26

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Affidavit of Publication
JOHNSON CITY PRESS
105 East Walnut Street • Johnson City
County of Washington, State of Tennessee

I, Ron Waite, being duly sworn upon oath, deposes and state that I am the publisher of the Johnson City Press, a daily newspaper published in the City of Johnson City, County of Washington, in the State of Tennessee. This Legal Notice contains a true and correct copy of what was published in the regular edition of said newspaper, in consecutive issues on the following dates:

Publication Dates: 09/18/2024

Ad#: 6119 TennCare Amend. 7

[redacted]

Ron Waite

Signed and sworn to before me
on 09/18/2024

[redacted]

Rose Lynn Brooks - Notary Public
My commission expires: July 19, 2025

This legal notice was published online at www.johnsoncitypress.com and www.tnpublicnotice.com during the dates listed.
This publication fully complies with Tennessee Code.

Notice of Change in TennCare III Demonstration
Amendment 7

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PUB. 1T: 9/18/2024

Legals

IN THE CHANCERY COURT
PROBATE DIVISION
FOR CARTER COUNTY AT
ELIZABETHTON, TENNESSEE

PROBATE # P240182

PRISCILLA MADGE BAILEY
NOTICE TO CREDITORS

Notice is hereby given that on the 13th day of September, 2024, Letters of Testamentary in respect of the Estate of Priscilla Madge Bailey, who died August 24, 2024, were issued to the undersigned by the Probate Court, of Carter County Tennessee. All persons, resident and nonresident, having claims, matured or unmatured, against the estate are required to file the same with the clerk of the above court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:

1. (A) Four months from the date of the first publication of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication

or
(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than (60) days prior to the date that is four (4) months from the date of the first publication as described in (1) (A): or
2. Twelve months from the decedent's date of death.

This 13th day of September, 2024

Mark Wayne Bailey
John Matthew Bailey
Co-Personal Representatives

Priscilla Madge Bailey
Deceased

Allen, Nelson and Bowers
By Gregory H. Bowers
And John L. Bowers, III
Attorneys for the Estate
619 East Elk Avenue
Elizabethton, TN 37643
(423) 542-4154

Andrew J. LaPorte
Clerk & Master

PUB 2T: 09/18/2024, 09/25/2024

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Lots of stuff! Follow Signs.

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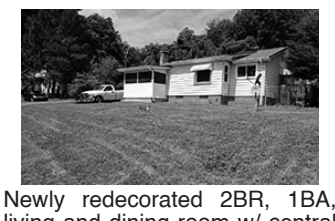

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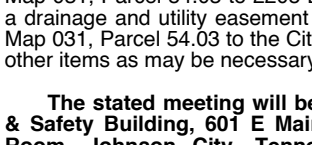

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630 Houses for Rent

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Large house, one level, 3BR 1BA, newly remodeled, dining room, large kitchen w/ lots of cabinets, central H&A, smoke detectors and new blinds, stove, refrigerator, washer / dryer, new vinyl flooring, storage area, large lot, no smoking, 1 year lease, NO PETS.
$1,400/ dep $1,400 / rent.
Call 423-502-1154

A MOVE into a new home or apartment is a very real possibility-if you shop for it in today's classifieds.

Industrial Development Board of the City of Johnson City, Tennessee - Special Called Meeting

Notice is hereby given that the Industrial Development Board of the City of Johnson City, Tennessee ("JCIDB") will have a special called meeting, the purpose of which is to consider the following items:

1. The proposed grant agreement between JCIDB and The Katz Group Americas, Inc.; the conveyance of excess land identified as Tax Map 031, Parcel 54.03 to 2205 Eddie Williams, LLC, the conveyance of a drainage and utility easement located on the parcel identified as Tax Map 031, Parcel 54.03 to the City of Johnson City, Tennessee and such other items as may be necessary for the consideration of the foregoing.

The stated meeting will be held at the Johnson City Municipal & Safety Building, 601 E Main Street, Administration Conference Room, Johnson City, Tennessee, on September 20, 2024 @ 9:30AM.

To be recognized for comment on the agenda, you must sign up at least 12-hours in advance of the meeting start time at **https://www.johnsoncitytn.org/index.php.**

PUB. 1T: 9/18/2024

SPORTS REPORTER

Six Rivers Media, LLC, a digital-first company serving Northeast Tennessee and Scott County, Virginia, seeks a dynamic and versatile sports reporter.

SRM needs a reporter who will go beyond game stories, someone who will dig into the numbers to discover hidden trends lurking beneath the surface. We need someone who will write engaging feature and enterprise stories that emphasize the human element.

We are looking for a reporter who embraces investigative sports journalism, someone who can deliver thoughtful analysis that tells readers where the story is going next.

Other duties include game coverage, mastery of social media and a knack for building an audience for all Six Rivers Media newspapers and websites. This reporter needs to break news that others follow.

This reporter needs to work as part of a team that serves two daily newspapers in Kingsport and Johnson City and three weeklies in Jonesborough, Erwin and Mountain City, all located in Tennessee.

A few qualities we LOVE:
-The ability to work in a deadline-driven environment
-Multitask while being highly organized and detail oriented
-Effectively shoot and edit photos and videos
-Post stories to social media platforms and websites
-Generate story ideas to entertain and engage our audience
-Identify, cultivate and develop sources within the community and region
-Knowledge of AP style is a plus

One quality we insist upon:
-Report accurate and informative stories

Applicants with a bachelor's degree in journalism or communications are highly prized.

SRM is a family-owned company that is firmly committed to our printed product. We care about both our subscriber audiences in print and online.

Interested candidates should email their cover letter, resume and writing samples to Content Director Rob Walters,
rwalters@sixriversmedia.com

Notice of Change in TennCare III Demonstration Amendment 7

The Commissioner of the Tennessee Department of Finance & Administration is providing official notification, pursuant to 59 Fed. Reg. 49249, of intent to file an amendment to the TennCare III demonstration. The amendment, which will be known as "Amendment 7," will be filed with the Centers for Medicare and Medicaid Services (CMS), a federal agency located in Baltimore, Maryland.

Amendment 7 consists of the following three components: (1) obtaining expenditure authority to cover services provided to individuals with serious mental illness and serious emotional disturbance who are receiving treatment in facilities that meet the federal definition of an institution for mental diseases; (2) implementing an access/quality improvement program for Tennessee hospitals; and (3) improving the home- and community-based services (HCBS) available under the demonstration.

Amendment 7 is not expected to result in changes to TennCare enrollment. Coverage of services for individuals with serious mental illness and serious emotional disturbance as proposed in Amendment 7 is expected to result in an increase of approximately $25 million in annual aggregate expenditures under the demonstration. The state's request to implement a hospital access/quality improvement program as described in Amendment 7 is expected to result in an increase of $2.5 billion in annual aggregate expenditures under the demonstration.

The full public notice associated with this amendment, including a comprehensive description of the amendment, is available on the TennCare website at **https://www.tn.gov/content/dam/tn/tenncare/documents2/Amendment7ComprehensiveNotice.pdf.**

Members of the public who wish to comment on TennCare's proposal may send written comments by mail to Mr. Aaron Butler, Director of Policy, Division of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243, or by email to **public.notice.tenncare@tn.gov.** Persons wishing to review copies of written comments received may submit their requests to the same email and/or physical address. The last day on which comments will be accepted is October 11, 2024.

Copies of this notice will be available in each county office of the Tennessee Department of Health.

We do not treat people in a different way because of their race, color, birthplace, language, age, disability, religion, or sex. **https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html**

PUB. 1T: 9/18/2024

TS#: 2024-10659-TN
Notice Of Substitute Trustee's Sale

Whereas, Quentin B. Furches, joined by non titled spouse Amy Denise Furches, signing to waive homestead rights only, by Deed of Trust (the "Deed of Trust"), dated 4/14/2022 and of record in Deed Book 1097, Pages 2283-2301, and as Instrument Number 22007652, in Register's Office of Washington County, Tennessee, conveyed to Mark Rosser, Trustee, for the benefit of Mortgage Electronic Registration Systems, Inc., as Beneficiary, as nominee for Freedom Mortgage Corporation, its successors and assigns, the hereinafter described real property to secure the payment of a certain Promissory Note (the "Note") described in the Deed of Trust, which Note was payable to Freedom Mortgage Corporation, and subsequently assigned to Freedom Mortgage Corporation, and Whereas, Nestor Solutions of Tennessee, LLC has been duly appointed Substitute Trustee by the owner and holder of the Note by instrument recorded in Deed Book 1168, Pages 2737-2739 and as Instrument Number 24013062 in Register's Office of Washington County, Tennessee; and Whereas, default has been made in the payment of the Note; and Whereas, the owner and holder of the Note has demanded that the hereinafter described real property be advertised and sold in satisfaction of the indebtedness and costs of foreclosure in accordance with the terms and provisions of the Note and Deed of Trust. The notice requirements of T.C.A. §35-5-101 and 35-5-104 have been satisfied. Now, Therefore, notice is hereby given that an agent of Nestor Solutions of Tennessee, LLC, Substitute Trustee, pursuant to the power, duty, and authority vested in and conferred by the Deed of Trust, will proceed to sell the below-mentioned property on 11/4/2024, at 11:00 AM at the Front Entrance of the Washington County Courthouse, 100 East Main Street, Jonesborough, TN 37659, will be sold to the highest call bidder for cash free from all legal, equitable and statutory rights of redemption, exemptions of homestead, rights by virtue of marriage, and all other exemptions of every kind, all of which have been waived in the Deed of Trust, certain real property located in Washington County, Tennessee, described as follows: Situate, Lying And Being In The 5th Civil District Of Washington County, Tennessee, And Is More Particularly Described As Follows, To Wit: Being All Of Lot 1, Containing 1.38 Acres, More Or Less, As Shown On Plat Of Map Of Record In Plat Book 21, Page 194 In The Washington County Register Of Deeds. The street address of the above-described property is believed to be 1610 Highway 11 E, Jonesborough, TN 37659, but if such address is not part of the legal description of the property sold herein and in the event of any discrepancy, the legal description herein shall control. This sale is subject to all matters shown on any applicable recorded plat; any unpaid taxes; any restrictive covenants, easements or setback lines that may be applicable; any statutory rights of redemption of any governmental agency, state or federal; any prior liens or encumbrances as well as any priority created by a fixture filing; and to any matter that an accurate survey of the premises might disclose. In addition, the following parties may claim an interest in the above-referenced property: Owner of Property: Quentin B. Furches The sale is subject to occupant(s) rights in possession of the premises. All right of equity of redemption, statutory and otherwise, and homestead are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. If the sale is set aside for any reason, the purchaser at the sale shall be entitled only to a return of the purchase price. The purchaser shall have no further record against the grantor, the grantee or the trustee. Publication Dates: 9/18/2024, 9/25/2024, and 10/2/2024. Nestor Solutions of Tennessee, LLC, Substitute Trustee 214 5th Street, Suite 205 Huntington Beach, California 92648 Phone: (888) 403-4115 TS#: 2024-10659-TN

Household Item For Sale Ads Are FREE!

Policy for Free Item for Sale ads:

Subscribers to the Johnson City Press may have up to five ads per week. Each ad will be published three consecutive days of our choice in the Johnson City Press.

Each ad is limited to seven lines. All ads must list the price of the item and cannot exceed **$200**.

The following types of ads are excluded from this offer: Yard Sales, Vehicles, Food, Pets, Bulk items, real estate, rentals.

Ways to submit your ads: (no phone calls)

Email to: freeads@johnsoncitypress.com

Mail or Drop off to: Free Ads c/o Johnson City Press
105 E. Walnut St # 10
Johnson City, TN 37601

Ads may be picked up into any other Six River Media newspapers for $2.00 per ad per publication.

It may take up to three business days for free ads to begin appearing in the newspaper.

LocaliQ
Tennessee
GANNETT

PO Box 631340 Cincinnati, OH 45263-1340

AFFIDAVIT OF PUBLICATION

Jonathan Reeve
Tenncare Bureau State Of Tennessee
310 Great Circle RD
Nashville TN 37243-1700

STATE OF WISCONSIN, COUNTY OF BROWN

The Knoxville News-Sentinel, a daily newspaper published in the city of Knoxville, Knox County, State of Tennessee, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue dated and was published on the publicly accessible website:

09/18/2024

and that the fees charged are legal.
Sworn to and subscribed before on 09/18/2024

[redacted]

Legal Clerk

[redacted]

Notary, State of WI, County of Brown

5.15.27

My commission expires

Publication Cost:	$208.47	
Tax Amount:	$0.00	
Payment Cost:	$208.47	
Order No:	10574237	# of Copies:
Customer No:	1331629	1
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NANCY HEYRMAN
Notary Public
State of Wisconsin

Notice of Change in TennCare III Demonstration Amendment 7

The Commissioner of the Tennessee Department of Finance & Administration is providing official notification, pursuant to 59 Fed. Reg. 49249, of intent to file an amendment to the TennCare III demonstration. The amendment, which will be known as "Amendment 7," will be filed with the Centers for Medicare and Medicaid Services (CMS), a federal agency located in Baltimore, Maryland.

Amendment 7 consists of the following three components: (1) obtaining expenditure authority to cover services provided to individuals with serious mental illness and serious emotional disturbance who are receiving treatment in facilities that meet the federal definition of an institution for mental diseases; (2) implementing an access/quality improvement program for Tennessee hospitals; and (3) improving the home- and community-based services (HCBS) available under the demonstration.

Amendment 7 is not expected to result in changes to TennCare enrollment. Coverage of services for individuals with serious mental illness and serious emotional disturbance as proposed in Amendment 7 is expected to result in an increase of approximately $25 million in annual aggregate expenditures under the demonstration. The state's request to implement a hospital access/quality improvement program as described in Amendment 7 is expected to result in an increase of $2.5 billion in annual aggregate expenditures under the demonstration.

The full public notice associated with this amendment, including a comprehensive description of the amendment, is available on the TennCare website at https://www.tn.gov/content/dam/tn/tenncare/documents2/Amendment7ComprehensiveNotice.pdf.

Members of the public who wish to comment on TennCare's proposal may send written comments by mail to Mr. Aaron Butler, Director of Policy, Division of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243, or by email to public.notice.tenncare@tn.gov. Persons wishing to review copies of written comments received may submit their requests to the same email and/or physical address. The last day on which comments will be accepted is October 11, 2024.

Copies of this notice will be available in each county office of the Tennessee Department of Health.

We do not treat people in a different way because of their race, color, birthplace, language, age, disability, religion, or sex. https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html

LocaliQ
Tennessee
GANNETT

PO Box 631340 Cincinnati, OH 45263-1340

AFFIDAVIT OF PUBLICATION

Jonathan Reeve
Attn: Jonathan Reeve
Bureau Of Tenncare
310 Great Circle Rd
Nashville TN 37243-1700

STATE OF WISCONSIN, COUNTY OF BROWN

The Leaf Chronicle, a newspaper published in the city of Clarksville, Montgomery County, State of Tennessee, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue dated and was published on the publicly accessible website:

09/18/2024

and that the fees charged are legal.
Sworn to and subscribed before on 09/18/2024

[redacted]

Legal Clerk

[redacted]

Notary, State of WI, County of Brown

8·25·26

My commission expires

Publication Cost:	$335.00
Tax Amount:	$0.00
Payment Cost:	$335.00
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MARIAH VERHAGEN
Notary Public
State of Wisconsin

10574103

Notice of Change in TennCare III Demonstration Amendment 7

The Commissioner of the Tennessee Department of Finance & Administration is providing official notification, pursuant to 59 Fed. Reg. 49249, of intent to file an amendment to the TennCare III demonstration. The amendment, which will be known as "Amendment 7," will be filed with the Centers for Medicare and Medicaid Services (CMS), a federal agency located in Baltimore, Maryland.

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LocaliQ
Tennessee
GANNETT

PO Box 631340 Cincinnati, OH 45263-1340

AFFIDAVIT OF PUBLICATION

Jonathan Reeve
Attn: Jonathan Reeve
Bureau Of Tenncare
310 Great Circle Rd
Nashville TN 37243-1700

STATE OF WISCONSIN, COUNTY OF BROWN

The Tennessean, a newspaper published in the city of Nashville, Davidson County, State of Tennessee, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue dated and was published on the publicly accessible website:

09/18/2024

and that the fees charged are legal.
Sworn to and subscribed before on 09/18/2024

[redacted]
Legal Clerk

[redacted]
Notary, State of WI, County of Brown

8.25.26
My commission expires

Publication Cost:	$1154.00	
Tax Amount:	$0.00	
Payment Cost:	$1154.00	
Order No:	10574058	# of Copies:
Customer No:	1329949	1
PO #:		

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MARIAH VERHAGEN
Notary Public
State of Wisconsin

10574058
Notice of Change in TennCare III Demonstration Amendment 7

The Commissioner of the Tennessee Department of Finance & Administration is providing official notification, pursuant to 59 Fed. Reg. 49249, of intent to file an amendment to the TennCare III demonstration. The amendment, which will be known as "Amendment 7," will be filed with the Centers for Medicare and Medicaid Services (CMS), a federal agency located in Baltimore, Maryland.

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STATE OF TENNESSEE
COUNTY OF OBION

Personally appeared before me, the undersigned Notary Public for Obion County, Tennessee, Tina Isbell, who on oath says he/she is the Classified Advertising Manager of the Union city Daily Messenger, a weekly newspaper of general circulation, published at Union City in said county and state, and that the hereto attached

Legal Notice-TennCare III Demonstration Amendment 7

Notice was published in said paper for 1 days/weeks as follows

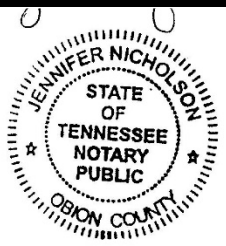
September 18, 2024.

Classified Advertising Manager [redacted]

Publisher's Fee $220.89.

Subscribed and sworn to me this 18th day of September, 2024.

Notary Public [redacted]



My Commission Expires
July 28, 2027

The Messenger

CLASSIFIEDS

Misc. For Sale • Services • Real Estate • Help Wanted

Legal

ESTATE OF
Jackie Randall Tuck,
DECEASED
CASE # 35827

NOTICE TO CREDITORS

NOTICE IS HEREBY GIVEN that on the 26th day of August, 2024 Letters Testamentary in respect of the estate of Jackie Randall Tuck who died June 4, 2024 was issued to the undersigned by the Chancery Court of Obion County, Tennessee. All persons, resident and nonresident, having claims, matured or unmatured, against the estate are required to file the same with the clerk of the above named court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:
(1)
(A) Four (4) months from the date of the first publication (or posting, as the case may be) of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication (or posting); or
(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of first publication (or posting) as described in (1)(A); or
(2) Twelve (12) months from the decedent's date of death.
This the 4th day of September, 2024.
/s/ Craig McManus
Executor
Taylor Hatcher Smith
Attorney for the Estate
Emily Hall
Emily Hall,
Clerk and Master
09/11/2024, 09/18/2024

Legal

ESTATE OF
Martha Carole Nichols,
DECEASED
CASE # 35830

NOTICE TO CREDITORS

NOTICE IS HEREBY GIVEN that on the 30th day of August, 2024 Letters of Administration in respect of the estate of Martha Carole Nichols who died September 8, 2022 was issued to the undersigned by the Chancery Court of Obion County, Tennessee. All persons, resident and nonresident, having claims, matured or unmatured, against the estate are required to file the same with the clerk of the above named court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:
(1)
(A) Four (4) months from the date of the first publication (or posting, as the case may be) of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication (or posting); or
(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of first publication (or posting) as described in (1)(A); or
(2) Twelve (12) months from the decedent's date of death.
This the 4th day of September, 2024.
/s/ Robert Lester Nichols
Administrator
Judy B. Barker
Attorney for the Estate
Emily Hall
Emily Hall,
Clerk and Master
09/11/2024, 09/18/2024

Legal

ESTATE OF
Wallace Robert Straus,
DECEASED
CASE # 35828

NOTICE TO CREDITORS

NOTICE IS HEREBY GIVEN that on the 27th day of August, 2024 Letters Testamentary in respect of the estate of Wallace Robert Straus who died July 31, 2024 was issued to the undersigned by the Chancery Court of Obion County, Tennessee. All persons, resident and nonresident, having claims, matured or unmatured, against the estate are required to file the same with the clerk of the above named court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:
(1)
(A) Four (4) months from the date of the first publication (or posting, as the case may be) of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication (or posting); or
(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of first publication (or posting) as described in (1)(A); or
(2) Twelve (12) months from the decedent's date of death.
This the 4th day of September, 2024.
/s/ Robin Mooney
Executrix
Steve Conley
Attorney for the Estate
Emily Hall
Emily Hall,
Clerk and Master
09/11/2024, 09/18/2024

Legal

IN THE CHANCERY COURT OF OBION COUNTY TENNESSEE AT UNION CITY

NO: 35,829

IN RE:

ZAIDEN ANTHONY SAUCEDO
D.O.B.: MAY 17, 2015

AND

MINNIE RENEE ROBINSON
D.O.B.: APRIL 15, 2016

JOSEPH C. McCOY
PETITIONER
VS.
URIAH KEITH ROBINSON
AND
ANY UNKNOWN OR UNASCERTAIN FATHER FOR ZAIDEN ANTHONY SAUCEDO
RESPONDENTS

NOTICE OF PUBLICATION

IN THIS CAUSE, IT APPEARING FROM THE PETITION WHICH IS SWORN TO, THAT THE WHEREABOUTS OF THE RESPONDENT IN THIS MATTER, ANY UNKNOWN OR UNASCERTAIN FATHER FOR ZAIDEN ANTHONY SAUCEDO, ARE UNKNOWN, AND THE COURT HAS DIRECTED SERVICE BY PUBLICATION UPON THAT RESPONDENT IN THIS MATTER.
THEREFORE, YOU ARE HEREBY REQUIRED TO SERVE UPON BEAU E. PEMBERTON, PETITIONER'S ATTORNEY, WHOSE ADDRESS IS P.O. BOX 789, DRESDEN, TN 38225, AN ANSWER TO THE PETITION FILED IN THIS CAUSE, WITHIN THIRTY (30) DAYS OF THE PUBLICATION OF THIS NOTICE IN ACCORDANCE WITH APPLICABLE TENNESSEE LAW.
IF YOU FAIL TO DO SO, JUDGMENT BY DEFAULT WILL BE TAKEN AGAINST YOU FOR THE RELIEF DESCRIBED IN THE PETITION. A COPY OF SAID PETITION MAY BE OBTAINED FROM THE CLERK AND MASTER OF SAID COURT.
IT IS FURTHER ORDERED THAT THIS NOTICE BE PUBLISHED FOR FOUR (4) CONSECUTIVE WEEKS IN THE UNION CITY DAILY MESSENGER.
ENTERED THIS 3rd DAY OF SEPTEMBER, 2024

BEAU E. PEMBERTON,
BPR # 27461
BRADBERRY AND PEMBERTON ATTORNEY
FOR PETITIONER
P.O. BOX 789
DRESDEN, TN 38225
(731) 364-5411

EMILY HALL
CLERK AND MASTER
09/11/2024, 09/18/2024, 09/25/2024, 10/02/2024

Legal

Notice

NOTICE is hereby given that a meeting is being held by the Planning and Codes Department regarding the condemnation of 613 N Fourth Street. This hearing is being held as required by the "Slum Clearance Ordinance 223-21" of the City of Union City at 408 S. Depot Street on 09/24/2024 at 10:00 AM. All persons having an interest in the property listed above may contact the building inspector at the Planning and Codes Department at 731-885-0918.
09/11/2024, 09/18/2024

Legal

Obion County is accepting bids for a new 50x50x14 metal building at the Obion County Law Enforcement Complex located at 1 Law Lane, Union City, TN 38261. For more information or request an electronic bid packet, contact the Obion County Mayor's Office at 731-885-8580 or email ocp@obioncountytn.gov. Obion County Government reserves the right to accept and/or reject any and all bids in whole or in part and to waive any irregularities in any bid. Bids must be received before and the public bid opening will be at 2pm, Thursday, October 3, 2024, at the Obion County Mayor's Office, 316 S. 3rd Street, Union City, TN 38261.
09/18/2024

Legal

Obion County is accepting bids for a new roof at the Obion County Board of Education Administrative Building located at 1700 N. 5th Street, Union City, TN 38261. Job includes removal of current roofing material (PVC, EPDM, and recovery board) and replacement with preferred 60 mil TPO. For more information or request an electronic bid packet, contact the Obion County Mayor's Office at 731-885-8580 or email ocp@obioncountytn.gov. Obion County Government reserves the right to accept and/or reject any and all bids in whole or in part and to waive any irregularities in any bid. Bids must be received before and the public bid opening will be at 12pm(noon), Wednesday, October 2, 2024, at the Obion County Mayor's Office, 316 S. 3rd Street, Union City, TN 38261.
09/18/2024

Legal

ESTATE OF
Jenny Kay Courtright,
DECEASED
CASE # 35838

NOTICE TO CREDITORS

NOTICE IS HEREBY GIVEN that on the 3rd day of September, 2024 Letters of Administration in respect of the estate of Jenny Kay Courtright who died June 20, 2024 was issued to the undersigned by the Chancery Court of Obion County, Tennessee. All persons, resident and nonresident, having claims, matured or unmatured, against the estate are required to file the same with the clerk of the above named court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:
(1)
(A) Four (4) months from the date of the first publication (or posting, as the case may be) of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication (or posting); or
(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of first publication (or posting) as described in (1)(A); or
(2) Twelve (12) months from the decedent's date of death.
This the 12th day of September, 2024.
/s/Kenneth Ray Courtright
Administrator
Judy B. Barker
Attorney for the Estate
Emily Hall
Emily Hall,
Clerk and Master
09/18/2024, 09/25/2024

Legal

ESTATE OF
William Eugen Hawkins,
DECEASED
CASE # 35835

NOTICE TO CREDITORS

NOTICE IS HEREBY GIVEN that on the 30th day of August, 2024 Letters of Administration in respect of the estate of William Eugene Hawkins who died August 2, 2024 was issued to the undersigned by the Chancery Court of Obion County, Tennessee. All persons, resident and nonresident, having claims, matured or unmatured, against the estate are required to file the same with the clerk of the above named court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:
(1)
(A) Four (4) months from the date of the first publication (or posting, as the case may be) of this notice if the creditor received an actual copy of this notice to creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication (or posting); or
(B) Sixty (60) days from the date the creditor received an actual copy of the notice to creditors if the creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of first publication (or posting) as described in (1)(A); or
(2) Twelve (12) months from the decedent's date of death.
This the 12th day of September, 2024.
/s/ Aaron Scott Hawkins
Administrator
John L. Warner, Jr.
Attorney for the Estate
Emily Hall
Emily Hall,
Clerk and Master
09/18/2024, 09/25/2024

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Notice of Change in TennCare III Demonstration Amendment 7

The Commissioner of the Tennessee Department of Finance & Administration is providing official notification, pursuant to 59 Fed. Reg. 49249, of intent to file an amendment to the TennCare III demonstration. The amendment, which will be known as "Amendment 7," will be filed with the Centers for Medicare and Medicaid Services (CMS), a federal agency located in Baltimore, Maryland.
Amendment 7 consists of the following three components: (1) obtaining expenditure authority to cover services provided to individuals with serious mental illness and serious emotional disturbance who are receiving treatment in facilities that meet the federal definition of an institution for mental diseases; (2) implementing an access/quality improvement program for Tennessee hospitals; and (3) improving the home- and community-based services (HCBS) available under the demonstration.
Amendment 7 is not expected to result in changes to TennCare enrollment. Coverage of services for individuals with serious mental illness and serious emotional disturbance as proposed in Amendment 7 is expected to result in an increase of approximately $25 million in annual aggregate expenditures under the demonstration. The state's request to implement a hospital access/quality improvement program as described in Amendment 7 is expected to result in an increase of $2.5 billion in annual aggregate expenditures under the demonstration.
The full public notice associated with this amendment, including a comprehensive description of the amendment, is available on the TennCare website at https://www.tn.gov/content/dam/tn/tenncare/documents2/Amendment7ComprehensiveNotice.pdf.
Members of the public who wish to comment on TennCare's proposal may send written comments by mail to Mr. Aaron Butler, Director of Policy, Division of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243, or by email to public.notice.tenncare@tn.gov. Persons wishing to review copies of written comments received may submit their requests to the same email and/or physical address. The last day on which comments will be accepted is October 11, 2024.
Copies of this notice will be available in each county office of the Tennessee Department of Health.
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Legal

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SUDOKU

PUZZLE NO. 990

LEVEL: ADVANCED

			7					2
	7	3						1
			8	4				
						1		9
					5		3	8
						7		
	2				9			
5		9		3			2	
8	1		6		2		5	

HOW TO PLAY:

Fill in the grid so that every row, every column and every 3x3 box contains the numbers 1 through 9 only once.

Each 3x3 box is outlined with a darker line. You already have a few numbers to get you started. Remember: you must not repeat the numbers 1 through 9 in the same line, column or 3x3 box.

ANSWER TO PUZZLE NO. 990

3	5	9	2	7	6	4	1	8
7	2	8	4	1	3	9	6	5
4	1	6	9	8	5	7	2	3
5	6	7	8	2	3	1	4	9
8	9	4	1	3	7	2	5	6
1	3	2	5	6	9	8	7	4
6	4	5	3	9	8	2	1	7
9	8	3	7	5	2	6	4	1
2	7	1	6	4	1	5	9	3

Attachment E
Public Comments

TENNESSEE DISABILITY COALITION

The lifting power of many wings can achieve twice the distance of flying alone.

Mr. Stephen Smith
Director of TennCare
Tennessee Department of Finance and Administration
310 Great Circle Road
Nashville, TN 37243

Dear Mr. Smith,

Thank you for the opportunity to comment on the proposed Amendment 7 to the TennCare III demonstration project. The Tennessee Disability Coalition is an alliance of organizations and individuals who have joined to promote the full and equal participation of Tennesseans with disabilities in all aspects of life. We work together to advocate for public policy that ensures self-determination, independence, empowerment, and inclusion for people with disabilities.

We appreciate TennCare's continued commitment to lowering barriers and reducing burdens to members in attempting to access services offered within the state's 1115(c) waiver programs. The draft proposes to raise the per-project limit on minor home modifications from $6,000 to $10,000. We applaud this proposal for its accounting of the rising costs of construction, as well as its acknowledgment of the arbitrariness of a $6,000 per-project cap within a lifetime cap. We hear from Tennesseans with disabilities about the difficulty in using this benefit effectively and efficiently, and are thus encouraged by these proposed improvements. In the future, we hope TennCare expands on this sentiment and lifts the annual cap as well, permitting families to best use funds in ways that best suit their individual needs.

Similarly, we approve of the proposal to lift the expenditure cap on employment supports for those in ECF CHOICES Group 6. Those enrolled in Group 6 are a population with high levels of need for whom employment requires additional support. Similarly, this population requires high levels of support across a variety of TennCare benefits and services. We are encouraged by TennCare's willingness to recognize the need for higher expenditures to meet those needs, and we hope to see that recognition considered for other benefits for ECF members, including Community Living Supports (and CLS-Family Model), Personal Assistance, Community Transportation and Respite services. We likewise support the removal of prior authorization language for Community Transportation services. Community Transportation is important benefit that facilitates the intent of ECF CHOICES and assures community access for persons supported, and we support easing its use.

We also understand that TennCare has worked with the state's hospitals and networks to innovate upon mechanisms to improve reimbursement rates through quality performance benchmark payments. The Tennessee Hospital Association stated that in 2022, TennCare reimbursement only covered about 75% of the cost of member care, and that 60% of the state's hospitals operated at a loss, with 45% at risk of closure, as a result. Thus, we applaud TennCare's ingenuity and willingness to increase reimbursement and prevent hospital closures while simultaneously moving to improve quality and efficiency of care.

We are, however, concerned with several proposals found in the draft amendment. First and foremost, we are concerned with the state's request for a waiver from CMS's long-standing IMD exclusion policy. Tennessee, as a state, is uniquely unsuitable for this flexibility. Our state has a long, ignominious history with institutionalization, as well as an ongoing and trending reversion toward exclusion from the community for Tennesseans with disabilities.

The state of Tennessee, only after decades of litigation, finally closed down its last institution for people with intellectual and developmental disabilities (IDD) in 2016. The closure was the result of a federal finding that the state's institutions violated the civil rights of residents and subjected them to untold degrees of pain, suffering and trauma. For this reason alone, Tennessee should be disqualified from receiving federal funds to attempt this experiment again.

Despite closure of the state's IDD institutions, the state of Tennessee continues to fail to appropriately meet the needs of residents with disabilities in their charge. Within the last several years, the state has been the subject of class action lawsuits for its treatment of children with disabilities in "Youth Development Facilities", or youth detention centers. The court filings have documented the use of solitary confinement, the arrangement of "fight clubs" for remanded children, the arrangement of beatings of children by other incarcerated youth, denial of care, denial of special education services, and other horrific accusations of neglect and abuse of institutionalized children with disabilities. This example of the state's continued abuse of Tennesseans with disabilities in state institutions is a similarly disqualifying failure.

CMS's stated purpose for states to apply for a waiver to the IMD exclusion is to demonstrate innovative solutions to meeting the mental health needs of its population. We believe that Tennessee and TennCare have not adequately invested in or innovated upon less restrictive, community-based models of mental health treatment for those with and without IDD. For instance, TennCare spends, by far, the least amount of Medicaid funding per enrollee in the country. We know that this leads to an extremely inadequate provider network, where members are promised supports and services to meet their needs that never arrive. This is particularly true for those with high acuity needs, most notably those with behavioral health and mental health needs. Before drawing down further Medicaid funds for the purpose of institutionalization, we recommend TennCare better utilize its existing resource to invest in its ongoing efforts to meet the needs of Tennesseans with disabilities with the highest level of need within their families and communities.

Tennessee also already attempts to provide numerous innovative and welcome programs to meeting the mental health and behavioral health needs of the IDD community in less restrictive environments. The state currently operates the TN START program, which is a crisis intervention and stabilization team specializing in care for those with IDD. We understand that the current level funding for this program has limited its capacity and reach, narrowing access for this important community-based intervention. We also understand that the rollout of this program is only in "stage 2" of 5 stages – we would encourage TennCare to see out implementation of this important community-based prevention program, as well as increase investment to expand its reach, before receiving funding for large-scale institutions for this same population.

The state of Tennessee has also made substantial and welcome investments in the mental health care ecosystem in recent years. This includes funds for a K-12 Mental Health Trust Fund, a dramatic increase in school-based behavioral health liaison positions and varied investments into community-based interventions, including Federally Qualified Health Centers and the state's Behavioral Health Safety Net. We strongly approve of these investments and encourage the state to continue down this road, rather than resort to requests for funds to build and operate institutional settings.

We also have concerns about the proposal to seemingly "integrate" other IDD waiver services into the 1115(c) ECF CHOICES program and model. The state proposes to ease transition to the ECF CHOICES program for those in the 1915(c) waiver programs (many of whom are class members previously subjected to state institutionalization), as well as members in the CHOICES waiver program. The proposal purports that those members will be transitioned to ECF CHOICES only when other waiver programs cannot safely or appropriately meet their needs, or their needs are met more appropriately by ECF CHOICES. "Integration" has been repeatedly rejected by CMS and disability stakeholders because ECF CHOICES in theory and practice fails to provide adequate and appropriate services to members with high acuity needs. Those in the state's 1915(c) program often have needs that go beyond what ECF CHOICES can currently provide, and attempts to shift them to this waiver program are inappropriate.

In summation, we approve of TennCare's attempts to reduce burdens for easy access to care, supports and services, but we reiterate grave concerns about a willingness to revert toward institutional settings. We encourage TennCare to continue to improve upon and ease access to waiver services and encourage the state to make continued investments in community-based prevention and intervention for mental behavioral health supports and services.

Sincerely,

Jeff Strand
Director of Public Policy
Tennessee Disability Coalition

October 9, 2024

Stephen Smith
Deputy Commissioner
Division of TennCare
310 Great Circle Road
Nashville, TN 37243

RE: TennCare III Demonstration – Amendment 7 (Program Enhancements)

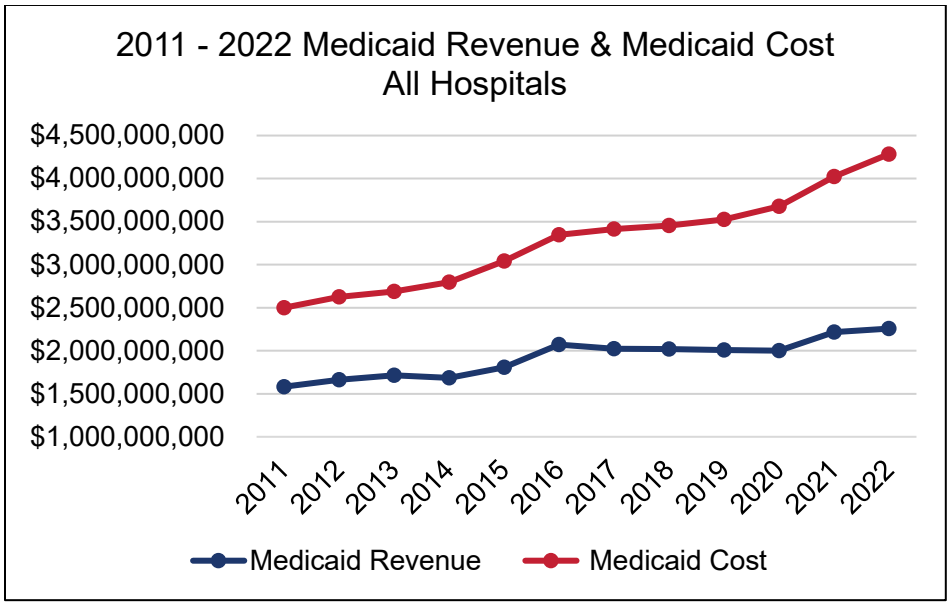
Dear Mr. Smith:

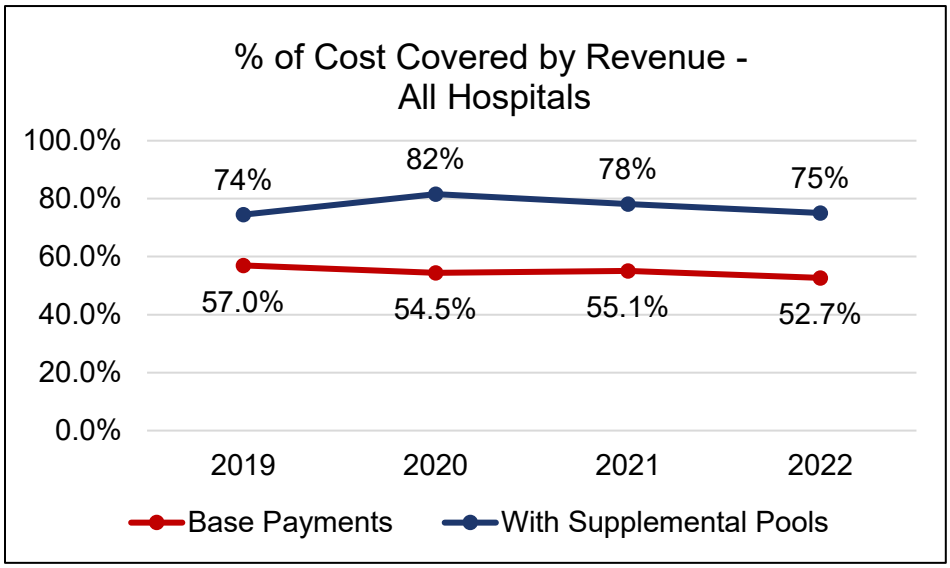
The Tennessee Hospital Association (THA), on behalf of its more than 150 member hospitals and health systems, appreciates the opportunity to comment on the proposed Amendment 7 to the TennCare III Demonstration, which recommends three amendments to the program for coverage of care for individuals with serious mental illness (SMI) and serious emotional disturbance (SED), implementation of a program to improve access to hospitals, and improvements to home- and community-based services. THA is supportive of all three measures, and our comments will focus on the access and quality program for hospitals.

Implementing an Access/Quality Improvement Program for Hospitals
Through this amendment, TennCare is requesting that the budget neutrality expenditure limit for the program be adjusted to support an initiative to "ensure access to hospital services for Medicaid beneficiaries in Tennessee and improve the outcomes associated with hospital services." With this adjustment's approval and the implementation of the pending directed payments, Tennessee hospitals can receive much-needed reimbursement to strengthen access to care across the state and help stabilize an industry known for precarious margins.

Hospital Reimbursement Rates
As CMS notes in its Medicaid rules, "There is considerable evidence that Medicaid payment rates… are lower than Medicare and commercial rates for the same services and that provider payment influences access, with low rates of payment limiting the network of providers willing to accept Medicaid patients, the capacity of those providers who do participate in Medicaid, and investments in emerging technology among providers that serve large numbers of Medicaid beneficiaries." Historically, TennCare reimbursement has followed that sentiment and paid below costs. Recently, though, the gap between costs and TennCare reimbursement has grown at an exceedingly steep pace due to inflationary growth in labor, pharmaceutical, and supply costs, while reimbursement from managed care organizations has largely remained stagnant.

In 2022, base TennCare rates only covered 53 percent of costs. However, certain hospital categories fare even worse, with behavioral health providers receiving reimbursement that barely covers half of their costs for providing care toTennCare enrollees. When supplemental pools, disproportionate share (DSH), charity, and other payments, are included in the analysis, hospitals are still well below break even, with only 75 percent of costs being covered. The charts shared in these comments use data from the Tennessee Joint Annual Reports to illustrate these issues.





Strengthening Access & Quality

CMS acknowledges that "two key drivers of access— provider network size and capacity—are inextricably linked with Medicaid provider payment levels and acceptance of new Medicaid patients." THA believes TennCare's adjustment in Amendment 7 will

strengthen the provider network and enhance access to care for TennCare enrollees. When providers accept lower-than-cost reimbursement for the care they provide over an extended period (decades), it compounds financial strain that eventually erodes networks. Strategic decisions are made on what needed services are provided and where. As CMS notes, this is often seen at the practitioner level where wait times to get an appointment can be long. Given the number of physicians, clinics, and primary care practices incorporated into health systems, this budget neutrality adjustment will ensure TennCare and hospitals bolster access.

Budget Neutrality
Since the inception of TennCare III, THA has shared concerns with TennCare and CMS that the inclusion of hospital supplemental pools under the budget neutrality cap could have a negative impact on the provider network as hospitals face low base rates and rising costs. THA encouraged CMS to work with TennCare to develop appropriate flexibility that allowed the state agency to adjust the budget neutrality cap to accommodate new provider initiatives, and THA is pleased to see TennCare utilizing the mechanisms to do so.

As TennCare states in the draft amendment, this budget neutrality request is directly related to additional hospital payments that the CMS Managed Care Group is currently reviewing. THA appreciates TennCare's request for an adjustment to the expenditure limit to accommodate the new program, and THA will encourage CMS in federal comments for an expedited review given the concurrent work on the other components. Prompt review is also important given the recent devastating impact of Hurricane Helene in East Tennessee and the harm that would be caused by continued delays in distributing both preexisting and new payments to hospitals that require CMS approval of the budget neutrality adjustment in order to be authorized.

Continuing the collaborative partnership between the hospital association and TennCare, the approval of this request would also allow high quality care to be rewarded through a hospital-specific quality program. The hospital industry is eager to continue work on that program and believes focusing on shared goals and measures that align the state and hospital goals will be the foundation for a strong system.

CAH Cost Reimbursement
As TennCare pursues this amendment, THA recommends the agency also review the waiver, specifically Attachment I- Reconciliation of Uncompensated Care Payments, for any parallel updates. THA requests that the section related to the Critical Access Hospital (CAH) Sub Pool clarify that the only payments subject to cost cap reimbursement, or recoupable, are those quarterly, interim cost payments. Ensuring that our small and rural CAHs can benefit from the proposed program will protect and enhance access across the state, as 82 percent of Tennessee's 95 counties are

considered rural. Tennessee has experienced the most rural hospital closures per capita in the nation, with 17 since 2010 and one closing earlier this year.

Conclusion

CMS noted in its 2024 Medicaid rule that between 2017 and March 2022, the agency approved 145 directed payment preprints that would increase payments to the average commercial rate. THA appreciates TennCare requesting the required budget neutrality adjustment so our state can be afforded the same opportunities that CMS is providing others.

THA believes these proposed changes will benefit TennCare enrollees and the state. We appreciate your consideration of our comments and thank you for the opportunity to share our perspective.

If you have any questions or wish to discuss anything in this letter, please contact me at wlong@tha.com or Amanda Newell at anewell@tha.com.

Sincerely,

Wendy Long, MD
President and CEO
Tennessee Hospital Association

BEHAVIORAL HEALTH FOUNDATION

October 11, 2024

Stephen Smith, Director
Aaron Butler, Director of Policy
Division of TennCare, 310 Great Circle Road, Nashville, TN 37243
public.notice.tenncare@tn.gov

Re: Public Comments on Notice of Change to the TennCare III Demonstration – Amendment 7

Dear Director Smith and Director Butler,

Thank you for this opportunity to provide feedback to the Division of TennCare regarding the proposed Amendment 7 for the TennCare III Demonstration (Project No. 11-W-00369/4). I submit the following public comments on behalf of the Behavioral Health Foundation – a 501(c)(3) nonprofit, independent, nonpartisan, policy research center in Nashville, Tennessee, focused on mental health and addiction. The Behavioral Health Foundation specializes in the analysis and development of data-driven policies that further access to – and options for – high quality, effective treatment and preventative services.

Our public comments will focus, in particular, on the first primary component of the proposed Amendment 7, "*Covering the full continuum of care for individuals with serious mental illness (SMI) and serious emotional disturbance (SED)*." While generally we believe it is positive to draw down federal funding intended to serve individuals with mental health disorders, we are greatly concerned with TennCare's proposal to extend the State's existing partial waiver of the institution for mental diseases ("IMD") exclusion to further waive the IMD exclusion for adults ages 21 to 65 years of age who are admitted to large inpatient psychiatric institutions with more than 16 beds.

According to a brief from the Congressional Budget Office, which provides nonpartisan policy analysis for the U.S. Congress, the IMD exclusion "was created because inpatient care for people with psychiatric conditions had historically been financed by state and local governments and because of deinstitutionalization, the movement to transition the care of people with behavioral health conditions from institutions to community settings."

The wealth of research evidence overwhelmingly supports the value of driving more funding to community-based services, which typically cost significantly less than inpatient hospitalization and carry much better outcomes for individuals with mental health needs. A 2022 study published by the journal "Epidemiology and Psychiatric Sciences" found much higher suicide risk for patients after discharge from an inpatient psychiatric facility, both in the short (12x higher risk in the first 3 months) and longer term (at least 2x the risk for 2 to 5 years after discharge). Additionally, a 2017 systemic review and meta-analysis of suicide rates after discharge from inpatient psychiatric facilities, published in "JAMA Psychiatry," found that post-discharge suicide rates were 100x to 200x higher than global suicide rates in the first 3 months, with sustained increases of suicide risk approximately 30x higher than global rates lasting for many years.

There is no mention in TennCare's proposal of any per-patient limit on the number of days consecutively nor annually of inpatient psychiatric services at IMDs for which TennCare is requesting matching federal funds. CMS' guidance document released in 2018 notes a maximum inpatient stay of "no more than 15 days during the period of the monthly capitation payment." We are especially concerned about proposing elimination of the IMD exclusion without clear guardrails delineated to prevent the drawing down of federal matching funds for patients to stay in psychiatric institutions indefinitely.

Instead of focusing on utilizing federal funding for more expensive and less effective inpatient psychiatric services, we strongly encourage TennCare to negotiate with CMS for matching funds to pilot innovative, community-based, voluntary alternatives, such as Peer Respite and Open Dialogue – services that do not yet exist in Tennessee but for which funding has been identified as a regional and statewide need (according to the TDMHSAS Planning & Policy Council). We also strongly urge utilizing future Shared Savings dollars under TennCare III to directly fund and evaluate such pilot programs, as well as programs involving non-law enforcement community mental health responders for calls coming to 911 (such as Nashville REACH). We additionally encourage TennCare to consider working with TDMHSAS on further investments in 24/7 Crisis Walk-In Center infrastructure and operations, to build and sustain a strong and robust network accessible to individuals with mental health needs across the state, regardless of where they live. Together, the above-mentioned programs would be expected to help significantly reduce the need for emergency department visits and psychiatric hospitalizations.

We, again, are thankful for this opportunity to provide feedback and respectfully ask for your consideration of our serious concerns regarding TennCare's proposed request to further waive the IMD exclusion and do away with this key disability rights protection intended to help disincentivize and prevent mass and long-term institutionalization at large inpatient psychiatric facilities. There are much better uses of federal funding, and we hope TennCare will seriously consider our recommendations on specific community-based services investments as described briefly above. As always, I am happy to answer questions or help provide further details, data, or references upon request.

Sincerely,

Elliot Pinsly, LCSW
Behavioral Health Foundation, President & CEO
elliot@behavioralhealthfoundation.org
(615) 669-2544

Tennessee Mental Health Consumers' Association

3931 Gallatin Pike
Nashville, TN 37216
(615) 250-1176 *voice*
(615) 810-9451 *fax*

October 11, 2024

Aaron Butler, Director of Policy
Division of TennCare
310 Great Circle Road
Nashville, TN 37243

Dear Aaron Butler,

On behalf of the Tennessee Mental Health Consumers' Association (TMHCA), I am writing to share our concerns regarding TennCare III Demonstration Amendment 7; specifically, our concerns with TennCare requesting expenditure authority to cover services provided to individuals with SMI or SED who are receiving treatment in facilities that meet the federal definition of an institution for mental diseases (IMD). We request that TennCare not include any IMD waiver or request these expenditure authorities in this amendment for the following reasons:

1. The IMD exclusion was created, in part, to encourage states to reduce the number of persons held for extended periods of time in psychiatric hospitals because of the negative effects of such hospitalization. Prior to the exclusion some Tennesseans were held in institutes for **years**. Without protections and guardrails in place, an IMD waiver could again lead to long term hospitalization and "warehousing" of individuals rather than promoting recovery in community-based settings which evidence suggests leads to better outcomes, and that Tennessee has heavily invested in over the past decade.
2. Funding large psychiatric institutions has not been beneficial in the past and could lead to even more discrimination, segregation, and stigma in the community.
3. With the current incapacity of TennCare to provide adequate access to mental and behavioral health services in a less-restrictive environment, this may leave Tennesseans with only inpatient care as an option. This could be a violation of the Americans with Disabilities Act under the Olmstead ruling, which requires that people receive care and services in the least restrictive environment possible, ideally the community.
4. There are much better alternatives to address the growing behavioral health needs in Tennessee by Managed Care Organizations appropriately funding community-based service providers to address staffing issues, introducing more person-centered options for recovery and healing such as evidence-based peer respites, and educating the community on trauma-informed approaches to supporting those living with mental health conditions and/or addictions.

For over three decades, TMHCA has been owned and operated by people who identify as having been diagnosed with a psychiatric disorder and/or who use mental health services. Our mission is *"to promote recovery and community through peer support, education, and advocacy for all mental health consumers in Tennessee."* TMHCA serves tens of thousands of individuals on their journey of recovery each year and continues to advocate for the rights of all individuals.

Sincerely,

[redacted]

Anthony Fox, CEO

October 10, 2024

Aaron Butler, Director of Policy
Division of TennCare
310 Great Circle Road
Nashville, TN 37243

Dear Aaron Butler,

My name is Jordan Young. I am the Director of Employment, Education, and Advocacy at Tennessee Mental Health Consumers' Association (TMHCA). I am writing to share concerns regarding TennCare III Demonstration Amendment 7. Specifically, my concerns are with TennCare requesting expenditure authority to cover services provided to individuals with SMI or SED who are receiving treatment in facilities that meet the federal definition of an institution for mental diseases (IMD). I am respectfully requesting TennCare not include any IMD waiver or request these expenditure authorities in this amendment for the following reasons:

1. The IMD exclusion was created, in part, to encourage states to reduce the number of persons held for extended periods of time in psychiatric hospitals because of the negative effects of such hospitalization. Without protections and guardrails in place, an IMD waiver could lead to long term hospitalization, (warehousing) of individuals rather than promoting recovery in community-based settings which evidence suggests leads to better outcomes.
2. Funding large psychiatric institutions has not been beneficial in the past and could lead to even more discrimination, segregation, and stigma in the community.
3. With the current incapacity of TennCare to provide adequate access to mental and behavioral health services in a less-restrictive environment, this may leave Tennesseans with only inpatient care as an option. This could be a violation of the Americans with Disabilities Act under the Olmstead ruling, which requires that people receive care and services in the least restrictive environment possible.
4. There are much better alternatives to address the growing behavioral health needs in Tennessee including adequately funding community-based service providers to address staffing issues, introducing more person-centered options for recovery and healing such as peer respites, and educating the community on trauma-informed approaches to supporting those living with mental illness and/or addictions.

For over three decades, TMHCA has been owned and operated by people who identify as having been diagnosed with a psychiatric disorder and/or who use mental health services. Our mission is to promote recovery and community through peer support, education, and advocacy for all mental health consumers in Tennessee. TMHCA has served tens of thousands of individuals on their journey of recovery and continues to advocate for the rights of all individuals.

Thank you for your time and consideration on this issue

Sincerely,
Jordan Young, CPRS
Director of Employment, Education, and Advocacy
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October 10, 2024

[sent via electronic mail]

Dear Mr. Butler and Division of Tenncare,

Thank you for the opportunity to provide comment on the proposed Tenncare III Demonstration Amendment 7.

Youth Law Center is a national non-profit law firm focused on youth justice and child welfare reform issues; we have been working on issues related to congregate care for youth in the foster care and juvenile justice systems since our founding in 1978, and have had the opportunity to work on oversight and accountability for facilities including Institutions for Mental Disease or IMDs at the local, state, and federal levels.

While we are broadly supportive of efforts to increase the availability of high-quality mental and behavioral health services to young people in foster and the juvenile justice system, we are concerned that the proposed amendment focuses only on increasing the availability of federal funding for institutional placements, with no mention of community-based settings.

I. Expanding the Use of Institutional Care is Harmful to Children and Youth

The proposal states that "state's objective in seeking this expenditure authority is to maintain beneficiary access to mental health treatment services in appropriate settings and to ensure that individuals receive care in the settings most appropriate to their needs." Proposal, page 1. The only setting and intervention mentioned in the proposal is the IMD setting. We strongly oppose waiving the IMD exclusion through Section 1115 because of the harmful impact of institutional care on children and youth. We have special concern for children involved in the child welfare and juvenile justice systems, who are over-represented in group and institutional care. Increasing investments in IMDs for children and youth is likely to cause harm to children and youth and is not likely to create environments for effective treatment and care.

The research is clear that institutional care is harmful for children and adolescents. For example, from a series of meta-analyses on the developmental outcomes of children who grow up in institutional settings, including more than 300 studies with more than 100,000 children in more than 60 countries, researchers found that substantial delays in physical and brain growth, health and cognition, and socio-emotional development and attention

are related to growing up in congregate or group care settings.[1] Research related to the impact of group and institutional care on youth in foster care revealed similarly negative outcomes. Foster youth in institutional care:

- Have higher re-entry rates after exiting to reunification than youth in other types of out-of-home care settings.
- Are almost 2.5 times more likely than their peers in foster care to become delinquent.
- Have poorer educational outcomes than youth in family foster care, including lower test scores in basic English and math.
- Are less likely to graduate high school, when compared to youth in family foster care.
- Are at risk of physical abuse when they are placed in group settings.
- Are less likely to achieve permanency than those raised in non-relative foster families.
- Lack opportunities to develop critical life skills and positive relationships.
- Experience group or institutional placements as prison-like, punitive and traumatic.[2]

Finally, the research also shows that adolescent and youth with disabilities in group care are at increased risk of physical and sexual abuse.[3]

There is a great need for innovation in the delivery of mental health services for children and youth, however, the need is for community based care and interventions, none of which are mentioned in the proposal. Providing federal funding for institutional care is likely to reduce investments in community based care and disincentivize innovation and expansion of effective practices for children and youth. Waiving the IMD exclusion under this proposal will increase the risk of institutionalization for young people without offering any incentives or investments to build a robust service array in the community that is in line with both federal law (the ADA as well as the Social Security Act, which requires placement in the least restrictive placement for children in foster care) and best practices for children and youth.

II. It is Unclear How or Why Waiving the IMD Exclusion Would Improve Access to Services for Children and Youth

Given that there is already an exception to the IMD exclusion for children under the age of 21 in need of inpatient psychiatric services in psychiatric hospitals and psychiatric residential treatment facilities (PRTFs), it is not clear what additional settings the state hopes to pay for through this additional waiver for Children with a Serious Emotional Disturbance. As it is unclear what additional settings would hypothetically be made available, it is difficult to ascertain whether these additional settings are necessary or beneficial to the overall landscape of children's mental and behavioral health in Tennessee.

With regard to children in the child welfare system, it appears that Tennessee already overuses institutional settings as compared to other states. According to the most recent Adoption and Foster Care

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[1] Van IJzendoorn et al., *Institutionalisation and Deinstitutionalization of Children I: A Systematic and Integrative Review of Evidence Regarding Effects on Development,* The Lancet Psychiatry; 7, 703-720; published online June 23, https://doi.org/10.1016/S2215-0366(19)30399-2.

[2] *See What are the outcomes for youth placed in group and institutional settings?* (Casey Family Programs June 29, 2022)(summarizing the research), available at https://www.casey.org/group-placement-impacts/

[3] See S. Euser et al., *A gloomy picture: a meta-analysis of randomized controlled trials reveals disappointing effectiveness of programs aiming at preventing child maltreatment*. *BMC Public Health* 15, 1068 (2015), available at https://doi.org/10.1186/s12889-015-2387-9

Analysis and Reporting System (AFCARS) report data,[4] Tennessee has the second lowest kinship family placement rate among 53 U.S. states and territories. AFCARS data from the same year shows that Tennessee has the fifth highest rate of placement in group homes or institutions of all U.S. states and territories.[5] Numerically, only seven states place more children in group homes and institutions than Tennessee–Arizona, California, Florida, New York, Ohio, Pennsylvania, and Texas. Tennessee, which has a population of about 7 million, places roughly the same number of children in group homes and institutions as New York state, which has a population approaching 20 million, and both the placement rates and number of children placed in these congregate settings far outstrip similarly sized peer states such as Indiana, Missouri, Maryland, Massachusetts, and Washington.

While it is certainly true that the needs of children, youth, and families can vary from state to state, it seems unlikely that Tennessee's children are so uniquely high needs that they require institutionalization at such high rates, and significantly more likely that the state lacks the appropriate community based services to prevent and treat children in community and family based settings. As this waiver makes no mention of community based services, it is unclear how waiving the IMD exclusion would address what appears to be a gap in Tennessee's child serving mental and behavioral health systems that is resulting in an overutilization of institutional settings.

Sincerely,

Jasmine Miller
Senior Attorney

[4] Available through the Children's Bureau https://www.acf.hhs.gov/cb/report/statistics-research/afcars/archive-states-tar

[5] Available through Annie E. Casey KidsCount data, which aggregates AFCARS data. https://datacenter.aecf.org/data/tables/11844-children-in-foster-care-by-placement-type-group-home-or-institution-only?loc=1&loct=1#detailed/1/any/false/2048,574,1729,37,871,870,573,869,36,868/2623/23205,23206

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October 11, 2024

[*Sent via electronic mail to public.notice.tenncare@tn.gov*]

Re: Draft Amendment 7 to TennCare III Demonstration

To Whom it May Concern,

Disability Rights Tennessee (DRT) is the designated protection and advocacy system (P&A) in Tennessee. As the federally mandated P&A, DRT is charged with monitoring facilities and advocating for the rights of individuals with disabilities, including the provision of services in integrated settings. At DRT, these activities include a robust array of investigation, legal representation, and advocacy for persons with disabilities.

We write today to offer comment on Draft Amendment 7 to the TennCare III Demonstration, which has three primary components. This comment addresses the first and third.

I. Draft Amendment 7 Misses the Mark on "Covering the Full Continuum of Care for Individuals with SMI and SED" Because (1) It Will Incentivize Institutionalization Rather Than Improve Access to Services in the Community and (2) it Fails to Address Services For Persons with Complex Behavior and Medical Needs, To Include Persons with SMI (or SED) and a Concurrent ID Diagnosis

The first component of Draft Amendment 7 proposes "covering the full continuum of care for individuals with serious mental illness (SMI) and serious emotional disturbance (SED)." This component seeks demonstration waiver authority to provide services to individuals with SMI or SED who are receiving inpatient treatment in facilities that meet the federal definition of an institution for mental diseases (IMD). This type of coverage is typically prohibited by the IMD Exclusion Rule,[1] which was put in place as a protective measure to disincentivize the over-institutionalization of mental health patients. It assures that the federal government does not fund inpatient

[1] The IMD exclusion prohibits Federal Medicaid support for psychiatric care for persons between the ages of 21 and 65 who are in an IMD, which is an inpatient facility with 17 or more beds where 50% or more of the patients are being primarily treated for a mental illness. However, there are exceptions that allow federal Medicaid dollars to cover services in IMDs, including the "Psych Under 21" benefit, discussed in greater detail in Section __ herein.

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psychiatric services and, that if states choose to place individuals in large inpatient psychiatric settings, they do so with state funds.[2]

1. **Waiving the IMD Exclusion without prioritizing adequate community based care will incentivize and increase institutionalization of individuals with SMI and SED and runs counter to "covering the full continuum of care"**

It is important to note that Draft Amendment 7 does not mention any specific actions to improve or increase community based care in this context. Without any investment or expansion related thereto, this proposal seeks to do what the IMD Exclusion intends to prevent and will likely only incentivize institutional care. Absent identification steps to accomplish the goal of improving access to community based services, Draft Amendment 7 falls short of covering the full continuum of care.

According to Draft Amendment 7, the "state's objective in seeking this expenditure authority is to *maintain* beneficiary access to mental health treatment services in appropriate settings and to ensure that individuals receive care in the settings most appropriate to their needs." However, the only setting and intervention mentioned in the proposal is the IMD setting. There is a need for innovation in the delivery of mental health services, but the need is for community based care and interventions.

   a. **Proposing a way around the IMD Exclusion will not move TN toward its stated goals, but could instead have serious negative effects.**

As noted by Mental Health America (MHA), a national nonprofit dedicated to the promotion of mental health, well-being, and condition prevention, ***"the IMD exclusion was created, in part, to encourage states to reduce the number of persons held for extended periods of time in psychiatric hospitals because of the negative effects of such hospitalization."*** Increasing the number of persons subjected to long-term inpatient treatment could re-introduce those negative effects.[3] The IMD exclusion was also created to relieve the Federal budget of the substantial cost of reimbursing states for half of the cost of operating all state psychiatric hospitals. Waiving the IMD Exclusion would require use of federal funds that would be better spent on preventative and outpatient services.[4]

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[2] https://www.macpac.gov/publication/report-to-congress-on-oversight-of-institutions-for-mental-diseases/
[3] September 19, 2024 MHA Position Statement, available at https://mhanational.org/issues/IMD-exclusion.
[4] Id.

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Accordingly, increasing funding for community mental health services is a better alternative to using Medicaid dollars for services in IMDs. MHA notes that there are many "cost-effective community mental health services that are not adequately funded, to include supported housing, supportive employment, Assertive Community Treatment, and peer support services. These community services are almost always less expensive than inpatient care and almost always preferred to hospitalization by persons with mental illnesses."[5]

DRT acknowledges that there are existing problems when it comes to accessing inpatient mental health care services, but fails to see how waiving the IMD Exclusion alone would address them. Any shortage of inpatient psychiatric beds is at least in part due to inadequate reimbursement rates for those services, which discourages hospitals from creating/maintaining beds. Furthermore, this "shortage of beds" is more representative of the shortage of mental health professionals needed to staff them. Also, beds are being used by persons "who do not need inpatient care," such as "forensic patients, many of whom could be treated in the community" and persons who are avoidably admitted by emergency room clinicians because there are no adequate community care alternatives to hospitalization.[6]

b. Recent trends demonstrate TN's preference for institutionalization of youth in spite of research showing harm from congregate settings

Placement patterns of custodial youth in recent years illustrate TN's preference for large, institutional settings. Providing federal funding for institutional care is likely to further reduce investments in community based care and disincentivize innovation and expansion of effective practices for children and youth. Waiving the IMD exclusion under this proposal will increase the risk of institutionalization for young people without offering any incentives or investments to build a robust service array in the community that is in line with both federal law (the ADA as well as the Social Security Act, which requires placement in the least restrictive placement for children in foster care) and best practices for children and youth.

Thus, DRT opposes waiving the IMD exclusion through Section 1115 because of the harmful impact of long term institutional care on children and youth. Children (many with disabilities) involved in the child welfare and juvenile justice systems are over-represented in group and institutional care.

[5] Id.
[6] https://mhanational.org/issues/IMD-exclusion

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Increasing investments in IMDs for children and youth is not likely to create environments for effective treatment and care. The research is clear that **institutional care is harmful for children and adolescents; substantial delays in physical and brain growth, health and cognition, and socio-emotional development and attention are related to growing up in congregate or group care settings.**[7] Research related to the impact of group and institutional care on youth in foster care revealed similarly negative outcomes. Foster youth in institutional care:

- Have higher re-entry rates after exiting to reunification than youth in other types of out-of-home care settings
- Are almost 2.5 times more likely than their peers to become delinquent
- Have poorer educational outcomes than youth in family foster care
- Are less likely to graduate high school than youth in family foster care
- Are less likely to achieve permanency than those raised in non-relative foster families
- Lack opportunities to develop critical life skills and positive relationships
- Experience group or institutional placements as prison-like, punitive and traumatic[8]

The research also shows that youth with disabilities in congregate settings are at increased risk of physical and sexual abuse,[9] and up to 85% of abuse in this context goes unreported.[10]

Despite overwhelming research about the detrimental impact of large congregate settings on youth, the DCS Real Estate Plan makes clear that the state is set on a path toward more institutionalization of youth in state custody in carceral and other congregate settings. To illustrate, the state is spending $400 million to create more staff and hardware secure settings for youth in its child welfare and juvenile justice systems. With the goal of adding new beds,

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[7] For example, from a series of more than 300 studies involving more than 100,000 children, researchers found that. Van IJzendoorn et al., *Institutionalisation and Deinstitutionalization of Children I: A Systematic and Integrative Review of Evidence Regarding Effects on Development,* The Lancet Psychiatry; 7, 703-720; published online June 23, https://doi.org/10.1016/S2215-0366(19)30399-2.

[8] *See What are the outcomes for youth placed in group and institutional settings?* (Casey Family Programs June 29, 2022)(summarizing the research), available at https://www.casey.org/group-placement-impacts/.

[9] See S. Euser et al., *A gloomy picture: a meta-analysis of randomized controlled trials reveals disappointing effectiveness of programs aiming at preventing child maltreatment. BMC Public Health* 15, 1068 (2015), available at https://doi.org/10.1186/s12889-015-2387-9.

[10] https://nacdd.org/wp-content/uploads/2017/11/DD-Councils-Special-Publication.pdf

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this real estate strategy is currently in the process of being implemented, and plans include the following:

- DCS is establishing two intake facilities (12 beds each) and one assessment center (16 beds) in each grand region for a total of nine new facilities;
- the current Wilder Youth Development Center (previously designated as a level IV hardware secure juvenile justice facility rated for 144 beds) has transitioned to a mental health treatment facility;
- project to convert Standing Tall (previously staff secure) into a hardware secure facility;
- Middle TN Juvenile Detention Center is now designated Duck River Assessment Center;
- the state is spending approximately $19 million on the existing Woodland Hills property – 72 of those beds will be staff secure and the rest presumably hardware secure;
- approximately $11 million has been approved for updates to Mountain View Youth Academy, another hardware secure juvenile justice facility; and
- DCS will build a new hardware secure Wilder Youth Development Center for over $300,000,000 on land where the existing Wilder will also remain.

DCS has also started contracting with adult I/DD providers to serve custodial youth in "DIDD supported living environments." It is unclear what type of disability qualifies a youth for admission to a supported living environment, but serving youth with I/DD and/or SED is contemplated. Is it TennCare's intent to use the SED waiver to cover services in large juvenile justice facilities that they are redesignating as assessment centers and other "mental health facilities" or in other institutional settings?

c. "Psych Under 21" Benefit already permits Medicaid coverage for youth with SED receiving services in certain IMDs

Page 1 of the draft amendment[11] states, "Federal policy generally does not allow Medicaid to cover services for adults under age 65 with SMI or children with SED who are receiving care in a facility that meets the definition of an IMD," and goes on to say that TennCare has historically "paid for care provided

[11] https://www.tn.gov/content/dam/tn/tenncare/documents2/DraftVersionOfAmendment7.pdf

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on behalf of these individuals with state dollars (since federal Medicaid dollars are not available)." However, it is important to note that there is already an exception to the IMD exclusion for children under the age of 21, commonly referred to as the "Psych Under 21" benefit. This allows states to provide coverage for inpatient psychiatric services to children *in psychiatric hospitals accredited by JCAHO and psychiatric residential treatment facilities* (PRTFs).[12] Originally, the "Psych Under 21" benefit only applied to psychiatric hospitals, but CMS later established the PRTF as a separate type of inpatient setting approved for such.[13]
These services are mandatory for states to cover if an early and periodic screening, diagnosis, and treatment (EPSDT) screen of a child determines inpatient psychiatric services are medically necessary.[14]

Accordingly, the state does not need the SED waiver to use Medicaid dollars for individuals under 21 with SED who are in IMD facilities approved for coverage pursuant to the Psych Under 21 benefit. This begs the question, does the state intend to use the SED waiver for settings other than those approved for coverage pursuant to the Psych Under 21 benefit? Is the state looking to cover services in large institutional settings that may be considered an IMD, but do not qualify as a PRTF or are not JCAHO accredited psychiatric hospitals? If so, which settings? Is it TennCare's intent to use the SED waiver to cover services in large juvenile justice facilities that are designated as assessment centers and other "mental health facilities" as described above?

In order to provide meaningful comment, DRT would need more information about the types of IMD settings Draft Amendment 7 seeks to cover services for youth in.

2. **Covering the Full Continuum of Care for People with SMI (or SED) Requires Appropriate Long Term and Community Based Services for Persons With a Concurrent Diagnosis of I/DD**

The proposed change in Component 1 does not directly address the state's dire need for expansion of services for Tennesseans with SMI (or SED) and I/DD. As previously noted, TennCare seeks federal financial participation (FFP) to fund institutionalization of adults who are diagnosed with SMI or children who are diagnosed as SED in IMDs. To avoid running afoul of the integration

[12] https://www.cms.gov/medicare/health-safety-standards/certification-compliance/psychiatric-residential-treatment-facility-providers
[13] https://www.cms.gov/medicare/health-safety-standards/certification-compliance/psychiatric-residential-treatment-facility-providers
[14] https://crsreports.congress.gov/product/pdf/if/if10222

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mandate under Section 504 of the Rehabilitation Act, the state must administer programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

Community-based services must be provided when appropriate, so long as the person served does not oppose community-based treatment, and the placement in a community setting can be reasonably accommodated.
Section 504 specifically prohibits certain practices that could result in unnecessary segregation or serious risk of segregation. These practices include: 1) establishing policies or practices that limit or condition access to the most integrated setting appropriate; 2) providing greater benefits or more favorable terms in segregated settings compared to integrated settings; 3) establishing more restrictive rules and requirements for people in integrated settings compared to segregated settings; and 4) *failing to provide community-based services, resulting in institutionalization or serious risk of institutionalization.*[15]

For individuals with SMI and I/DD who cannot be safely housed in the community, and for whom jail or imprisonment is inhumane and unconstitutional, the "full continuum of care" should ensure that long term services in an appropriate setting equipped to address both SMI and I/DD are available as needed. DRT has constituents entangled in the legal system under these circumstances, and we anticipate there will be an influx of judicial commitments of persons who are deemed incompetent to stand trial based on I/DD under Jillian's Law, and who will languish in jails and hospitals without appropriate services because they do not exist. DRT recently met with a constituent who had in the preceding year been jailed three times, but was incompetent to stand trial. Instead of getting the long term I/DD services needed, this person experienced psychiatric hospitalization.

DRT likewise has constituents in the community who have experienced psychiatric hospitalization following behaviors in their community placements. These placements are often characterized by high staff turnover, low staffing ratios, and a lack of adequate training preparing staff to meet the needs of persons with complex behavioral and medical needs. When a provider is ill-equipped to effectively address these behaviors in the home, they often turn to law enforcement or take the person served to an emergency room, which can lead to a psychiatric hospitalization. Oftentimes, the private provider will refuse to readmit them to the community placement after the hospitalization.

[15] https://www.hhs.gov/civil-rights/for-individuals/disability/section-504-rehabilitation-act-of-1973/ocr-detailed-504-fact-sheet/index.html

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We believe increased funding for long term placements and services specifically tailored for persons with complex needs flowing from concurrent I/DD and SMI diagnoses is where TennCare should focus its efforts. As described below, the treatment and care of persons with I/DD, including those who are dually diagnosed with SMI, requires more than a psychiatric hospitalization.

a. Understanding I/DD to Better Serve Those With SMI/SED and I/DD

We hope to use these comments as an opportunity to address some misconceptions about serious mental illness (SMI) (or serious emotional disturbance (SED) in the case of children), intellectual disability (ID or I/DD herein), and developmental disability (DD), as well as "treatment" options for I/DD versus SMI. First, *intellectual disability is a type of developmental disability (which is why it is appropriate to refer to a person who has intellectual disability as having ID or I/DD), but a person with a developmental disability does not necessarily have an intellectual disability*. An intellectual disability diagnosis requires onset before age 18 and significant limitations in cognitive functioning (learning, problem solving, judgment) and adaptive behavior (communication skills and social participation).

Second, intellectual disability is a lifelong, permanent diagnosis that by definition begins in childhood. While I/DD can fluctuate between mild, moderate, and severe, there is no "cure" for I/DD. Conversely, the onset of MI can be any age, and the symptoms can be cyclical and often temporary. To further illustrate the difference, a person with an intellectual disability experiences thoughts that are limited by diminished cognitive ability and understanding; while a person with mental illness may experience disturbances in their thought processes and perception, their cognitive ability is not diminished by their mental illness.

Accordingly, and to illustrate a third difference between SMI and I/DD, there is no medication that a doctor can prescribe to "treat" I/DD because medication cannot restore cognitive ability. On the other hand, those living with a mental illness may be prescribed medication to help control or manage their symptoms. This is an important distinction in the context of competency restoration services – while incompetence to stand trial based on MI can potentially be addressed relatively quickly with appropriate medication, competency restoration services for people with I/DD can take on average 6-9 months. Furthermore, the success rate for restoring competency when it comes

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to persons with I/DD is much lower than success rates when treating people with MI.

Using a medical model of services that views I/DD as an "illness" that can be cured in a fixed amount of time or with a psychiatric hospitalization is misguided, ineffective, and detrimental to the person served. When individuals have an I/DD diagnosis in combination with SMI or SED, treating the mental illness will not necessarily address the I/DD. Thus, "covering the full continuum of care" for SMI or SED when there is a concurrent I/DD diagnosis requires a model of services designed to address both.

II. Improving Home and Community Based Services Requires Access to Higher Caps for People Who Need Additional Supports to Safely Reside in the Community, Regardless of Their Ability to Work Paid Employment

The third component of Draft Amendment 7 proposes "improving home and community based services (HCBS) authorized under the demonstration." Page three of the amendment notes that this includes "allowing exceptions to the applicable expenditure cap for persons in ECF CHOICES Group 6 with exceptional medical or behavioral needs so that such individuals may access supported employment services. This change will help ensure that members in ECF CHOICES Group 6 do not face unnecessary barriers to accessing supported employment services."

In that vein, on page 10 under V. Benefits, Draft Amendment 7 states that for individuals receiving comprehensive supports for Employment and Community Living Benefits, the state may grant exceptions to annual expenditure caps on a case-by-case basis, including for "an individual with low, moderate, or high need (~~but not~~ including exceptional medical or behavioral needs)…when necessary to permit access to Supported Employment and/or Individual Employment Support benefits." We note that conditioning exceptions to expenditure caps on a person's ability to work is counter-intuitive to the extent that the more complex the behavioral and mental health needs, the less likely someone is able to work.

1. Closing enrollment for the state's three 1915c waivers and other trends affecting I/DD housing has left an acute need for HCBS with higher caps

In recent years, the State has closed enrollment in its 1915(c) waivers (with limited exceptions), which provide Home and Community Based Services (HCBS) for people with intellectual disabilities as an alternative to institutional care, which includes care in an Intermediate Care Facility for

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Individuals with Intellectual Disabilities (ICF/IID). ICFs/IID provide active treatment through intensive specialized supports and services designed to assist individuals with intellectual disabilities to develop increased skills and independence in life areas where the individual needs additional supports to live in a more independent, integrated setting. The state run ICF/IID settings have no caps on costs.

Notably, DDA recently announced its intent to convert the existing state run ICFs/IID into residential habilitations for children in DCS custody. The conversion would involve moving the adults who currently reside in these settings, many of whom are former residents of Arlington and Clover Bottom Development Center and were part of the class action litigation leading to their closures, into private provider homes.[16] However, because the state run ICF/IIDs are not subject to the same cost caps for services as the private provider ICF/IID and ECF CHOICES, they can serve a much higher level of need than the private providers. Converting these settings to residential habilitations for youth will further limit the care that is available to those with complex behavioral and medical needs. This conversion has already taken place in the "TN Strong Homes" that were intended to be temporary placements for medically fragile foster youth who had been living in hospitals and other inappropriate settings.

Trends such as converting the state-run ICF/IID beds into housing for youth further exacerbate the lack of placements and services available for adults with complex behavior and medical needs, many of whom would not be accepted into private provider ICFs/IID or HCBS homes, thus forcing them into larger institutional settings. This comes at a time when the state Legislature has just approved a pilot project that exempts two facilities that serve adults with disabilities from the statutory four bed maximum for residential habilitations. We are concerned about trends pointing toward mass institutionalization of adults with I/DD in large facilities.

2. **To improve HCBS, TennCare should revise the caps structure more broadly and not condition exceptions to the caps on employment services**

Improving HCBS means addressing the needs of persons in ECF CHOICES who need more intensive services for community living, but are not pursuing

[16] The CAC waiver covers individuals with intellectual disabilities who are former members of the Arlington class, former members of the Clover Bottom class, and those who have been discharged from Harold Jordan Center after a 90 day stay. https://www.tn.gov/tenncare/long-term-services-supports/persons-with-intellectual-disabilities-receiving-services-in-the-1915-c-hcbs-waivers.html

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employment services. This would likely include many people who are dually diagnosed with I/DD and SMI. These persons typically need a higher level of staffing, which current expenditure limits do not allow. While the third component presumes that the current cost caps are inadequate to meet the needs of persons with complex behavioral and medical needs to live in the community, Draft Amendment 7 only proposes to help those capable of working.

For individuals with SMI or SED who can safely and appropriately live in the community, the cost caps in ECF CHOICES should be expanded so that those persons can remain in the community without regard to whether they can maintain employment. They should not be required to achieve employment just to get the necessary level of staff support they require to live in the community. DRT recently met with a constituent with complex behavior and medical needs who was unable to maintain employment services in the community because of inadequate staffing due to caps on expenditures in ECF CHOICES. Cost caps should not be a barrier to integration.

Simply put, Draft Amendment 7 should explicitly commit to provide adequate funding for ECF CHOICES such that persons in higher levels may maintain their placement, receive employment services, and live in the community permanently. Through Draft Amendment 7, TennCare has the opportunity to prevent this population from experiencing continuous service disruptions, termination of providers, psychiatric hospitalizations, homelessness, and jail.

In conclusion, we appreciate the opportunity to comment on Draft Amendment 7 to the TennCare III Demonstration. Thank you for your consideration. Please direct any comments or concerns to Zoë Jamail at the email listed below.

Respectfully submitted,

Zoë Jamail
Public Policy Coordinator
Disability Rights TN
zoej@disabilityrightstn.org

DISABILITY RIGHTS TN

800.342.1660 | www.disabilityrightstn.org | gethelp@disabilityrightstn.org

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[redacted]

Jack W. Derryberry, Jr.
Legal Director
Disability Rights Tennessee
jackd@disabilityrightstn.org

From: Emma Shouse
Sent: Thursday, October 10, 2024 12:22 PM
To: PUBLICE.NOTICE TENNCARE
Cc: Lauren J. Pearcy
Subject: Comments on Amendment 7

Hello,

The Tennessee Council on Developmental Disabilities appreciates the opportunity to comment on the proposed changes under Amendment 7 to the TennCare demonstration. The Council is a state agency created by the federal Developmental Disabilities Act and exists to improve services and supports to make life better for people with developmental disabilities and their families.

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Page 6 summary of proposed changes

CDD: The Council applauds these efforts towards greater flexibility for members and families in services for home modifications, transportation/ride-sharing, and benefits counseling.

Page 6 Public Notice

CDD: We urge TennCare to more consistently and proactively share information when public notices are posted. Ideas include:

- **sharing by email directly with advocacy organizations and offering to brief us. Advocacy organizations need to understand the changes so we can then share with our networks. We can mobilize members of the community to provide feedback based on experience with these programs;**
- **sharing consistently at advisory meetings. Information about Amendment 7 was shared during recent ECF CHOICES advisory meetings but it was not made clear that public comment was available; and**
- **posting to social media multiple times throughout the comment period rather than just once.**

Page 8 Benefits:

Individuals receiving Comprehensive Supports for Employment and Community Living benefits will be subject to an annual expenditure cap as follows:
4. The state may grant exceptions to these expenditure caps on a case-by-case basis as follows:
b. For an individual with low, moderate, or high need (but not including exceptional medical or behavioral needs), an exception may be made to the applicable expenditure cap when necessary to permit access to Supported Employment and/or Individual Employment Support benefits. The amount will be determined per individual based on the individual's need.

CDD: There is an urgent need for people with complex behavior and medical needs to have access to higher caps, regardless of employment services. We urge TennCare to revise the caps structure more broadly.

Section 34, Operations of Employment and Community First (ECF) CHOICES

CDD: **We urge TennCare to strengthen the support coordination process for members who may be interested in, or benefit from, switching programs/groups. Members are turning to the advocacy community for our help understanding the practical differences between programs and groups. New, easy to understand tools are needed for members. Support coordinators need both more support from seasoned supervisors and accountability for helping families navigate these questions.**

Benefits counselors:

CDD: **The Council on Developmental Disabilities hears from many members who are needing counseling and guidance about non-work income affecting TennCare. Examples include things like survivors benefits from a deceased relative or Social Security. We recommend broadening the scope and expertise of benefits counselors to include non-work income.**

Page 14 Reporting Requirements:

CDD: We urge TennCare to share the listed data reported to CMS in an easily understandable format on the TennCare public website, too. This data demonstrates the scope and impact of Tennessee's home- and community-based services for people with disabilities, and is currently very difficult to find or access outside of attending live advisory committee meetings. This data can help disability advocates better understand existing resources for serving Tennesseans with disabilities and inform efforts to advocate for more funding and resources to serve more people.

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Please let us know if there are any questions or concerns about the comments above. We appreciate the opportunity to comment and welcome all partnership with TennCare to improve services and supports for Tennesseans with disabilities!

TN Council on Developmental Disabilities

Emma (Shouse) **Garton** (she/her/hers)| Director of Public Policy
Tennessee Council on Developmental Disabilities
emma.shouse@tn.gov | ph: 615-253-5368
www.tn.gov/cdd | Facebook | Get Council news

Need disability resources? Contact TN Disability Pathfinder (1-800-640-4636)

From: ittakeswill
Sent: Thursday, October 10, 2024 4:57 AM
To: PUBLICE.NOTICE TENNCARE
Subject: [EXTERNAL] Ammendment 7

I write today as a brand new Tennessean and very proud of it. I'd like to say I'm a RN and also the conservator of my disabled adult sister who is quadriplegic and requires total care. We moved from CA where my sister received benefits from a program called IHSS and it appears to be very similar to CHOICES. In CA, my wife worked for IHSS and provided total care for my sister because my sister feels unsafe and gets extremely distressed and depressed with anyone else providing care. I just applied to CHOICES for my sister here in TN and was told that my wife may not be able to provide care for my sister if they live in the same house. I'd like to inquire about this since I just read about the amendment 7 and how the state wants to expand care and opportunities. I'd like to believe that the state of TN would in fact allow someone who is qualified to work with a disabled adult to be allowed the opportunity to fulfill the needs of a disabled adult regardless if they share the same address. I would greatly appreciate any clarification on this matter as it would affect our ability to make a living since it is how my wife makes an income at home while also caring for a disabled adult.
Thank you,
William Navarro RN BSN 310-987-9166
Sent from my iPhone

From: Elizabeth Lugo
Sent: Thursday, October 10, 2024 8:54 AM
To: PUBLICE.NOTICE TENNCARE
Subject: [EXTERNAL] Amendment 7

Hi , my family and I just moved to Tennessee and we're informed I wasn't able to be the caregiver of my quadriplegic sister-in-law. I was told Amendment 7 will help patients have more freedom of choice when it comes to this matter. My sister in law was used to her mother taking care of her entirely for her whole life. She was her best friend. Then her mother passed away suddenly in her sleep. Needless to say, my sister in law doesn't trust anyone but her family to take care of her since that's what she's accustomed too. My husband is a nurse , which brings her great comfort and she trust I know what I'm doing since her mother trained me in all her care.
It also brings me great satisfaction and joy that I'm the one that has been caring for her physical, emotional , and spiritual needs. It's very hard to give that up and allow someone else to be in that role. I wouldn't allow someone to take those precious moments away if it were my own child. And now, I see my sister in law as my child to take responsibility for and care for. Please allow the disabled and family members this choice to care and be part of their lives in a special , meaningful way .
If by any chance I was misinformed, please let me know who I can contact for more clarification.
Thank you kindly .
Sent from my iPhone

From: Kimberly Bennett
Sent: Tuesday, October 8, 2024 11:06 AM
To: PUBLICE.NOTICE TENNCARE
Subject: [EXTERNAL] Amendment 7 Public Notice

Good Morning Mr. Butler,

Sir, I wanted to ask if the state has considered adding to the attached amendment the option for family members who are also conservator's for their loved ones with a disability to be allowed to be their Family Model Provider? I have spoken with various individuals at various agencies within the state and have been told that the new Senate BIll 2036, which was not specific, and required interpretation, is now going to allow actual family members to become Family Model Providers but not family members who are also conservators.

My son lives in East TN and is a EFC Choices member. EFC Choices Services have been extremely difficult to obtain in our area. No providers are currently available to stay with my son while I work, so I have resigned my job to take care of my son. This summer I was initially told that I could be my son's Family Model Provider while remaining his conservator but then Tenncare walked that back and said they had told me incorrectly.

If I understand Tenncare correctly one of the areas of consideration is to allow a member to determine where they want to receive their services, my son wants to receive his services at home. From what I read the goal is also when possible to keep members out of nursing homes and to consider the CAP. I have asked Tenncare if they would make an exception as no providers have been available (the Federal Govt, has stated that Tenncare has the ability to make a exception) but at this time Tenncare has chosen not to make exception. My son's Circle of Support is in favor of me becoming his Family Model Provider, his care coordinator suggested it to me.

It has been mentioned that in the future a "clean up bill", maybe considered for Senate bill 2036 but as I saw that Amendment 7 is open for comment, and as I am continuing to reach out to anyone who could possible help change this law so that I can be my son's Family Model Provider I wanted to ask you if Tenncare may have considered adding any language to Amendment 7 regarding Family Model Providers?

Here is the law as it was sent to me:
(xii) Reimbursement for CLS or CLS-FM Services shall not include payment made to the Member's immediate family member as defined in Rule 1200-13-01-.02 or to the Member's conservator.

SENATE BILL 2036 By Briggs HOUSE BILL 1939 By Parkinson HB1939 011915 - 1 - AN ACT to amend Tennessee Code Annotated, Title 56; Title 63; Title 68 and Title 71, relative to payment for healthcare services. BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE: SECTION 1. Tennessee Code Annotated, Section 71-5-1404, is amended by adding the following as a new subsection: (e) Notwithstanding another law to the contrary, an individual is not ineligible to receive payment under this part for providing TennCare medicaid-reimbursed home- and community-based long-term care services to an individual eligible to receive such TennCare medicaid-reimbursed home- and community-based long-term care services on the basis that the individual providing care and the individual receiving care reside in the same home. SECTION 2. This act takes effect upon becoming a law, the public welfare requiring it.

Sincerely,

Kimberly Bennett
423-741-0818

From: Pearl
Sent: Monday, September 23, 2024 4:58 PM
To: PUBLICE.NOTICE TENNCARE
Subject: [EXTERNAL] Tenncare and Alzheimer's patients

Hello,
As an adult child of a 90 year-old mom with Alzheimer's, it is very difficult to navigate for Assistance to take care of my mom.
I do feel that Alzheimer's should be considered in the category of mental illness for purposes of care at home as long as possible.
My sister and I have tried for the last year to obtain Tenncare Medicaid for my mom, as she is no longer able to be left alone, cook for herself, bathe herself, or make any decisions.
I feel if Alzheimer's late stages at minimum were included in this amendment. It would be a great assistance to many families throughout Tennessee.
The only income my mom has is her Social Security check. Outside of that it falls upon my sister and myself to provide the necessary resources for my mom.
And by the way, my sister is 60 and I am 62 working full-time.
I am of the opinion that society spends an exorbitant amount of money, funding recovery programs for drug and alcohol addictions, which is needed. However We do not as a society require substance abuse, drug testing monitoring.
I said all that to say that our elderly, especially Alzheimer's patients are unable to care for themselves. We must do better to assist families without the only option of placing our loved ones into a nursing facility of which no one can afford without going bankrupt.
If there is a department or a person that I can speak with to find out how my mom can get assistance either through Medicaid or any other organizations, it would be greatly appreciated.
Thank you so much for taking the time to read all of the comments and taking appropriate action as seem as deemed by this group.
Sincerely,
Pearl Williams
615-419-8694
Sent from my iPhone