



March 31, 2021

Teresa DeCaro, Acting Director  
State Demonstrations Group  
Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop: S2-26-16  
7500 Security Boulevard  
Baltimore, Maryland 21244

RE: TennCare III Demonstration (Project No. 11-W-00369/4), Amendment 1

Dear Ms. DeCaro,

The purpose of this letter is to request a change to the TennCare Demonstration. In this amendment request, Tennessee is proposing to integrate services for members with intellectual or other developmental disabilities into the state's existing managed care service delivery system. These proposed changes are expected to enhance the experience of TennCare members with disabilities by integrating and coordinating all Medicaid services received by these individuals within a single service delivery system, as well as support the state's policy goal of operating a single, statewide, integrated service delivery system.

We are requesting a July 1, 2021, effective date for this amendment.

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](mailto:aaron.c.butler@tn.gov).

Thank you for your attention to this important matter.

Sincerely,

Stephen Smith  
Director, Division of TennCare



Tennessee Department of Finance & Administration

Division of TennCare

# **TennCare III Demonstration**

Project No. 11-W-00369/4

## **Amendment 1**

## **Integration of Care for Members with Intellectual Disabilities**

March 31, 2021

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## **TennCare III Amendment Application**

TennCare is an integrated managed care program that provides medical and behavioral health benefits to approximately 1.5 million Tennesseans. The TennCare program operates under the authority of a Section 1115 demonstration known as TennCare III. In this amendment, Tennessee is requesting a small number of modifications to the TennCare III demonstration. These proposed changes generally support the ongoing development of the TennCare managed care system by supporting increased integration of care for members with disabilities.

### **I. Description of the Amendment**

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In this amendment request, Tennessee is requesting the following modifications to the TennCare demonstration:

#### **Integrate Services for Members with Intellectual Disabilities**

Integration of care has been a primary focus of the TennCare program since its inception. Effective integration and coordination of care promotes a better experience for members, more cost-effective service delivery, and improved health outcomes. Although Tennessee has long required all Medicaid-eligible individuals to enroll in managed care for receipt of their medical care, certain Medicaid services were initially carved out of the state's managed care program. Over time, more and more of these services have been integrated into the managed care delivery system, resulting in opportunities for better care coordination and management and aligning with the state's larger policy goal of operating a single, statewide, integrated service delivery system.

HCBS for individuals with intellectual disabilities (ID) is a service type that was historically carved out of the TennCare managed care program. These services were delivered under the authority of separate 1915(c) waivers and administered by TennCare through an interagency agreement with the Tennessee Department of Intellectual and Developmental Disabilities (DIDD), which served as the operating agency. Tennessee took the first step toward integrating HCBS for members with ID into the larger TennCare managed care program in 2016. At that time, new enrollment into the 1915(c) waivers was closed,<sup>1</sup> and the Employment and Community First CHOICES program was launched as a fully integrated MLTSS program for individuals with ID within the TennCare demonstration.

Now TennCare, working closely with DIDD and other stakeholders, proposes to integrate the remaining HCBS authorized under the state's 1915(c) waivers into the state's managed care program. Under the state's proposal, these HCBS will continue to be authorized under 1915(c) authority, and DIDD will continue to be instrumental in providing oversight of the delivery of services for members with ID, but the services will become part of the package of benefits administered by the MCOs through the managed care

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<sup>1</sup> The 1915(c) Comprehensive Aggregate Cap waiver (TN.0357) has a narrow exception for new enrollment when a person has been institutionalized in the Harold Jordan Center—a public ICF/IID—for a period of at least 90 days.



service delivery system. The state is also proposing a corresponding change to integrate its ICF/IID benefit into the managed care program.<sup>2</sup> These changes will provide for better integration and coordination of care for members with ID.

The specific changes the state is requesting relative to services for individuals with ID are as follows:<sup>3</sup>

- ICF/IID and 1915(c) waiver services will be administered through the managed care program (maintaining concurrent 1915(c) authority for waiver services and Medicaid State Plan authority for ICF/IID services). These benefits will be removed from Table 3 in the demonstration's special terms and conditions (listing benefits carved out of the managed care program).
- ICF/IID services will include a Community Informed Choice process to ensure that individuals understand the full array of community-based options available to meet their needs, and having been fully informed, affirmatively choose institutional placement. This will better align the provision of ICF/IID services with federal law that did not exist when the benefit was first established (i.e., the Americans with Disabilities Act).
- Enabling Technology (ET) will be added as a benefit in Employment and Community First CHOICES, with Table 2d of the demonstration's special terms and conditions and Attachment H modified accordingly. Limitations currently applicable to the Assistive Technology, Adaptive Equipment and Supplies (AT/AES) benefit will be applied across the ET and AT/AES benefits combined; however, an MCO may authorize services in excess of the combined benefit limit as a cost-effective alternative to institutional placement or other medically necessary covered benefits.
- The special term and condition governing the TennCare Select health plan will be modified so that members with ID assigned to TennCare Select as of July 1, 2021, may remain enrolled in TennCare Select, while members enrolled after that date will be assigned to a traditional MCO.

### **Transition Children Receiving SSI Benefits to the MCOs**

The TennCare Select health plan is a prepaid inpatient health plan that operates in all areas of the state and that serves special populations within the TennCare demonstration. These populations are specified in the demonstration's special terms and conditions, and include children receiving SSI. The state proposes to transition children receiving SSI from the TennCare Select plan to the state's other contracted managed care plans. This change will benefit these members by allowing them the same choice in managed care plan as all other TennCare members and improve alignment for families with multiple TennCare members who are currently in different health plans.

The state (with CMS approval) stopped assigning newly enrolling children with SSI to TennCare Select in 2019, with no adverse consequences for the children affected. The state now proposes that effective with this amendment, children receiving SSI who are still enrolled in TennCare Select be transferred to another health plan. Because the TennCare Select plan is currently operated by the same entity operating one of

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<sup>2</sup> ICF/IID refers to intermediate care facility for individuals with intellectual disabilities.

<sup>3</sup> In some cases, the programmatic changes described above entail corresponding modifications to the state's 1915(c) waivers. The state is pursuing these changes through the 1915(c) waiver amendment process outside of this application.

the state's fully at-risk MCOs (BlueCare) with a similar provider network, the state proposes that these children initially be enrolled in BlueCare.<sup>4</sup> They will subsequently have the opportunity to change MCOs like any other TennCare member.<sup>5</sup>

### **Assign Inmates of Public Institutions to TennCare Select**

As noted above, the TennCare Select health plan is a prepaid inpatient health plan that operates in all areas of the state. TennCare Select serves as a back-up health plan in the event that an MCO serving TennCare members should have to leave the program unexpectedly. Because Tennessee's Medicaid program does not have a fee-for-service component, TennCare Select also serves as the health plan for certain special populations within the TennCare demonstration for whom assignment to an at-risk health plan may not be appropriate (e.g., individuals receiving emergency medical assistance).

One such population is inmates of public institutions who are enrolled in TennCare. In general, states cannot receive federal financial participation for services provided to inmates. However, federal policy provides an exception to this rule when an inmate otherwise eligible for Medicaid is removed from the institution and admitted on an inpatient basis to a hospital or other qualified setting for at least 24 hours. In these cases, the state Medicaid program may pay for care received during the inpatient episode. However, since the individual is only receiving Medicaid-covered services for the period of time he is receiving inpatient care outside of the public institution, there is no opportunity for an MCO to truly manage the care of such members. Given this challenge, the state requests that this population be added to the list of populations assigned to TennCare Select.

### **Technical Clarification to Employment and Community First CHOICES Populations**

The state is requesting a slight technical clarification to the populations who are eligible to participate in Employment and Community First CHOICES. The state is proposing to modify the ECF CHOICES At Risk demonstration group, the *Interim* ECF CHOICES At Risk demonstration group, and the ECF CHOICES Working Disabled demonstration group to include individuals who are otherwise eligible for Medicaid, but who are eligible in a Medicaid category that does not confer LTSS benefits. This modification will allow qualifying individuals with intellectual or developmental disabilities to participate in Employment and Community First CHOICES, regardless of eligibility category. The state is also proposing to clarify the ECF CHOICES Working Disabled demonstration group is open to all working age individuals, and not only to "working age adults," in order to ensure consistency across waiver STCs.

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<sup>4</sup> TennCare Select and BlueCare are both operated by Volunteer State Health Plan, Inc., which is an independent licensee of the BlueCross BlueShield Association and a licensed HMO affiliate of its parent company, BlueCross BlueShield of Tennessee.

<sup>5</sup> Although the state is proposing to transfer children receiving SSI benefits from TennCare Select to BlueCare, an exception may be made in cases where a child leaving TennCare Select has other household members enrolled in another health plan. In these cases, the child would be assigned to the same health plan as her other family members.

## **II. Expected Impact on Budget Neutrality**

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The integration of ICF/IID services and 1915(c) HCBS into the managed care program is projected to result in an increase of approximately \$1 billion in annual aggregate expenditures under the TennCare demonstration. Note that these are not new Medicaid expenditures, but under this amendment these expenditures will be integrated into the larger managed care program authorized under the state's 1115 demonstration. As part of this amendment, the aggregate budget neutrality cap applied to the TennCare demonstration will be adjusted to reflect the integration of these services.

The adjustments to the populations assigned to TennCare Select and clarification to Employment and Community First CHOICES populations are not anticipated to have an impact on the demonstration's budget neutrality.

## **III. Expected Impact on CHIP Allotment Neutrality**

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

## **IV. Modifications to Reporting, Quality, and Evaluation Design**

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On January 8, 2021, the newest iteration of the TennCare demonstration, known as "TennCare III," was approved by CMS. In accordance with the special terms and conditions approved on January 8, the state is currently working with CMS to develop the associated monitoring, reporting, and evaluation elements for the new TennCare approval period. The elements of this proposed amendment will be incorporated into the draft monitoring protocol and draft evaluation design that the state will submit to CMS.

## **V. Demonstration of Public Notice and Input**

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### **Public Notice**

From November 9, 2020, through December 11, 2020, the state implemented a public notice process on a draft proposal to extend the TennCare II demonstration (the precursor to the TennCare III demonstration). This public notice process was based on the requirements specified at 42 CFR § 431.408, and included a comprehensive public notice posted to the state's website, an abbreviated public notice published in various Tennessee newspapers, two public hearings, and various other public notice mechanisms. This proposed TennCare II extension included a description of the modifications described in this amendment that is substantially the same as that provided in Section I above. In response to this public notice, the state received comments from a number of interested persons and stakeholders.

With the approval of the TennCare III demonstration on January 8, 2021, the state no longer intends to submit the application to extend the TennCare II demonstration that was proposed in 2020. In order to effectuate the changes described in that extension request, Tennessee is instead submitting them as a standalone amendment to the TennCare III demonstration (Amendment 1). In order to ensure

transparency and maximize opportunities for public input, the state implemented a new public notice process on Amendment 1 from February 22, 2021, through March 5, 2021. This second public notice process was based on the requirements set forth in 59 Fed. Reg. 49249, and included publication of information about the proposed amendment (including a draft of the amendment) on the TennCare website, a notice in the newspapers of widest circulation in Tennessee communities with 50,000 or more residents, and a public hearing that took place on March 5, 2021, at which members of the public could offer input on the proposed amendment. Members of the public also had the option to submit comments throughout the notice period by mail and/or email.

## **Public Input**

The state received comments from 25 individuals and organizations in response to its public notice. These comments and the state's responses are summarized below. Comments submitted to the state in writing are attached to this application as Appendix B.

**One commenter wrote to express their appreciation for the services a family member receives through the Employment and Community First CHOICES program. The commenter noted that Employment and Community First CHOICES is the best program for individuals with intellectual disabilities that they and their family member have experienced, and they want the program to continue.**

The state thanks the commenter for their comments.

**One commenter who is the family member of an individual with intellectual disabilities commented that their family member likes being able to live at home and appreciates the support provided by the state's 1915(c) waiver programs. This commenter hopes that the state's 1915(c) waiver programs will continue.**

The state thanks the commenter for their comments. Under this amendment, the state's existing 1915(c) waiver programs will be continued. Services provided through the 1915(c) waiver programs will be integrated into the state's managed care program, where they will continue to be available to Tennesseans with intellectual disabilities.

**One commenter requested that family members or other individuals living in the home with persons enrolled in Employment and Community First CHOICES should be able to be paid for providing caregiver services to these members.**

The state appreciates this suggestion. While this is a matter of state policy beyond the scope of this amendment application, we continue to review state policies pertaining to employment of caregivers living in the home, in particular as it relates to the COVID-19 public health emergency currently in effect. Of note, Employment and Community First CHOICES includes a Family Caregiver Stipend that may be provided to individuals in Group 4, so long as the person's employment and community integration needs are met.

**One commenter suggested that members in Employment and Community First CHOICES sometimes have difficulty navigating questions of how their employment and wages will affect their eligibility for TennCare. This commenter recommended expanding the availability of Benefits Counseling services to ensure assistance is available to help members with intellectual or developmental disabilities understand the relationship between employment and eligibility for benefits.**

The state appreciates this suggestion. Benefits Counseling is a service available to any person in Employment and Community First CHOICES and is provided expressly for this purpose.

**Several commenters supported the addition of Enabling Technology (ET) as a benefit in Employment and Community First CHOICES.**

The state thanks the commenters for their support.

**One commenter expressed support for modifying the Employment and Community First CHOICES Working Disabled demonstration group to include individuals enrolled in the state's 1915(c) waivers. This commenter noted that this change will be helpful to individuals with disabilities seeking to live as independently as possible.**

The state thanks the commenter for their support. Upon additional consideration, the state believes that its policy goal—namely, to allow individuals receiving 1915(c) waiver services to earn additional income without impacting their eligibility for TennCare—can be accomplished without a demonstration amendment, by applying an appropriate income disregard to the 1915(c) waiver population. The state has removed this policy from this demonstration amendment, but will instead seek the same outcome through equivalent 1915(c) waiver and/or Medicaid State Plan amendments.

**One commenter noted that children enrolled in the TennCare Select health plan sometimes experience issues when they become adults and transition to other managed care plans. This commenter recommended the use of case managers to work directly with families to help with future planning, beginning at age 16. This commenter also recommended that case managers establish a partnership with Tennessee Disability Pathfinder.**

The state thanks the commenter for their recommendation. The state is committed to working with families and other stakeholders to identify strategies to further strengthen and improve the transition process for members transitioning from TennCare Select to other managed care plans. Each person enrolled in HCBS programs (including Employment and Community First CHOICES and the Section 1915(c) waivers) has an assigned Support Coordinator (or for individuals enrolled in the Self-Determination Waiver, a DIDD case manager) to assist them with these transition processes.

**A number of commenters expressed concern about the state's proposal to integrate services for members with intellectual disabilities into the state's managed care program. Some commenters expressed concern that MCOs would be reimbursed in a manner that incentivizes them to deny or**

**reduce benefits and/or not to focus on members with the most significant disabilities and highest levels of need. Some commenters recommended that the implementation of the person-centered planning process by the MCOs include strong oversight by DIDD to ensure that appropriate services and supports are provided. Some commenters expressed concern that MCOs would not contract with specific HCBS providers and/or suggested that the state require MCOs to contract with all qualified providers. Finally, some commenters recommended that the state provide education, training, or other supports to help members navigate the grievance and appeal process.**

The state thanks the commenters for the many thoughtful comments it received in response to this aspect of its public notice. The state believes strongly that integrating services for individuals with intellectual disabilities into the managed care program will result in better alignment and coordination of care for these members. The demonstrated success of the CHOICES and Employment and Community First CHOICES MLTSS programs are a clear indication of the promise of this integrated approach to care delivery.

As with all TennCare populations and as required under federal regulations, when MCOs are “at risk,” MCOs must be paid an actuarially sound capitation rate based on the populations served and the services required under the contract. The MCOs are then required to provide all medically necessary services in accordance with the member’s plan of care, including services for those with the highest levels of need. As it relates to services for individuals with intellectual disabilities, the state does not intend to utilize a capitation (or risk)-based payment at this juncture. Using flexibility provided under federal regulations, MCOs will be reimbursed for the services they provide, such that there is no incentive to reduce or deny services. The state will continue to evaluate the payment approach going forward, and should a risk-based payment approach be adopted in the future, will establish actuarially sound rates, with sufficient checks and balances to ensure that individuals continue to receive the services they need to live successfully in the community and achieve their individualized goals. The person-centered planning process and delivery of services will be subject to rigorous oversight by both TennCare and DIDD. MCOs will be required to maintain a network of qualified providers that is adequate to promptly provide all medically necessary care in accordance with the plan of care. The state is committed to ensuring that members and their families are aware of their rights to submit grievances and appeals and the process for doing so. The state communicates this to members through a variety of methods (e.g., handbooks, member notices) and maintains a beneficiary support system to assist members in navigating the grievance and appeal process. Disability Rights Tennessee is the current contractor for this beneficiary supports system.

**A number of commenters requested additional information about various operational aspects of the proposed integration of services for members with intellectual disabilities into the managed care program. Specific topics mentioned by commenters included potential changes to provider reimbursement for these services, implementation of value-based payment arrangements, changes to the provider credentialing process, quality standards to be used, and timelines for various aspects of the transition to managed care. Several commenters recommended that the state allow sufficient time for the transition to ensure minimal disruptions for MCOs, providers, members, and their families.**

**Some commenters suggested that providers will need support and technical assistance with the transition to managed care. Commenters generally suggested that the state provide for an ongoing, robust, transparent stakeholder input and communication process around the proposed transition.**

The state appreciates the thoughtful comments shared on this aspect of its proposal. Importantly, the state has endeavored to share information about the proposed transition with stakeholders in a transparent manner, including detail beyond the scope of the amendment application, in order to help stakeholders better understand how the program will be implemented and to obtain their input on those policies and processes. The state (TennCare and DIDD) is committed to continuing its ongoing work with providers, members, families, advocates, and other stakeholders to solicit input on and communicate transparently about the transition to managed care.

**A number of individuals commented on a shortage of direct support professionals (DSPs), nurses, and/or providers of various types of therapy in Tennessee. Several of these commenters spoke about difficulty accessing providers under the existing Section 1915(c) waivers and/or suggested that prevailing wages were insufficient to ensure an adequate statewide workforce. One commenter noted that while the network adequacy of MCOs was generally robust, there is a need for more qualified healthcare providers with specific expertise in working with individuals with intellectual or developmental disabilities.**

The state thanks the commenters for their comments and acknowledges that there is currently a national need for qualified DSPs, nurses, and therapists to support individuals with disabilities. Under the state's proposed managed care integration, MCOs will be required to contract with a network of providers that is sufficient to provide medically necessary services to all members in accordance with the member's plan of care. This includes continuity of existing services and providers for an initial period following implementation. The state is committed to continuing its work with healthcare providers, individuals with disabilities and their families, the advocacy community, and other stakeholders to identify strategies to enhance the HCBS workforce and has developed a comprehensive workforce strategy to help address this issue.

**Several commenters expressed concern about the state's proposed use of the Supports Intensity Scale (SIS) to assess the support needs of individuals with disabilities. These commenters generally expressed skepticism that the SIS will adequately assess member needs and/or suggested that an exceptions process be established for instances when the tool does not fully reflect the full range of a member's needs.**

The use of particular assessment instruments is beyond the scope of this amendment, but the state appreciates this concern. The Supports Intensity Scale (SIS) is a validated instrument created by researchers working with the American Association on Intellectual and Developmental Disabilities (AAIDD) and was specifically designed to be part of person-centered planning processes that help all individuals identify their unique preferences, skills, and life goals. The SIS is already used in more than 20 states, including Tennessee. Tennessee currently uses the SIS for assessing level of care or support needs in

Employment and Community First CHOICES and the Section 1915(c) waivers. Importantly, when used as a tool to help establish an individual's level of support needs, the process includes individualized consideration of exceptional medical or behavioral needs identified in the assessment, either as part of the SIS, a supplementary assessment tool, or through other information gathered during the comprehensive assessment process.

**As it relates to the integration of services for members with intellectual disabilities into managed care, some commenters expressed concern about the state's plan to leverage licensed therapeutic professionals to teach, train, and support paid and unpaid caregivers in order to embed appropriate treatment within the day-to-day delivery of supports in order to maximize both the efficacy and efficiency of service delivery. These commenters suggested that this consultative model of service delivery would reduce access to licensed therapeutic professionals when medically necessary.**

The state appreciates these concerns. Any changes to these benefits will be part of the 1915(c) waiver applications and will include a separate public comment process. As has been communicated to stakeholders throughout the planning process, the state intends that direct services by licensed therapeutic professionals will continue to be available, when appropriate. However, leveraging licensed professionals to also teach, train and support paid and unpaid caregivers, embedding appropriate treatment within the day-to-day delivery of supports is expected to maximize both the efficacy and efficiency of service delivery.

**Several commenters requested additional information about the continued availability of ICF/IID services vis-à-vis community-based services in the integrated managed care model. Some commenters expressed concern about the state's proposal to implement a Community Informed Choice process for individuals considering ICF/IID services. These commenters noted that individuals should be able to choose to receive care in ICFs/IID if that is their preferred setting, and suggested that the Community Informed Choice process would restrict access to ICF/IID services and/or restrict members' freedom of choice. Other commenters opposed the use of the Community Informed Choice process unless it is performed by an "independent" third party entity.**

Under the state's proposal, ICF/IID services will continue to be available to qualifying members as medically necessary; these services will be part of the state's managed care program in the same manner as HCBS for members with intellectual disabilities. The state respectfully disagrees with commenters who characterize the Community Informed Choice process as a restriction on access to ICF/IID services or a limitation on members' freedom of choice. To the contrary, it will better ensure that individuals are making an informed decision regarding their opportunities to receive services in the most integrated setting appropriate. The state is committed to ensuring that individuals with disabilities and their caregivers have an opportunity to understand the full array of community-based options available in order to choose the options that best meet their needs and preferences. The introduction of a meaningful Community Informed Choice process will help the state to better align this benefit with the expectations of the ADA.



**One commenter expressed concern about the future of Personal Assistance Services under the 1915(c) HCBS waiver programs. This commenter noted that Personal Assistance Services are vital supports for individuals with disabilities and their families, and instrumental in ensuring that individuals with disabilities are able to remain in their homes.**

The state appreciates this comment. While beyond the scope of this amendment, Personal Assistance Services will continue to be a covered benefit for persons enrolled in a Section 1915(c) waiver.

**One commenter expressed support for the state's proposal to continue its medication therapy management (MTM) program for an additional 12 months. This commenter expressed hope that the state will ultimately choose to retain the MTM program and to expand the availability of MTM to additional medically frail individuals.**

The state thanks the commenter for their support. Upon consideration, the state has decided not to proceed with this aspect of Amendment 1. TennCare is currently evaluating the effectiveness of its MTM program on the cost and quality of care for affected members, and will make a decision about the program's continuation, discontinuation and/or expansion to additional populations when these analyses are complete.

**Attachment A**  
**Documentation of Public Notice**

# Notice of Change in TennCare III Demonstration: Amendment 1

*Published February 22, 2021*

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 1,” will be filed with the Centers for Medicare & Medicaid Services (CMS).

## **Description of Amendment and Affected Populations**

In Amendment 1, the state is requesting the following modifications to the TennCare demonstration:

- Integrate services for members with intellectual disabilities into the TennCare managed care program<sup>1</sup>;
- Transition the care of children receiving Supplemental Security Income (SSI) benefits from the TennCare Select health plan to one of the other health plans that serves TennCare members;
- Assign inmates of public institutions to the TennCare Select health plan; and
- Extend TennCare’s medication therapy management pilot program for 12 months.

More detail on these proposed modifications is included in the state’s draft amendment located at

<https://www.tn.gov/content/dam/tn/tenncare/documents2/Amendment1DraftVersion.pdf>.

## **Expected Impact on Enrollment and Expenditures**

Amendment 1 will not result in any increase or decrease in enrollment in the TennCare demonstration. TennCare eligibility and benefits are not affected by Amendment 1 (except for the extension of the state’s medication therapy management benefit for 12 months).

Implementation of Amendment 1 is expected to result in an increase of approximately \$1 billion in annual aggregate expenditures under the TennCare demonstration. Note that these are not new expenditures for TennCare, but under Amendment 1 these expenditures will be integrated into the larger managed care program authorized under the state’s 1115

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<sup>1</sup> Specific services to be integrated are intermediate care facility services for individuals with intellectual disabilities (ICF/IID services) and 1915(c) waiver home- and community-based services (HCBS).



demonstration. As part of this amendment, the aggregate budget neutrality cap applied to the TennCare demonstration will be adjusted to reflect the integration of these services.

### **Public Notice Process**

This is the second public notice that TennCare has posted about these proposed changes. TennCare's first public notice period regarding these proposed changes took place from November 9, 2020, through December 11, 2020. At that time, these modifications were included in a draft application to extend the TennCare II demonstration (the precursor to the TennCare III demonstration).

With the approval of the TennCare III demonstration on January 8, 2021, the state is not proceeding with its application to extend the TennCare II demonstration. Instead, the proposed changes that were described in the TennCare II public notice will now be submitted to CMS as a standalone amendment (Amendment 1) to the TennCare III demonstration.

In order to ensure maximum transparency, the state is providing a new public notice regarding these proposed changes. Members of the public who wish to comment on this proposed amendment may do so until March 5, 2021. *Individuals and organizations that submitted comments on these proposed changes during the prior public notice period do not need to re-submit those comments.* TennCare is in receipt of and is reviewing all comments received in response to its November public notice.

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](mailto: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.

In order to be considered for the final draft of Amendment 1, comments must be received no later than March 5, 2021.



In addition, TennCare will hold an additional public hearing on these proposed changes at 11:00 a.m. CT on March 5, 2021. This hearing will be held electronically. Members of the public interested in attending this hearing may access the event at <https://tngov.webex.com/meet/JReeve> on the morning of March 5, 2021.

Individuals with disabilities or individuals with limited English proficiency who wish to participate in the hearing and who may require language or communication assistance to do so should contact Talley Olson of TennCare's Office of Civil Rights Compliance by phone at (855) 857-1673 or by email at [HCFA.fairtreatment@tn.gov](mailto:HCFA.fairtreatment@tn.gov) prior to the date of the hearing.

### **Draft of Amendment 1**

A draft of TennCare's proposed demonstration amendment is available at <https://www.tn.gov/content/dam/tn/tenncare/documents2/Amendment1DraftVersion.pdf>.



February 22, 2021

The Honorable Randy McNally  
Lt. Governor and Speaker of the Senate  
Suite 700 Cordell Hull Building  
Nashville, Tennessee 37243

The Honorable Cameron Sexton  
Speaker of the House of Representatives  
Suite 600 Cordell Hull Building  
Nashville, Tennessee 37243

Dear Lt. Governor McNally and Speaker Sexton:

This letter is written to inform you that the Division of TennCare will be submitting to CMS an amendment to the TennCare Demonstration. This Demonstration Amendment will be known as Amendment 1.

Amendment 1 will consist of several changes to the TennCare program. The primary purpose of these changes is to better integrate the delivery of care for TennCare members with disabilities. These changes are:

1. Integrating home- and community-based services for individuals with intellectual disabilities, as well as intermediate care facility services for individuals with intellectual disabilities, into TennCare's managed care program;
2. Transitioning the care of children who are receiving SSI benefits from the TennCare Select health plan to one of the other health plans that serves TennCare members;
3. Transitioning inmates of public institutions to the TennCare Select health plan; and
4. Extending TennCare's medication therapy management pilot program for 12 months.

These changes are expected to promote a better experience for members, more cost-effective service delivery, and improved health outcomes. TennCare has worked closely with the Department of Intellectual and Developmental Disabilities on all aspects of Amendment 1 concerning the care of TennCare members with intellectual disabilities.

We are proposing an effective date of July 1, 2021, for Amendment 1.

Amendment 1 will not result in any increase or decrease in TennCare enrollment. TennCare eligibility and benefits are not affected by Amendment 1 (except for the extension of the state's medication therapy management benefit for 12 months). The extension of TennCare's medication therapy management pilot program is expected to result in aggregate expenditures of \$3 million. The other components of Amendment 1 will not result in an increase or decrease in annual aggregate TennCare expenditures, although the integration of services for persons with intellectual disabilities into TennCare's managed care program will result in expenditures for these services falling within the scope

Letter to Lt. Governor McNally and Speaker Sexton

February 22, 2021

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of the TennCare Demonstration. The Demonstration's budget neutrality model will be adjusted to reflect the integration of these services.

Copies of this letter are being sent electronically to all members of the General Assembly, in accordance with T.C.A. § 71-5-104(b). In addition, a summary of Amendment 1 (including a draft version of the amendment itself) is available on the TennCare website located at <http://www.tn.gov/tenncare/>.

Please let us know if you have comments or questions.

Sincerely,



Stephen Smith

Director, Division of TennCare

cc: The Honorable Members of the General Assembly



Account #: 105178  
Company: BUREAU OF TENNCARE  
Client:  
Ad number: 204868  
PO#:  
Note:

## AFFIDAVIT • STATE OF TENNESSEE • HAMILTON COUNTY

Before me personally appeared Jim Stevens, who being duly sworn that he 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:

*Chattanooga Times Free Press: 02/24/21; TimesFreePress.com: 02/24/21.*

And that there is due or has been paid the CHATTANOOGA TIMES FREE PRESS for publication the sum of \$483.90. (Includes \$10.00 Affidavit Charge).

[Redacted Signature]

Sworn to and subscribed before me this date: 02/25/2021

[Redacted Signature]

My Commission Expires 02/28/2023



Chattanooga  
**Times Free Press**

400 EAST 11TH ST  
CHATTANOOGA, TN 37403



**NOTICE OF CHANGE IN TENNCARE  
III DEMONSTRATION  
AMENDMENT 1**

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 1," will be filed with the Centers for Medicare & Medicaid Services (CMS).

In Amendment 1, the state is requesting the following modifications to the TennCare demonstration:

- Integrate services for members with intellectual disabilities into the TennCare managed care program;
- Transition the care of children receiving Supplemental Security Income (SSI) benefits from the TennCare Select health plan to one of the other health plans that serves TennCare members;
- Assign inmates of public institutions to the TennCare Select health plan; and
- Extend TennCare's medication therapy management pilot program for 12 months.

More detail on these proposed modifications is included in the state's draft amendment located at <https://www.tn.gov/content/dam/tn/tenncare/documents2/Amendment1DraftVersion.pdf>.

Amendment 1 will not result in any increase or decrease in enrollment in the TennCare demonstration. TennCare eligibility and benefits are not affected by Amendment 1 (except for the extension of the state's medication therapy management benefit for 12 months).

Implementation of Amendment 1 is expected to result in an increase of approximately \$1 billion in annual aggregate expenditures under the TennCare demonstration. Note that these are not new expenditures for TennCare, but under Amendment 1 these expenditures will be integrated into the larger managed care program authorized under the state's 1115 demonstration. As part of this amendment, the aggregate budget neutrality cap applied to the TennCare demonstration will be adjusted to reflect the integration of these services.

This is the second public notice that TennCare has posted about these proposed changes. TennCare's first public notice period regarding these proposed changes took place from November 9, 2020, through December 11, 2020. At that time, these modifications were included in a draft application to extend the TennCare II demonstration (the precursor to the TennCare III demonstration).

With the approval of the TennCare III demonstration on January 8, 2021, the state is not proceeding with its application to extend the TennCare II demonstration. Instead, the proposed changes that were described in the TennCare II public notice will now be submitted to CMS as a standalone amendment (Amendment 1) to the TennCare III demonstration.

In order to ensure maximum transparency, the state is providing a new public notice regarding these proposed changes. Members of the public who wish to comment on this proposed amendment may do so until March 5, 2021. Individuals and organizations that submitted comments on these proposed changes during the prior public notice period do not need to re-submit those comments. TennCare is in receipt of and is reviewing all comments received in response to its November public notice.

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](mailto: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.

In order to be considered for the final draft of Amendment 1, comments must be received no later than March 5, 2021.

In addition, TennCare will hold an additional public hearing on these proposed changes at 11:00 a.m. CT on March 5, 2021. This hearing will be held electronically. Members of the public interested in attending this hearing may access the event at <https://tngov.webex.com/meet/JReeve> on the morning of March 5, 2021.

Individuals with disabilities or individuals with limited English proficiency who wish to participate in the hearing and who may require language or communication assistance to do so should contact Talley Olson of TennCare's Office of Civil Rights Compliance by phone at (855) 857-1673 or by email at [fairtreatment@tn.gov](mailto:fairtreatment@tn.gov) prior to the date of the hearing.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-259-0701 (TTY: 1-800-848-0298).

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TENNCARE BUREAU STAT  
310 GREAT CIRCLE ROAD  
  
NASHVILLE, TN 37243

**This is not an invoice**

**Affidavit of Publication**

**STATE OF WISCONSIN**  
**County of Brown**

Personally appeared before me, said Legal clerk of MEMPHIS PUBLISHING COMPANY, a corporation, publishers of The Commercial Appeal, morning and Sunday paper, published in Memphis, Tennessee, who makes oath in due form of law that she is Legal Clerk of the said Memphis Publishing Company, and that the accompanying and hereto attached notice was published in the following edition of The Commercial Appeal to-wit :

02/25/2021

TENNCARE BUREAU STAT

307573



Subscribe and sworn to before me this 25th day of February, 2021

  
\_\_\_\_\_  
Notary Public

1-7-25  
My commission expires

# of Affidavits 1  
Ad Number: 0004614823

KATHLEEN ALLEN  
Notary Public  
State of Wisconsin

Ad Number: 0004614823 Run Dates: 02/25/2021

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# AFFIDAVIT OF PUBLICATION

0004615198

Newspaper Jackson Sun

State of Tennessee

Account Number NAS-00381001

Advertiser BUREAU OF TENNCARE

BUREAU OF TENNCARE  
310 GREAT CIRCLE RD  
NASHVILLE, TN  
37243

TEAR SHEET  
ATTACHED

Jackie Cooper

Sales Assistant for the above mentioned newspaper,

hereby certify that the attached advertisement appeared in said newspaper on the following dates:

02/25/21

[Redacted Signature]

Subscribed and sworn to before me this

16<sup>th</sup> day of March 2021

[Redacted Signature]

Notary Public



Affidavits Requested:



Classifieds

All classified ads are subject to the applicable rate card, copies of which are available from our Advertising Dept. All ads are subject to approval before publication. The Jackson Sun reserves the right to withhold, refuse, reject, classify or cancel any ad at any time. Errors must be reported on the first day of publication. The Jackson Sun will not be liable for any loss or expense that results from an error in or omission of an advertisement. No refunds for early cancellation of order.

Your Source  
Public Notices

Your Source  
Public Notices

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WONDERWORD

By DAVID OUELLET

HOW TO PLAY: All the words listed below appear in the puzzle — horizontally, vertically, diagonally and backward. Find them, circle each letter of the word and strike it off the list. The leftover letters spell the WONDERWORD.

BREATHE IN, BREATHE OUT

Solution: 4 letters

R V Y T U O W O L B R E A T H  
A E R A C H E S T R A C H E A  
L N S I D L O H N E G Y X O A  
O T C P A S T E R O I D S W R  
E O N H I Q E O N O S E G P N  
V L N E I R N L B E P A U S E  
L I S S V L O I A A L C L P S  
A N S U U O L L C H C L P M A  
S A G A N C L Y O I W C O U F  
A P N T T I U F H G O K O P N  
L N U S R P S M S P I R I V A  
A E L T E E I N D N P S A G R  
C A S L U S N L G M O U T H E  
U O R A L M A I L E Z E E N S  
N I T R I L O G Y E X H A L E

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2/25

Alveolar, Apnea, Blowout, Breath, Chest, Chilly, Cinqair, COPD, Ellipta, Exhale, Fasenra, Flovent, Gases, Gasp, Gulp, Hiccup, Hold, Inert, Inhale, Lungs, Mouth, Mucus, Nares, Nose, Nostril, Nucala, Oral, Oxygen, Pause, Pollen, Pumps, Respiriologist, Sinus, Smoking, Sneeze, Spiriva, Sputum, Steroids, Tobacco, Trachea, Trilogy, Ventolin, Whales, Yupeli  
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Public Notices

0004595326

If you were arrested, charged and detained for more than 48 hours by the Jackson City Court between 1/18/2016-1/18/2019 and there was no probable cause determination made upon sworn testimony before a qualified judge or court clerk or other legally valid basis for your detention, you could get a payment from a class action settlement. A settlement has been proposed in a class action lawsuit about the arrest and detention and practices of the City of Jackson, Tennessee in the Jackson City Court. If you meet the criteria explained below, you may be able to share in this settlement. The United States District Court for the Western District of Tennessee authorized this notice. The Court will have a hearing to decide whether to approve the settlement so that the benefits may be paid. Who's Included?

You are a Class Member and could get benefits if you were arrested, charged and detained for more than 48 hours by the Jackson City Court without a probable cause determination made upon sworn testimony before a qualified judge or court clerk or other legally valid basis for your detention between 1/18/2016-1/18/2019.

THE ACES ON BRIDGE®

Bobby Wolff

"Have you heard that it was good to gain the day?  
I also say it is good to fall, battles are lost in the same spirit in which they are won."  
— Walt Whitman

In today's deal from a teams match, South overreached in the auction but kept his eye on the ball to score up his game.

North stretched to raise hearts at his third turn, keeping the bidding alive in case his partner had considerable extras. South felt he still had a little in hand and bid on to game.

A trump lead or shift would have put the defenders on the right track, but West opted for the diamond ace. East encouraged, not wanting a club shift. Had West shifted to a trump at trick two, East would have ducked, allowing the defense to draw two more rounds later. But West decided to press on with diamonds.

While this defense might have suggested that West had the club king, declarer called for a low club, the queen losing to West's king. Back came another club to dummy's ace, followed by a club ruffed high.

Now declarer cashed the spade ace-king before touching trumps, trying to avoid being locked in hand and promoting a trump for the defenders. Crucially, for the same reason, declarer led the heart seven next to dummy's nine and East's ace so that he could win East's trump return with the dummy's six.

It was now simple to trump another club high and ruff a spade with one of dummy's high trumps. Then he could draw the last trump and take the long club at trick 13.

The final mistake on the deal belonged to West, who still could have shifted to a trump at trick four, using up one of dummy's entries prematurely.

NORTH  
♠ 8 7  
♥ J 10 9 6  
♦ K 6  
♣ A 10 7 5 3

WEST  
♠ J 10 6 3  
♥ 5 3  
♦ A 10 7 4 2  
♣ K 9

EAST  
♣ Q 9  
♥ A 8 2  
♦ Q J 8 3  
♣ J 8 6 4

SOUTH  
♣ A K 5 4 2  
♥ K Q 7 4  
♦ 9 5  
♣ Q 2

Vulnerable: North-South  
Dealer: North

The bidding:  
South West North East  
1 ♠ Pass 1 NT Pass  
2 ♥ Pass 3 ♥ Pass  
4 ♥ All pass

Opening Lead: Diamond ace

BID WITH THE ACES

02-25-B

South holds:

♠ J 10 6 3  
♥ 5 3  
♦ A 10 7 4 2  
♣ K 9

South West North East  
? 1 ♦ 1 ♠

ANSWER: With five-card support, you should raise partner in preference to bidding one no-trump. You seem to have a little too much for a simple raise, though. An aggressive two-spade cue-bid is probably just about acceptable. If you can find spade shortage opposite, the sky may be the limit. You owe your partner the diamond jack, but I am willing to bet you have done worse from time to time.

For details of Bobby Wolff's autobiography, "The Lone Wolf," contact [shewolff57@aol.com](mailto:shewolff57@aol.com). If you would like to contact Bobby Wolff, e-mail him at [bobbywolff@mindspring.com](mailto:bobbywolff@mindspring.com). Copyright 2021. Distributed by Andrews McMeel for UFS

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All real estate advertising in this newspaper is subject to the Federal Fair Housing Act of 1968 as amended which makes it illegal to advertise "any preference, limitation, or discrimination based on race, color, religion, sex, handicap, familial status or nation origin, or an intention to make any such preference, limitation or discrimination."  
This newspaper will not knowingly accept any advertisement for real estate which is in violation of the law. Our readers are hereby informed that all dwellings advertised in this newspaper are available on an equal opportunity basis. To complain of discrimination, call HUD Toll-free at 1-800-669-9777. For hearing impaired call 1-800-927-9275.

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THE JOHNSON CITY PRESS  
204 W. Main Street  
Johnson City, TN 37604

AFFIDAVIT OF PUBLICATION

AD# 1546910

DATES: 2-24-2021

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State of Tennessee )  
Carter County )  
Washington County )

Teresa Hicks makes the oath that she is a Representative of The Johnson City Press , a

daily newspaper published in Johnson City, in said County and State, and that the

advertisement was published in said paper for 1 insertion (s) commencing on

2-24-2021 and ending on 2-24-2021.

[Redacted Signature]

Teresa Hicks

Sworn to and Subscribed before me this

2 24 2021  
Month Day Year



[Redacted Signature]

Marsha McNalley  
Notary Public

My commission expires on 11/30/2024

This legal notice was published online at [www.johnsoncitypress.com](http://www.johnsoncitypress.com) and [www.publicnoticeads.com](http://www.publicnoticeads.com) during the duration of the run dates listed. This publication fully complies with Tennessee Code Annotated 1-3-20



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- Assign inmates of public institutions to the TennCare Select health plan; and
- Extend TennCare's medication therapy management pilot program for 12 months.

More detail on these proposed modifications is included in the state's draft amendment located at <https://www.tn.gov/content/dam/tn/tennicare/documents2/Amendment1DraftVersion.pdf>.

Amendment 1 will not result in any increase or decrease in enrollment in the TennCare demonstration. TennCare eligibility and benefits are not affected by Amendment 1 (except for the extension of the state's medication therapy management benefit for 12 months).

Implementation of Amendment 1 is expected to result in an increase of approximately \$1 billion in annual aggregate expenditures under the TennCare demonstration. Note that these are not new expenditures for TennCare, but under Amendment 1 these expenditures will be integrated into the larger managed care program authorized under the state's 1115 demonstration. As part of this amendment, the aggregate budget neutrality cap applied to the TennCare demonstration will be adjusted to reflect the integration of these services.

This is the second public notice that TennCare has posted about these proposed changes. TennCare's first public notice period regarding these proposed changes took place from November 9, 2020, through December 11, 2020. At that time, these modifications were included in a draft application to extend the TennCare II demonstration (the precursor to the TennCare III demonstration).

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- Comments may be mailed to

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

In order to be considered for the final draft of Amendment 1, comments must be received no later than March 5, 2021.

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State of Tennessee )  
Carter County )  
Washington County )

Teresa Hicks makes the oath that

daily newspaper published in Johnson City

advertisement was published in

2-24-2021 and

Sworn to and Subscribed before me



This legal notice was published on  
[www.publicnoticeads.com](http://www.publicnoticeads.com) due to the fact that it  
complies with Tennessee Code

fully

# Knoxville NEWS SENTINEL

PART OF THE USA TODAY NETWORK

STATE OF TN BUREAU OF TENNCARE  
310 GREAT CIRCLE ROAD ATT JONA

NASHVILLE, TN 37243

State of Wisconsin }

County of Brown }

Before me, the undersigned, a Notary Public in and for said county, this day personally came said legal clerk first duly sworn, according to law, says that he/she is a duly authorized representative of *The Knoxville News-Sentinel*, a daily newspaper published at Knoxville, in said county and state, and that the advertisement of

(The Above-Referenced)

of which the annexed is a copy, was published in said paper on the following date(s):

02/24/2021

and that the statement of account herewith is correct to the best of his/her knowledge, information, and belief

\_\_\_\_\_  
Legal Clerk

Subscribed and sworn to before me this February 24 2021

\_\_\_\_\_  
Notary Public

TARA MONDLOCH  
Notary Public  
State of Wisconsin

\_\_\_\_\_  
My commission expires August 6, 2021

Publication Cost: \$358.56

Ad No: 0004615108

Customer No: 1318536

# of Affidavits 1

This is not an invoice

Notice of Change in TennCare III  
Demonstration  
Amendment 1

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 1," will be filed with the Centers for Medicare & Medicaid Services (CMS).

In Amendment 1, the state is requesting the following modifications to the TennCare demonstration:

- Integrate services for members with intellectual disabilities into the TennCare managed care program;
- Transition the care of children receiving Supplemental Security Income (SSI) benefits from the TennCare Select health plan to one of the other health plans that serves TennCare members;
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More detail on these proposed modifications is included in the state's draft amendment located at <https://www.tn.gov/content/dam/tn/tennsca/documents/2/Amendment1DraftVersion.pdf>.

Amendment 1 will not result in any increase or decrease in enrollment in the TennCare demonstration. TennCare eligibility and benefits are not affected by Amendment 1 (except for the extension of the state's medication therapy management benefit for 12 months).

Implementation of Amendment 1 is expected to result in an increase of approximately \$1 billion in annual aggregate expenditures under the TennCare demonstration. Note that these are not new expenditures for TennCare, but under Amendment 1 these expenditures will be integrated into the larger managed care program authorized under the state's FFS demonstration. As part of this amendment, the aggregate budget neutrality cap applied to the TennCare demonstration will be adjusted to reflect the integration of these services.

This is the second public notice that TennCare has posted about these proposed changes. TennCare's first public notice period regarding these proposed changes took place from November 9, 2020, through December 11, 2020. At that time, these modifications were included in a draft application to extend the TennCare II demonstration (the precursor to the TennCare III demonstration).

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

In order to be considered for the final draft of Amendment 1, com-

ments must be received no later than March 5, 2021.

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# AFFIDAVIT OF PUBLICATION

0004615193

Newspaper Leaf Chronicle

State of Tennessee

Account Number NAS-00381001

Advertiser BUREAU OF TENNCARE

BUREAU OF TENNCARE  
310 GREAT CIRCLE RD  
NASHVILLE, TN  
37243

TEAR SHEET  
ATTACHED

Jackie Cooper

Sales Assistant for the above mentioned newspaper,

hereby certify that the attached advertisement appeared in said newspaper on the following dates:

02/25/21

[Redacted Signature]

Subscribed and sworn to before me this 16<sup>th</sup> day of March 2021

[Redacted Signature]

Notary Public









# Classifieds

To advertise, visit:  
**classifieds.theleafchronicle.com**

■ Classifieds Phone: **931.552.1234**  
■ Classifieds Email: **tnclassifieds@gannett.com**  
■ Public Notices/Legals Email: **publicnotice@tnmedia.com**

All classified ads are subject to the applicable rate card, copies of which are available from our Advertising Dept. All ads are subject to approval before publication. The Leaf Chronicle reserves the right to edit, refuse, reject, classify or cancel any ad at any time. Errors must be reported in the first day of publication. The Leaf Chronicle shall not be liable for any loss or expense that results from an error in or omission of an advertisement. No refunds for early cancellation of order.

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**Pets**  
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Domestic Pets

Multi-Chons- awesome, white shots & dewormed, health guarantee. \$550. 270-465-1601

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**Merch**  
all kinds of things...

General Merchandise

TV, Zenith. 19-inch. Works fine. Hilldale area. A, bargain, \$10. (931)220-1767

VINTAGE SOUTHERN BELLE PORCELAIN DOLL, African, in box, \$35. (620)266-6764 pianog456@gmail.com

**Real Estate**  
**Homes**  
starting fresh...

Commercial

**EQUAL HOUSING OPPORTUNITY**  
Equal Housing Opportunity  
All real estate advertising in this newspaper is subject to the Federal Fair Housing Act of 1968 as amended which makes it illegal to advertise "any preferences, limitation, or discrimination based on race, color, religion, sex, handicap, familial status or nation origin, or an intention to make any such preference, limitation or discrimination."

"This newspaper will not knowingly accept any advertisement for real estate which is in violation of the law. Our readers are hereby informed that all dwellings advertised in this newspaper are available on an equal opportunity basis. To complain of discrimination, call HUD Toll-free at 1-800-669-9777. For hearing impaired call 1-800-927-9275.

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as gone. Call **615-242-SALE** today.

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Public Notices

0004615694  
**SPECIAL NOTICE**  
The Clarksville City Council will meet in regular session on Thursday, March 4, 2021, at 7:00 p.m. In an effort to facilitate the response to the Coronavirus Disease (COVID-19), this meeting will be conducted via Google Meets. A phone or email request to offer public comments in person or to offer statements relative to an application for zone change in person must be received by the City Clerk no less than 48 hours prior to the meeting. (931)648-6121 sylvia.skinner@cityofclarksville.com Such public comments and statements will be made electronically by participating in the Google Meet through use of a computer kiosk located in the lobby of City Hall, 1 Public Square, Clarksville TN. A written request to offer public comments or to offer statements relative to an application for zone change, no more than five pages, must be received by the City Clerk no less than 72 hours prior to the meeting. City Clerk, 1 Public Square, Clarksville TN 37040. Written comments and statements will be forwarded to the City Council. Public comments made in person not related to an application for zone change will be heard from no more than three (3) persons for five (5) minutes each. Statements relative to an application for zone change made in person will be heard from no more than three (3) persons in support of and no more than three (3) persons in opposition for five (5) minutes each. Requests will be granted on a first come-first served basis. For information regarding the agenda, please contact the City Clerk, (931)648-6121, or visit <https://www.cityofclarksville.com/AgendaCenter>.  
Sylvia Skinner, City Clerk  
City of Clarksville, Tennessee

0004616057  
All auctions will be sold online through [StorageTreasures.com](http://StorageTreasures.com) on or after March 2, 2021 at 9:30 am.  
The company name is Storalot, and the units are located at 1170 Ashland City Rd, Clarksville, TN 37040.  
The store manager can be reached at 931-919-4294  
Jeni Gillespie Unit 0267  
Toni Wilson-Lewis Unit 0416  
Brandy Lontok Unit 0254  
Keisha Smalls Unit 6062  
Trecia Harrison Unit 8048  
Jessica Tanner Unit 8041  
Donia Williams Unit 10007  
Cherelle Bryson Unit 0233

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General

**BYRD SURVEYING, INC.**

**Billing Assistant**

Byrd Surveying in Clarksville, TN is looking for a QuickBooks Specialist/Billing Assistant:

QuickBooks experience required. Accounting with Payroll experience, Billing Entry, and Invoicing. Self-motivated individual with attention to detail are qualifications for this position.

Full time position in our Clarksville Office, 50-70K depending on experience.

Please email resumes to [BSImarketing@byrdsurveying.com](mailto:BSImarketing@byrdsurveying.com)

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Public Notices

0004615193

**Notice of Change in TennCare III Demonstration Amendment 1**

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 1," will be filed with the Centers for Medicare & Medicaid Services (CMS).

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<https://www.tn.gov/tennecare/members-applicants/civil-rights-compliance.html>

**Careers**  
**Jobs**  
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General

General

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**Billing Assistant**

Byrd Surveying in Clarksville, TN is looking for a QuickBooks Specialist/Billing Assistant:

QuickBooks experience required. Accounting with Payroll experience, Billing Entry, and Invoicing. Self-motivated individual with attention to detail are qualifications for this position.

Full time position in our Clarksville Office, 50-70K depending on experience.

Please email resumes to [BSImarketing@byrdsurveying.com](mailto:BSImarketing@byrdsurveying.com)

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<https://www.tn.gov/tennecare/members-applicants/civil-rights-compliance.html>

**JANRIC CLASSIC SUDOKU**  
Fill in the blank cells using numbers 1 to 9. Each number can appear only once in each row, column and 3x3 block. Use logic and process elimination to solve the puzzle. The difficulty level ranges from Bronze (easiest) to Silver to Gold (hardest).

Rating: BRONZE

Solution to 2/24/21

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

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# AFFIDAVIT OF PUBLICATION

0004615186

Newspaper The Tennessean

State of Tennessee

Account Number NAS-00381001

Advertiser BUREAU OF TENNCARE

BUREAU OF TENNCARE  
310 GREAT CIRCLE RD  
NASHVILLE, TN  
37243

TEAR SHEET  
ATTACHED

Jackie Cooper

Sales Assistant for the above mentioned newspaper,

hereby certify that the attached advertisement appeared in said newspaper on the following dates:

02/25/21

[REDACTED]

Subscribed and sworn to before me this 16<sup>th</sup> day of March 2021

[REDACTED]

Notary Public



Affidavits Requested:



# Classifieds

To advertise, visit:  
**classifieds.tennessean.com**

- Classifieds Phone: **800.828.4237**
- Classifieds Email: **tnclassifieds@gannett.com**
- Public Notices/Legals Email: **publicnotice@tnmedia.com**



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messages & notices...

### Announcements

Squash Player - 4.5+ level doing music some months in Nashville - seeks court & competition.  
Call Anders @ 774-563-9551

## Great Buys YardSale

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### Williamson County

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Franklin, Estate Sale, 123 Ewingville Dr, Fri-Sat, 8:30-3p. Great vintage sale-kitchenware, purses, jewelry, office, vtg projector,kids' furniture, Marble top tables, kitchen tables, antique wicker, men's & women's clothes, tools, linens, houseplants, office furn. sheet music. DOGWOODESTATESALES.COM

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Pac 'n Play-by Gravco, easy set-up and take down, storage bag with handle for travel-\$15. (615)-298-4572

PRESIDENTIAL DOLLARS- complete set of 40 presidents on one dollar coins, in deluxe album- \$85. (615)-298-4572

## Don't miss this one!

Silver Leaf Antiques- fine glassware, antiques, and vintage. Open Tuesday through Sunday 10:00AM to 05:00 PM. 930 North 1st Street, Pulaski, TN

### Wanted to Buy

Buying Gold, Silver & Platinum Coins. Silver Dollars & Old Currency. Top Dollar Paid. 615-497-9852

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RECORDS & CDs WANTED-LPs/45s/78s Personal & DJ Collections/Promo Items Old Stock etc. CASH PAID. 615-256-6763

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We Thin &/or Remove Your Overgrown/ or Unwanted Monkey Grass/Liriope We Pay For Most Varieties There is no charge for this service! Call Dave @: 334-703-7122

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## Real Estate Rentals

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Riversgate - Furnished & unfurnished, wkly/mo, 1 Bdrms, Util., Appl. Call 943-7236, 943-6021

### Rooms For Rent

KNIGHTS INN - weekly/monthly rates & efficiencies- Free local calls, free HBO & WIFI \$250 & up. 615-678-6526

## Real Estate Homes

starting fresh...

### Commercial

**EQUAL HOUSING OPPORTUNITY**  
Equal Housing Opportunity  
All real estate advertising in this newspaper is subject to the Federal Fair Housing Act of 1968 as amended which makes it illegal to advertise "any preferences, limitation, or discrimination based on race, color, religion, sex, handicap, familial status or nation origin, or an intention to make any such preference, limitation or discrimination."  
"This newspaper will not knowingly accept any advertisement for real estate which is in violation of the law. Our readers are hereby informed that all dwellings advertised in this newspaper area available on an equal opportunity basis. To complain of discrimination, call HUD Toll-free at 1-800-669-9777. For hearing impaired call 1-800-927-9275.

### Land-Hickman/Maury

LAND FOR SALE SPRINGHILL TN. 52+ac. farm, Maury co. Tn., perked for 4 br home, water & power on property, gated concrete driveway, 3 ponds, 60% open pasture, 40% woods, 15k pr. acre. will not divide, call rick 931-619-0421

### Land-Other Counties

Giles County Mini Farmland, 25 acre building site, gorgeous Hillsboro Hunt country. City water. Beautiful trees and pastoral paradise. Ready for a dream home , (859)321-5707

## Automotive Cars

best deal for you...

### Autos Wanted

All Autos Wanted! Cash Paid for Junk Cars, any cond. 615-766-6460

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## Pets

to advertise, visit: **classifieds.tennessean.com** or call: **800.828.4237**

## Adopt Me Pets

all your favorites...

### Domestic Pets

Border Collie Puppies- registered, beautiful, shots & dewormed, health guarantee. \$550. 270-465-1601

Your merchandise is as good as gone. Call 242-SALE today.

### Cars

Lincoln Towncar 2007 - only 44k actual miles, Sunrf, other extras absolute mint condition! Just like showroom new! White with neutral lthr. MUST SELL NOW! \$9,700. Call: 615-330-1500

### SUV

**FOR SALE!**  
CHEVY TAHOE '04 - \$1000/obo 460k mi's. Needs Trans. 615-491-7299

### Motorcycle Scooter

Harley-Davidson 2008 FLHTCU, Ultra Classic Electra Glide, 33k miles, info at lejhn13@rcnemail.com, asking \$2,000, (423)717-5732

### Recreational Vehicle

2012 JAYCO GREY HAWK Model 31 FK. 29,476 miles. 1 slideout, sleeps 6, Sunscreen & accessories for hook up incl. Priced to sell! For complete details, 931-540-8205 or 931-446-7027



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## Careers Jobs

new beginnings...

### General

**CUSTOMER SERVICE TECHNICIAN**  
(Conveyor Systems)  
Advanced opening in Nashville Division of CP Group to communicate with customers, perform Q.C. tests, and schedule field services; requires industrial degree or experience, driver's license, and travel as necessary; and offers in-house and field training, weekly pay with paid holidays.  
  
**Apply to:**  
**Jeff Truelove | JTA Services**  
**512 Hopewood Ct Franklin, TN 37064**  
**615-591-9493 615-791-5866 (Fax)**  
**fmstar@bellsouth.net (Email)**

TN-GD05827-1-03

## Your Source Public Notices

for the latest...

### Public Notices

0004538726  
CARS, LLC will sell at auction to satisfy garage keepers lien on Friday, March 12th 2021 at 9am; 114 Jordan Drive La Vergne, TN 37086; 2007 Chrysler PT Cruiser 3A4FY58B87T505426

**SELL IT  
BUY IT  
FIND IT**  
  
cars      pets  
yard sales      instruments  
tickets      jewelry  
antiques      furniture  
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sports      cameras  
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Check out the  
classified ads everyday.

## Careers Jobs

new beginnings...

### General

## Your Source Public Notices

for the latest...

### Public Notices

0004615186  
**Notice of Change in TennCare III Demonstration Amendment 1**  
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 1," will be filed with the Centers for Medicare & Medicaid Services (CMS). In Amendment 1, the state is requesting the following modifications to the TennCare demonstration:  
• Integrate services for members with intellectual disabilities into the TennCare managed care program;  
• Transition the care of children receiving Supplemental Security Income (SSI) benefits from the TennCare Select health plan to one of the other health plans that serves TennCare members;  
• Assign inmates of public institutions to the TennCare Select health plan; and  
• Extend TennCare's medication therapy management pilot program for 12 months.

More detail on these proposed modifications is included in the state's draft amendment located at <https://www.tn.gov/content/dam/tn/tennccare/documents/2/Amendment1DraftVersion.pdf>. Amendment 1 will not result in any increase or decrease in enrollment in the TennCare demonstration. TennCare eligibility and benefits are not affected by Amendment 1 (except for the extension of the state's medication therapy management benefit for 12 months).

Implementation of Amendment 1 is expected to result in an increase of approximately \$1 billion in annual aggregate expenditures under the TennCare demonstration. Note that these are not new expenditures for TennCare, but under Amendment 1 these expenditures will be integrated into the larger managed care program authorized under the state's 1115 demonstration. As part of this amendment, the aggregate budget neutrality cap applied to the TennCare demonstration will be adjusted to reflect the integration of these services.

This is the second public notice that TennCare has posted about these proposed changes. TennCare's first public notice period regarding these proposed changes took place from November 9, 2020, through December 11, 2020. At that time, these modifications were included in a draft application to extend the TennCare II demonstration (the precursor to the TennCare III demonstration).

With the approval of the TennCare III demonstration on January 8, 2021, the state is not proceeding with its application to extend the TennCare II demonstration. Instead, the proposed changes that were described in the TennCare II public notice will now be submitted to CMS as a standalone amendment (Amendment 1) to the TennCare III demonstration.

In order to ensure maximum transparency, the state is providing a new public notice regarding these proposed changes. Members of the public who wish to comment on this proposed amendment may do so until March 5, 2021. Individuals and organizations that submitted comments on these proposed changes during the prior public notice period do not need to re-submit those comments. TennCare is in receipt of and is reviewing all comments received in response to its November public notice.

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.tennccare@tn.gov](mailto:public.notice.tennccare@tn.gov).
- Comments may be mailed to Aaron Butler, Director of Policy Division of TennCare 310 Great Circle Road Nashville, TN 37243.

In order to be considered for the final draft of Amendment 1, comments must be received no later than March 5, 2021.

In addition, TennCare will hold an additional public hearing on these proposed changes at 11:00 a.m. CT on March 5, 2021. This hearing will be held electronically. Members of the public interested in attending this hearing may access the event at <https://tn.gov.webex.com/meet/JReeve> on the morning of March 5, 2021. Individuals with disabilities or individuals with limited English proficiency who wish to participate in the hearing and who may require language or communication assistance to do so should contact Talley Olson of TennCare's Office of Civil Rights Compliance by phone at (855) 857-1673 or by email at [HCFA.fairtreatmen@tn.gov](mailto:HCFA.fairtreatmen@tn.gov) prior to the date of the hearing.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-259-0701 (TTY: 1-800-848-0298).

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

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• Firewood  
• Pruning • Deadwooding  
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**615-394-3498**

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ACI SUPPLY  
• 1/2 Price Pre Spring Sale •  
Buy One Iron Security Door or Burglar Bars at Regular price, get the Second at 1/2 price! First Ten Callers get Additional 10 % Off! Protect Yourself this season! Install Burglar Bars, Doors & Fence today! We also install Replacement Windows, Entry Doors, Custom Carports & Patio Covers  
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or [windowburglarbars.com](http://windowburglarbars.com)

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• No Job Too Large or Too Small  
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BBB A+ Member  
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✓ Trimming  
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✓ Irrigation System Fix  
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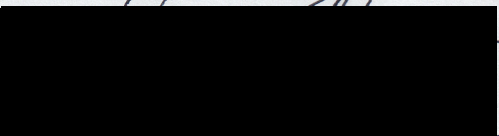
STATE OF TENNESSEE  
COUNTY OF OBION

Personally appeared before me, the undersigned Notary Public for Obion County, Tennessee, David CRITCHLOW, who on oath says he is the publisher of the Union City Daily Messenger a daily newspaper of general circulation, published at Union City in said county and state, and that the hereto attached

Notice of Change

Notice was published in said paper for 1 consecutive days as follows:

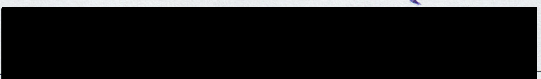
2/23, 2021

Publisher 

Publisher's Fee \$ 380.09

Subscribed and sworn to before me this 25<sup>th</sup> day of

February, 2021

Notary Public 



CLASSIFIEDS

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

We're **SUPER** Excited!!

Fun's on the way.

**ANDREW Stephens** is 7

On this **SUPER** day!

Misc. For Sale

Legal

**FOR SALE:**  
JoJo Siwa  
Twin bed frame  
New in box, \$200,  
Call for photos or info  
731-223-1278

**FOR SALE:**  
Pipe Rack  
For 6' Truck Bed  
\$225  
Text only 731-446-5088

**CLASSIFIED ADS**  
WILL DO THE JOB!  
Call 885-0744

**Want to Buy**

**WANTED TO BUY:**  
Small Outboard Motor  
15 HP or Less  
Text only 731-446-5088

**CASH-IN**  
ON THE CLASSIFIEDS

**Notice**

**NOTICE**  
The Messenger screens all classified ads prior to publishing in order to protect our readers from scams.

Our customers are important to us. If you see an ad that you are unsure of or if you respond to an ad that is a scam, please contact us.

The Messenger  
Classifieds Department  
731-885-0744

**Bid Notice**  
The Union City Board of Education is accepting sealed bids on a new 2020 or 2021 seven passenger Mini Van; color - white; V-6 engine. Sealed bids are due no later than 10:00 a.m., Thursday, March 4, in the office of Director of Schools Wesley Kennedy. Bids may be mailed to the UC Board of Education, P.O. Box 749, Union City, TN 38281 to the attention of Chuck Reedy or brought to the office at 408 S. Depot St. The bid will be awarded at the March 8, 2021 board meeting. The Union City Board of Education reserves the right to reject all or any part of

**LEGAL NOTICE**  
Pursuant to the provisions of Section 57-5-105 T.C.A., NOTICE IS HERBY GIVEN to all persons interested that a public meeting of the Obion County Beer Board Committee will be held on Tuesday, March 2, 2021, in the Obion County Courthouse Annex commencing at the hour of 8:00 a.m. to determine if a permit to sell retail beer for consumption "on premises" should be issued Jennifer Schrader DBA 22 Club. The location address is 1629 W. Highway 22, Union City, TN. Obion County Beer Board Andy Crocker, Chairman 2/23/2021

**In the Chancery Court of Obion County, Tennessee**  
**Civil Action No. 34,495**  
**Notice to Non-Resident Heirs of Mary Catherine Hancock and Possible Unknown Heirs of Mary Catherine Hancock**  
TO: James McFerran, Steven Gill, Francis Lucy, Kim Jackson, Fulton Railroad-

ers Baseball Club, LLC, Carol Conoway, Sue Elkins Ledford, Laura Hogue, Stephanie Vaughn, Stacey Williams, Starla Smith, Charles Kelly, Jr., Sue Catherine Kelly, Christin Conoway Smith, and Shannon Conoway Peters, nonresidents of the State of Tennessee, the unknown heirs at law of John Leroy Conoway, the unknown heirs at law of Sue Kelly, and any potential unknown heirs at law of Mary Catherine Hancock

Any responsive pleadings you wish to file in the case styled in the Matter of: The Estate of Mary Catherine Hancock, Obion County Chancery Court No. 34495, must be filed with Paula Rice, the Obion County Chancery Court Clerk & Master, whose address is 6 Bill Burnett Cir., Union City, Tennessee 38261, within (30) days after the last date of publication hereof, and a copy of said pleading should be mailed to Rebecca P. Biehlich, Whittedge & Biehlich, PLLC, the attorney for the Estate of Mary Catherine Hancock, whose address is 226 South Lindell Street, P.O. Box 1024, Martin, Tennessee 38237. Any contest of the Last Will and Testament of Mary Catherine Hancock shall be heard at the hearing set in this case to probate said Will in solemn form on Wednesday, April 7, 2021, at 9:00 a.m., in the Chancery Courtroom at the Obion County Courthouse in Union City, Tennessee. Any contest must be offered when said Will is offered for probate or never.

If any such person identified herein is a minor or other person under disability and wishes to either serve a responsive pleading or appear at the hearing in this matter, please contact Lang Unger, the Guardian Ad Litem appointed in this matter, whose address is 409 South Lindell Street, Martin, Tennessee 38237. It is ordered that publication of this notice be made for four consecutive weeks in the Union City Daily Messenger, a daily newspaper published in Obion

County, Tennessee. This the 27th day of January, 2021.  
By: Paula Rice, Clerk & Master  
2/2/2021, 2/9/2021, 2/16/2021, 2/23/2021



**NOTICE OF PUBLIC MEETING**  
The Union City Board of Zoning Appeals does hereby give public notice of a regular meeting to be held on Friday, March 5, 2021, at 8:30 AM in the courtroom of the Municipal Building located at 408 S. Depot St. for the proposal of a home occupation at 621 E Gibbs Street and a variance request at 2000 E Main Street. A copy of the request may be viewed in the office of the Building Inspector during regular business hours. All interested parties are invited and encouraged to attend. It is the policy of the City of Union City, Tennessee not to discriminate on the basis of race, color, national origin, age, sex or disability in its hiring and employment practices, or in operation of its programs, services, and activities. If special accommodations are needed in order to fully participate in this meeting, please contact City Hall at least 48 hours in advance.  
2/23/2021

**NOTICE**  
NOTICE is hereby given that a meeting is being held by the Planning and Codes Department regarding the condemnation of 510 E. Cheatham Street. This hearing is being held as required by the "Slum Clearance Ordinance 11-77" of the City of Union City at 408 S. Depot Street on 3/1/2021 at 10:00 AM. All persons having an interest in the property listed above may contact the Planning and Codes Department at 731-885-0920.  
2/23/2021

**CLASSIFIED ADS**  
WILL DO THE JOB!  
Call 885-0744

**NOTICE OF Change in TennCare III Demonstration Amendment 1**  
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• Extend TennCare's medication therapy management pilot program for 12 months.  
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• Comments may be sent by email to public.notice.tennicare@tn.gov.  
• Comments may be mailed to Aaron Butler, Director of Policy, Division of TennCare, 310 Great Circle Road Nashville, TN 37243. In order to be considered for the final draft of Amendment 1, comments must be received no later than March 5, 2021. In addition, TennCare will hold an additional public hearing on these proposed changes at 11:00 a.m. CT on March 5, 2021. This hearing will be held electronically. Members of the public interested in attending this hearing may access the event at https://tngov.webex.com/join/jReeve on the morning of March 5, 2021. Individuals with disabilities or individuals with limited English proficiency who wish to participate in the hearing and who may require language or communication assistance to do so should contact Talley Olson of TennCare's Office of Civil Rights Compliance by phone at (855) 857-1673 or by email at HCFA.fairtreatment@tn.gov prior to the date of the hearing. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. https://www.tn.gov/tenn-care/members-applicants/civil-rights-compliance.html 2/23/2021

gov.  
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**NOTICE OF TRUSTEE'S SALE**  
WHEREAS, default has occurred in the performance of the covenants, terms, and conditions of a Deed of Trust Note dated October 16, 2017, and the Deed of Trust of even date securing the same, recorded October 23, 2017, in Book No. 205, at Page 186, in Office of the Registrar of Deeds for Obion County, Tennessee, executed by Loritta A Davis, conveying certain property therein described to Joseph B. Pitt, ESQ. as Trustee for Mortgage Electronic Registration Systems, Inc., as beneficiary, as nominee for LoanDepot.com, LLC, its successors and assigns; and the undersigned, Wilson & Associates, P.L.L.C., having been appointed Successor Trustee, by loanDepot.com, LLC, NOW, THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable; and that an agent of Wilson & Associates, P.L.L.C., as Successor Trustee, by virtue of the power, duty, and authority vested in and imposed upon said Successor Trustee, by loanDepot.com, LLC, will, on April 13, 2021 on or about 1:00 PM, at the Obion County Courthouse, Union City, Tennessee, offer for sale certain property hereinafter described to the highest bidder FOR certified funds paid at the conclusion of the sale, or

credit bid from a bank or other lending entity pre-approved by the successor trustee. The sale is free from all exemptions, which are expressly waived in the Deed of Trust, said property being real estate situated in Obion County, Tennessee, and being more particularly described as follows:  
THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF OBION, STATE OF TENNESSEE, AND IS DESCRIBED AS FOLLOWS: SITUATE, LYING AND BEING IN THE ELEVENTH (11TH) CIVIL DISTRICT OF OBION COUNTY, TENNESSEE, AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT AN IRON STAKE, WHERE THE CENTERLINE OF THE MASON HALL-TRIMBLE ROAD INTERSECTS THE CENTERLINE OF A NORTH-SOUTH COUNTY ROAD (GRAVEL SURFACE), SAME BEING THE SOUTHWEST CORNER OF THIS HEREIN DESCRIBED PARCEL, RUNS THENCE NORTH 01 DEGREE 00 MINUTES WEST 267.31 FEET ALONG THE CENTERLINE OF SAID NORTH-SOUTH COUNTY ROAD (GRAVEL SURFACE) TO AN IRON STAKE IN SAID CENTERLINE. THE WESTMOST NORTHWEST CORNER OF THIS HEREIN DESCRIBED PARCEL; RUNS THENCE NORTH 89 DEGREES 24 MINUTES EAST 153.12 FEET ALONG THE EXISTING FENCE LINE TO A WOOD FENCE POST, AN INNER CORNER OF THIS HEREIN DESCRIBED PARCEL; RUNS THENCE NORTH 01 DEGREE 00 MINUTES WEST 106 FEET ALONG SAID FENCE LINE TO AN IRON STAKE IN SAID FENCE LINE, THE NORTHEAST CORNER OF THIS HEREIN DESCRIBED PARCEL; RUNS THENCE NORTH 89 DEGREES 15 MINUTES EAST 477.46 FEET TO AN IRON STAKE IN A FENCE LINE, THE NORTHEAST CORNER OF THIS HEREIN DESCRIBED PARCEL; RUNS THENCE SOUTH 0 DEGREES 03 MINUTES EAST 372.96 FEET ALONG SAID FENCE LINE W&A No. 335882 1 TO AN IRON STAKE IN THE CENTERLINE OF SAID MASON HALL-TRIMBLE ROAD, THE SOUTHEAST CORNER OF THIS HEREIN DESCRIBED PARCEL; RUNS THENCE SOUTH 89 DEGREES 15 MINUTES WEST 624.38 FEET ALONG THE CENTERLINE OF SAID MASON HALL-TRIMBLE ROAD TO THE POINT OF BEGINNING, AND CONTAINING 5.00 ACRES, MORE OR LESS (3.19 ACRES BY TAX MAP).

ALSO KNOWN AS: 550 Mason Hall Road, Trimble, TN 38259

This sale is subject to all matters shown on any applicable recorded plat; any unpaid taxes; any restric-

tive 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: LORITTA A DAVIS. The sale held pursuant to this Notice may be rescinded at the Successor Trustee's option at any time. 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. In the event of inclement weather, the trustee hereby announces that the sale will be postponed for a period of two weeks. In such situations, notices will be mailed to interested parties of record. W&A No. 335882 DATED February 16, 2021 WILSON & ASSOCIATES, P.L.L.C., Successor Trustee 2 W&A No. 335882 2/23/2021, 3/2/2021, 3/9/2021

**TRUSTEE'S NOTICE OF SALE**  
WHEREAS, by Deed of Trust executed by HERMAN GRAY, a married person, et al, said individuals conveyed all of their respective interests in the property described therein unto Sherrell Armstrong, Trustee to secure the payment of a Promissory Note in the original principal amount of \$34,199.75, and all renewals, extensions or modifications thereof, and payable to FIRST CITIZENS NATIONAL BANK, said obligation being payable as set forth in the deed of trust aforesaid, which was recorded in the Register's Office for Obion County, Tennessee, in Record Book 174 page 51-60, reference to which instruments is here made; and, WHEREAS, FIRST CITIZENS NATIONAL BANK, is now the owner and holder of the note and deed of trust aforesaid, and, WHEREAS, if required by law, the Trustee has caused a diligent search of the Defense Manpower Data Center (DMDC) website for each known Borrower in compliance with the Service Members Civil Relief Act, and as such the foreclosure of this property is not subject to the provisions of 50 U. S. C. §501, et seq.; and, WHEREAS, default has been made in the payment of said abovementioned indebtedness and FIRST CITIZENS NATIONAL BANK, the holder of said note, being authorized so to do, has declared the entire amount due and payable as provided for in said Note and Deed of Trust and as modified, and the undersigned, SHERRELL ARMSTRONG, Trustee, in accordance with the terms and conditions of said note and Deed of Trust as modified will sell the hereinafter described real estate at

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Find a dealer with ease with this local directory.

**1 MURRAY, KY**  
**TOYOTA OF MURRAY**  
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270-753-4961  
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**Attachment B**  
**Public Comments**

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**From:** [REDACTED]  
**Sent:** Friday, December 11, 2020 11:27 AM  
**To:** PUBLICE NOTICE TENNCARE  
**Subject:** [EXTERNAL] IDD Integration Plan Parent Concern/Comments Regarding Personal Assistance Services

I am the parent of a young man who has intellectual disabilities, Autism, and severe behavior issues. I am wondering if Personal Assistance Services are on the state's radar for families wanting to keep their children at home forever or as long as possible.

I have reviewed the state's concept paper and addition information and I am concerned that I have not seen any questions or information regarding Personal Assistance Services. This service is a lifeline for my family and allows us to be able to keep our family intact. Therefore, we are very concerned about the future of Personal Assistance and want to let it be known that many families, like ourselves, depend on this vital service in order to provide a safe environment for our loved one. Not just safety is provided, Personal Assistance supports in increasing independence even though his needs are great.

The availability of Personal Assistance had been significant for the quality of life we desire for our family. I am sure, as with other working families, our needs for our adult children being care for are not limited to the time the Community Based/participation hours provide. As a student in school the Personal Assistance hours provided for a portion of the day. We utilize the full day service and Personal Assistance during the evening and weekends. He is able to attend violin lesson and therapeutic riding which is only possible for us with this service in place. Our work schedules vary, and this support is crucial to assuring he has support for the activities that he so desires to have. We, along with many other families, desire to keep our family together. We desire to keep our children in our homes forever or as long as absolutely possible. Personal Assistance makes that possible for us. Because of high behavior needs and inability to be alone, it is vital that our son is covered 24 hours a day. With the support from PAs we are ensured that our family can stay together. My concern is that perhaps state officials do not understand or realize the degree that Personal Assistance is needed for some individuals.

It is vital that these services are retained for our family and all the families now and in the future who need this extra support Personal Assistance provides. This lifeline cannot be broken. We are so grateful that our family been able to stay together.

Sincerely,  
Elizabeth and Larry Osborne

---

**From:** rgtm [REDACTED]  
**Sent:** Tuesday, November 17, 2020 11:21 AM  
**To:** PUBLICE NOTICE TENNCARE  
**Subject:** [EXTERNAL] Waiver

I appreciate the waiver program. My daughter has received services since she had to leave high school at 21. Laura is severely disabled and requires 24 hour care. She has the cognitive ability of a seven month old. She has to be fed bathed diapered etc. Two people must be with her to transfer her and take care of her. She is ,37 and likes to be here in our home. I hope the waiver program will continue. Thanks. Ruth Gent

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**From:** shelly L [REDACTED]  
**Sent:** Thursday, November 19, 2020 1:50 PM  
**To:** PUBLICE NOTICE TENNCARE  
**Subject:** [EXTERNAL] IDD integration

My son is the employment and community first choices this is the best program that I've found for my adult son that is intellectual and also has autism

And our case manager chrystall is awesome and we really want to keep this program. He is doing so good since we have a plan in place and I am so thankful that we have community and based services be and my son loves his case manager.

Thanks,  
Michele

---

**From:** Sheela Ramachandran [REDACTED]  
**Sent:** Wednesday, December 2, 2020 11:49 AM  
**To:** PUBLIC NOTICE TENNCARE  
**Cc:** Sharon Bottorff  
**Subject:** [EXTERNAL] Commenting on the extension application - ECF DIDD integration

Good Morning Mr.Smith,

Hope all is safe and well with you and family.

We have been requesting a change in the ECF program for a while now where a parent caregiver can get paid to provide DSP services. Now with the integration, we would like for members in the ECF program to get the same help that members in the DIDD waiver receive. As you are aware, DIDD waiver supports families in this manner.

We attended the TennCare public hearing held last week. We are writing this to you as noted in the meeting.

My name is Sheela Ramachandran and I am the parent and conservator for Shiva Kumar Bhaskar who is 24 years old with Autism and intellectual disability. Shiva stays home with us.

Shiva is non-verbal, has unique and limited communication ability, extreme behavior including aggression and very challenging hygiene needs. He needs 24x7 supervision and support to help with everyday activities. At 6' 2" and nearly 300 Lbs, one has to understand him and his condition very well to keep the day incident free from issues arising out of behavior. We have not been successful in hiring reliable and efficient caregivers that can handle Shiva.

We have tried various caregivers through agencies to work with Shiva as a personal assistant for the past couple of years. No one has been able to cope with Shiva's unique needs effectively. The turnover of staff does not help either. We are providing the care and as a result, I have not been able to pursue a job. This has been a drain financially for us.

**I would like to ask the TennCare Consumer Direction program to allow someone living in the home (namely, me) to be paid as the caregiver. Expecting that this can take place now as part of the ECF/DIDD integration. (I am a trained DSP)**

Please let us know if you would like additional details to help with furthering our case. You can contact me on this email or on my mobile at (615) 414-3594.

Appreciate you looking into our case and letting us know the next steps to make the policy change happen at the earliest.

Thank you

Sheela



**Buffalo River Services, Inc.**  
Providing quality services to adults with disabilities since 1972.

December 11, 2020

To: Mr. Stephen Smith  
TennCare Director

From: Phillip Garner, Executive Director  
Buffalo River Services, Inc.

**Response to Proposed Amendments and Changes to Integrate and Transform Long-Term Services and Supports (LTSS) for People with Intellectual and Developmental Disabilities (I/DD)**

Buffalo River Services, Inc. is a private non-profit corporation licensed and contracted by the State of Tennessee to provide services to adults with disabilities. BRS Inc. had its beginning in 1972 as Wayne County Skills, Inc. with the purpose of providing services to individuals with developmental disabilities in Wayne County only. Since that time BRS, Inc. has developed into a multi-county, decentralized agency. We have received recognition for excellence as we have gained success in transitioning from a "facilities-based" and "organization centered" operation to a "community based" and "person-centered" provider. We are recognized today as a viable and important asset to our communities and the individuals we serve.

Our agency is submitting this response specifically as part of the public notice process published on November 9, 2020 and the presentation made at the Statewide Leadership Group on November 4, 2020. We appreciate TennCare and DIDD's openness to the discourse and recognize that the process will allow for at least two additional opportunities to provide input through the 1915(c) waiver amendments comment period and the TennCare II 1115 demonstration waiver extension federal comment period. Our agency will be engaged providing ongoing input as the implementation of these transformational changes proceed and will also continue to work with our community advocacy partners who submitted to TennCare and DIDD "Principles to follow in designing the TennCare/DIDD integration plan" on November 11, 2020.

Our agency supports the requirements for stakeholder engagement outlined in federal rules for managed Medicaid services (81 Fed. Reg. 27498-27901 published May 6,



2016). Specifically, states must create and maintain a stakeholder group to solicit and address the opinions of beneficiaries, individuals representing beneficiaries, providers, and other stakeholders in the design, implementation, and oversight of a state's managed long-term services and supports (MLTSS) program. The composition of the group and frequency of meetings must be sufficient to ensure meaningful engagement, and published meeting minutes to assure transparency. In addition, plans providing MLTSS must have a member advisory committee that includes at least a reasonably representative sample of the populations receiving LTSS covered by the plan or other individuals representing those enrollees.

We recommend that Tennessee establishes a formal and transparent process for seeking and using stakeholder input on enacting systems change. We recommend that this group is formed immediately and meets monthly through all phases of planning, implementation, and evaluation of outcomes. We recommend that this group operates as an open meeting, with assurances that all interested individuals can participate through ADA accommodations. We recommend that currently existing groups, e.g. Partners in Innovation, and workforce development continue their focus on targeted areas with their input and recommendations shared with the larger group.

Our purpose in submitting this response is to highlight the areas of concern that we have so we may help shape the design, timeline, and implementation activities of the plan. To that end, we have prepared the attached detailed review of specific items in the proposed integration plan, and our specific suggested actions, recognizing that this detailed feedback will be the foundation of the response provided to the Center for Medicare and Medicaid Services (CMS) as Tennessee receives final approval for these recommended changes. We are poised to meet with the leadership to review the concerns and recommendations.

Until such a time as the concerns expressed in this document are addressed completely, the movement of the ICF/IID program into the proposed integrated system and to the proposed direction of deploying this service for individuals with challenging behaviors and for short stays, should be deferred. Services must remain available for individuals with complex care needs and those who are medically fragile. Transformation of a system built in response to the need to facilitate the closure of state institutions must be a deliberate and transparent process with input from all stakeholders to ensure stability and to avoid service gaps for those who would otherwise be served in these settings. We support ICF/IID provider participation in ongoing dialogue with TennCare and DIDD in the discussion on this proposed change, including clarified plans and timelines, eligibility change impacts, and service limits, as well as safeguards and protections for individuals and providers.

Guided by the principles of providing safe and effective supports for the consumers we serve, as well as a desire to provide efficient access to services to an increasing number of consumers, the analysis recognizes the need to manage the transition of current services, prepare providers to adjust capacity for the newly defined

expectations. Additionally, the plan to move to Value Based Payment arrangements requires substantial planning and technical support. In preparing this response some specific topics and patterns emerged reflecting the need for:

1. **Clarity of Goals:** The objectives of the proposed direction would need to clearly identify the vision of the future of these services. Areas where such clarity is needed include the concerns expressed above regarding the expressed goal of the transfer of certain consumers currently living in ICF/IID settings to more community-based settings. This is in line with the goals of community integration and the settings final rule but would also require review of the capacity needs of the system, including for consumers with higher levels of behavioral supports needs. The objective of transitioning the current program into short-term care facilities while concurrently serving existing residents must be clearly delineated. Additionally, the definition of a proposed new bundled service would appear to simplify the ability to deliver services, but the specific goals of this change would need to be established so providers can adequately prepare. Finally, the transition to Value Based Payments could ultimately result in bending the cost curve, but the level of savings being targeted and the methodology for establishing the new compensation structures and projected incentives have not been articulated.
2. **Clarity of Timeline:** The overview document and subsequent communications provide broad timelines for implementation. While the start date of the implementation is July 2021, the underlying timeline for the specific activities remains vague and presents a barrier to good planning. Examples include:
  - a. The continuity of care period appears to be six months but does not appear to recognize the dramatic systems change required to effect such a change. Particularly concerning is the process and impact on network resources and the providers' ability to adhere to the new standards in a relatively short time frame.
  - b. The implementation of the new role of MCO's in effecting network standards and Value Based Payment contracts
  - c. The recognition that technology is part of the long-term solution is real, but the actual timeline to achieve the projected savings may be more elusive and would require additional resources.
3. **Clarity of The Definition of Quality:** The document refers to quality standards in several areas, which makes it encouraging for providers who seek to meet consumers' needs in the best way possible. However, the alignment of these quality standards is not specific enough to provide for a quality management process aligned with readiness review as required by Federal guidelines.
4. **Clarity of Resources to Support the Transition:** The document requires providers to ramp up capacity in a few areas without specific identified resources to support

such capacity building. To proceed, we recommend clearly identified Technical Support, Technology, Value Based Payments processes and competencies, as well as Capital to support the transformational changes. A critical key to a successful integration plan, system stability, and increased capacity is addressing the need for adequate resources to providers so that they can attract, train, and keep high quality and reliable direct support professionals. Perpetuating inadequate wage rates of this essential workforce will prevent the achievement of the stated system improvements regardless of how well the goals are articulated and supported.

Our agency's leadership stands ready to engage in proactively addressing the transformation of services in Tennessee. We look forward to working with TennCare and DIDD to address our concerns and develop a path forward in a transparent manner.

Respectfully,

Phillip Garner, Executive Director, Buffalo River Services

CC Board of Directors Buffalo River Services



# ***DEVELOPMENTAL SERVICES OF DICKSON COUNTY***

An affiliated  
chapter of



December 10, 2020

To: Mr. Stephen Smith  
TennCare Director

From: Donald Redden, Executive Director

## **Response to Proposed Amendments and Changes to Integrate and Transform Long-Term Services and Supports (LTSS) for People with Intellectual and Developmental Disabilities (I/DD)**

Developmental Services of Dickson County is a not-for-profit organization that provides a variety of supports for people with disabilities in the western portion of Middle Tennessee. We currently support over 100 adults in long-term services in the 1915 and ECF CHOICES waivers.

Our agency is submitting this response specifically as part of the public notice process published on November 9, 2020 and the presentation made at the Statewide Leadership Group on November 4, 2020. We appreciate TennCare and DIDD's openness to the discourse and recognize that the process will allow for at least two additional opportunities to provide input through the 1915(c) waiver amendments comment period and the TennCare II 1115 demonstration waiver extension federal comment period. Our agency will be engaged providing ongoing input as the implementation of these transformational changes proceed and will also continue to work with our community advocacy partners who submitted to TennCare and DIDD "Principles to follow in designing the TennCare/DIDD integration plan" on November 11, 2020.

Our agency supports the requirements for stakeholder engagement outlined in federal rules for managed Medicaid services (81 Fed. Reg. 27498-27901 published May 6, 2016). Specifically, states must create and maintain a stakeholder group to solicit and address the opinions of beneficiaries, individuals representing beneficiaries, providers, and other stakeholders in the design, implementation, and oversight of a state's



managed long-term services and supports (MLTSS) program. The composition of the group and frequency of meetings must be sufficient to ensure meaningful engagement, and published meeting minutes to assure transparency. In addition, plans providing MLTSS must have a member advisory committee that includes at least a reasonably representative sample of the populations receiving LTSS covered by the plan or other individuals representing those enrollees.

We recommend that Tennessee establishes a formal and transparent process for seeking and using stakeholder input on enacting systems change. We recommend that this group is formed immediately and meets monthly through all phases of planning, implementation, and evaluation of outcomes. We recommend that this group operates as an open meeting, with assurances that all interested individuals can participate through ADA accommodations. We recommend that currently existing groups, e.g. Partners in Innovation, and workforce development continue their focus on targeted areas with their input and recommendations shared with the larger group.

Our purpose in submitting this response is to highlight the areas of concern that we have so we may help shape the design, timeline, and implementation activities of the plan. To that end, we have prepared the attached detailed review of specific items in the proposed integration plan, and our specific suggested actions, recognizing that this detailed feedback will be the foundation of the response provided to the Center for Medicare and Medicaid Services (CMS) as Tennessee receives final approval for these recommended changes. We are poised to meet with the leadership to review the concerns and recommendations.

Guided by the principles of providing safe and effective supports for the consumers we support, as well as a desire to provide efficient access to services to an increasing number of consumers, the analysis recognizes the need to manage the transition of current services, prepare providers to adjust capacity for the newly defined expectations. Additionally, the plan to move to Value Based Payment arrangements requires substantial planning and technical support. In preparing this response some specific topics and patterns emerged reflecting the need for:

1. **Clarity of Goals:** The objectives of the proposed direction would need to clearly identify the vision of the future of these services. Areas where such clarity is needed include the concerns regarding the expressed goal of the transfer of certain consumers currently living in ICF/IID settings to more community-based settings. This is in line with the goals of community integration and the settings final rule but would also require review of the capacity needs of the system, including for consumers with higher levels of behavioral supports needs. The objective of transitioning the current program into short-term care facilities while concurrently serving existing residents must be clearly delineated.

Additionally, the definition of a proposed new bundled service would appear to simplify the ability to deliver services, but the specific goals of this change would need to be established so providers can adequately prepare. Finally, the transition to Value Based Payments could ultimately result in bending the cost curve, but the level of savings being targeted and the methodology for establishing the new compensation structures and projected incentives have not been articulated.

2. **Clarity of Timeline:** The overview document and subsequent communications provide broad timelines for implementation. While the start date of the implementation is July 2021, the underlying timeline for the specific activities remains vague and presents a barrier to good planning. Examples include:
  - a. The continuity of care period appears to be six months but does not appear to recognize the dramatic systems change required to effect such a change. Particularly concerning is the process and impact on network resources and the providers' ability to adhere to the new standards in a relatively short time frame.
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  - c. The recognition that technology is part of the long-term solution is real, but the actual timeline to achieve the projected savings may be more elusive and would require additional resources.
3. **Clarity of The Definition of Quality:** The document refers to quality standards in several areas, which makes it encouraging for providers who seek to meet consumers' needs in the best way possible. However, the alignment of these quality standards is not specific enough to provide for a quality management process aligned with readiness review as required by Federal guidelines.
4. **Clarity of Resources to Support the Transition:** The document requires providers to ramp up capacity in a few areas without specific identified resources to support such capacity building. To proceed, we recommend clearly identified Technical Support, Technology, Value Based Payments processes and competencies, as well as Capital to support the transformational changes. A critical key to a successful integration plan, system stability, and increased capacity is addressing the need for adequate resources to providers so that they can attract, train, and keep high quality and reliable direct support professionals. Perpetuating inadequate wage rates of this essential workforce will prevent the achievement of the stated system improvements regardless of how well the goals are articulated and supported.

Our agency's leadership stands ready to engage in proactively addressing the transformation of services in Tennessee. We look forward to working with TennCare and DIDD to address our concerns and develop a path forward in a transparent manner.

Respectfully,

A solid black rectangular box used to redact the signature of Donald Redden.

Donald Redden

Executive Director



December 11, 2020

To: Mr. Stephen Smith  
TennCare Director

From: Tim Ryerson  
President & CEO  
Easter Seals TN, Inc.

**Response to Proposed Amendments and Changes to Integrate and Transform Long-Term Services and Supports (LTSS) for People with Intellectual and Developmental Disabilities (I/DD)**

Easter Seals TN, Inc. is an affiliate of National Easter Seals, which is America's largest nonprofit health care organization and has been providing services to people with disabilities for over 100 years. Easter Seals, TN, Inc. provides services to approximately 350 children and adults in middle and west Tennessee, often reaching those in some of the most rural counties in our state. Easter Seals TN, Inc. provides services through both 1915c and 1115 waivers and has recently expanded services to include behavioral health services in addition to the HCBS, LTSS services traditionally offered by similar agencies. This service expansion demonstrates our commitment to providing comprehensive, person-centered supports and services to the most vulnerable citizens of our state.

Our agency is submitting this response specifically as part of the public notice process published on November 9, 2020 and the presentation made at the Statewide Leadership Group on November 4, 2020. We appreciate TennCare and DIDD's openness to the discourse and recognize that the process will allow for at least two additional opportunities to provide input through the 1915(c) waiver amendments comment period and the TennCare II 1115 demonstration waiver extension federal comment period. Our agency will be engaged providing ongoing input as the implementation of these transformational changes proceed and will also continue to work with our community advocacy partners who submitted to TennCare and DIDD "Principles to follow in designing the TennCare/DIDD integration plan" on November 11, 2020.

Our agency supports the requirements for stakeholder engagement outlined in federal rules for managed Medicaid services (81 Fed. Reg. 27498-27901 published May 6, 2016). Specifically, states must create and maintain a stakeholder group to solicit and address the opinions of beneficiaries, individuals representing beneficiaries, providers, and other stakeholders in the design, implementation, and oversight of a state's managed long-term services and supports (MLTSS) program. The composition of the group and frequency of meetings must be

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sufficient to ensure meaningful engagement, and published meeting minutes to assure transparency. In addition, plans providing MLTSS must have a member advisory committee that includes at least a reasonably representative sample of the populations receiving LTSS covered by the plan or other individuals representing those enrollees.

We recommend that Tennessee establishes a formal and transparent process for seeking and using stakeholder input on enacting systems change. We recommend that this group is formed immediately and meets monthly through all phases of planning, implementation, and evaluation of outcomes. We recommend that this group operates as an open meeting, with assurances that all interested individuals can participate through ADA accommodations. We recommend that currently existing groups, e.g. Partners in Innovation, and workforce development continue their focus on targeted areas with their input and recommendations shared with the larger group.

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move to Value Based Payment arrangements requires substantial planning and technical support. In preparing this response some specific topics and patterns emerged reflecting the need for:

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Our agency's leadership stands ready to engage in proactively addressing the transformation of services in Tennessee. We look forward to working with TennCare and DIDD to address our concerns and develop a path forward in a transparent manner.

Respectfully,

Tim Ryerson



# *Heartland Services, Inc.*

December 11, 2020

To: Mr. Stephen Smith  
TennCare Director

From: Heartland Services  
1101 Wagner Drive  
Sevierville, TN 37862

Heartland Services, a private nonprofit agency, provides a wide range of professional training and rehabilitation services to approximately 90 individuals with intellectual and developmental disabilities in six East Tennessee counties.

Response to Proposed Amendments and Changes to Integrate and Transform Long-Term Services and Supports (LTSS) for People with Intellectual and Developmental Disabilities (I/DD)

Our agency is submitting this response specifically as part of the public notice process published on November 9, 2020 and the presentation made at the Statewide Leadership Group on November 4, 2020. We appreciate TennCare and DIDD's openness to the discourse and recognize that the process will allow for at least two additional opportunities to provide input through the 1915(c) waiver amendments comment period and the TennCare II 1115 demonstration waiver extension federal comment period. Our agency will be engaged providing ongoing input as the implementation of these transformational changes proceed and will also continue to work with our community advocacy partners who submitted to TennCare and DIDD "Principles to follow in designing the TennCare/DIDD integration plan" on November 11, 2020.

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Supporting Individual Choices

## *Heartland Services, Inc.*

a reasonably representative sample of the populations receiving LTSS covered by the plan or other individuals representing those enrollees.

We recommend that Tennessee establishes a formal and transparent process for seeking and using stakeholder input on enacting systems change. We recommend that this group is formed immediately and meets monthly through all phases of planning, implementation, and evaluation of outcomes. We recommend that this group operates as an open meeting, with assurances that all interested individuals can participate through ADA accommodations. We recommend that currently existing groups, e.g Partners in Innovation, and workforce development continue their focus on targeted areas with their input and recommendations shared with the larger group.

Our purpose in submitting this response is to highlight the areas of concern that we have so we may help shape the design, timeline, and implementation activities of the plan. To that end, we have prepared the attached detailed review of specific items in the proposed integration plan, and our specific suggested actions, recognizing that this detailed feedback will be the foundation of the response provided to the Center for Medicare and Medicaid Services (CMS) as Tennessee receives final approval for these recommended changes. We are poised to meet with the leadership to review the concerns and recommendations.

Until such a time as the concerns expressed in this document are addressed completely, the movement of the ICF/IID program into the proposed integrated system and to the proposed direction of deploying this service for individuals with challenging behaviors and for short stays, should be deferred. Services must remain available for individuals with complex care needs and those who are medically fragile. Transformation of a system built in response to the need to facilitate the closure of state institutions must be a deliberate and transparent process with input from all stakeholders to ensure stability and to avoid service gaps for those who would otherwise be served in these settings. We support ICF/IID provider participation in ongoing dialogue with TennCare and DIDD in the discussion on this proposed change, including clarified plans and timelines, eligibility change impacts, and service limits, as well as safeguards and protections for individuals and providers. Guided by the principles of providing safe and effective supports for the consumers we serve, as well as a desire to provide efficient access to services to an increasing number of consumers, the analysis recognizes the need to manage the transition of current services, prepare providers to adjust capacity for the newly defined expectations. Additionally, the plan to move to Value Based Payment arrangements requires substantial planning and technical support. In preparing this response some specific topics and patterns emerged reflecting the need for:

1. Clarity of Goals: The objectives of the proposed direction would need to clearly identify the vision of the future of these services. Areas where such clarity is needed include the
  - concerns expressed above regarding the expressed goal of the transfer of certain consumers currently living in ICF/IID settings to more community-based settings. This is in line with the goals of community integration and the settings final rule but would also require review of the capacity needs of the system, including for



Supporting Individual Choices

# *Heartland Services, Inc.*

consumers with higher levels of behavioral supports needs. The objective of transitioning the current program into short-term care facilities while concurrently serving existing residents must be clearly delineated.

Additionally, the definition of a proposed new bundled service would appear to simplify the ability to deliver services, but the specific goals of this change would need to be established so providers can adequately prepare. Finally, the transition to Value Based Payments could ultimately result in bending the cost curve, but the level of savings being targeted and the methodology for establishing the new compensation structures and projected incentives have not been articulated.

2. **Clarity of Timeline:** The overview document and subsequent communications provide broad timelines for implementation. While the start date of the implementation is July 2021, the underlying timeline for the specific activities remains vague and presents a barrier to good planning. Examples include:
  - a. The continuity of care period appears to be six months but does not appear to recognize the dramatic systems change required to effect such a change. Particularly concerning is the process and impact on network resources and the providers' ability to adhere to the new standards in a relatively short time frame.
  - b. The implementation of the new role of MCO's in effecting network standards and Value Based Payment contracts
  - c. The recognition that technology is part of the long-term solution is real, but the actual timeline to achieve the projected savings may be more elusive and would require additional resources.
3. **Clarity of The Definition of Quality:** The document refers to quality standards in several areas, which makes it encouraging for providers who seek to meet consumers' needs in the best way possible. However, the alignment of these quality standards is not specific enough to provide for a quality management process aligned with readiness review as required by Federal guidelines.
4. **Clarity of Resources to Support the Transition:** The document requires providers to ramp up capacity in a few areas without specific identified resources to support such capacity building. To proceed, we recommend clearly identified Technical Support, Technology, Value Based Payments processes and competencies, as well as Capital to support the transformational changes. A critical key to a successful integration plan, system stability, and increased capacity is addressing the need for adequate resources to providers so that they can attract, train, and keep high quality and reliable direct support professionals. Perpetuating inadequate wage rates of this essential workforce will prevent the achievement of the stated system improvements regardless of how well the goals are articulated and supported.



*Supporting Individual Choices*

## *Heartland Services, Inc.*

Our agency's leadership stands ready to engage in proactively addressing the transformation of services in Tennessee. We look forward to working with TennCare and DIDD to address our concerns and develop a path forward in a transparent manner.

Respectfully,

Joyce Hughes

Executive Director

Heartland Services





December 11, 2020

**To:** Mr. Stephen Smith  
TennCare Director

**From:** Ann Williams  
State Director

**CC:** Theirl Jarman, Executive Director  
Kevin Ikenberry, Chief Legal Officer

**Subject:** Response to Proposed Amendments and Changes to Integrate and Transform Long-Term Services and Supports (LTSS) for People with Intellectual and Developmental Disabilities (I/DD)

Independent Opportunities, Inc. (IOI) is a non-profit provider of services for individuals with Intellectual and Developmental Disabilities. We are currently providing services in the Middle and East Regions with five offices across our service delivery area (Columbia, Nashville, Cookeville, Jamestown, and Knoxville). We support approximately 110 individuals served through the 1915c, ECF, and Choices waivers. These services include: Supported Living, Medical Residential, Medical Supported Living, Community Participation and Wrap Around, Personal Assistance and Transportation, Family Model Residential, Respite, and Employment Services.

Our agency is submitting this response specifically as part of the public notice process published on November 9, 2020 and the presentation made at the Statewide Leadership Group on November 4, 2020. Our agency will be engaged providing ongoing input as the implementation of these transformational changes proceed and will also continue to work with our community advocacy partners who submitted to TennCare and DIDD “Principles to follow in designing the TennCare/DIDD integration plan” on November 11, 2020.

Our agency supports the requirements for stakeholder engagement outlined in federal rules for managed Medicaid services (81 Fed. Reg. 27498-27901 published May 6, 2016). Specifically, states must create and maintain a stakeholder group to solicit and address the opinions of beneficiaries, individuals representing beneficiaries, providers, and other stakeholders in the design, implementation, and oversight of a state’s managed long-term services and supports (MLTSS) program. The composition of the group and frequency of



meetings must be sufficient to ensure meaningful engagement, and published meeting minutes to assure transparency. In addition, plans providing MLTSS must have a member advisory committee that includes at least a reasonably representative sample of the populations receiving LTSS covered by the plan or other individuals representing those enrollees.

We recommend that Tennessee establishes a formal and transparent process for seeking and using stakeholder input on enacting systems change. We recommend that this group is formed immediately and meets monthly through all phases of planning, implementation, and evaluation of outcomes. We recommend that this group operates as an open meeting, with assurances that all interested individuals can participate through ADA accommodations. We recommend that currently existing groups, e.g. Partners in Innovation, and workforce development continue their focus on targeted areas with their input and recommendations shared with the larger group.

Guided by the principles of providing safe and effective supports for the consumers we serve, as well as a desire to provide efficient access to services to an increasing number of consumers, the analysis recognizes the need to manage the transition of current services, and prepare providers to adjust capacity for the newly defined expectations. Additionally, the plan to move to Value Based Payment arrangements requires substantial planning and technical support. In preparing this response some specific topics and patterns emerged reflecting the need for:

1. **Clarity of Goals:** The objectives of the proposed direction would need to clearly identify the vision of the future of these services. The definition of a proposed new bundled service would appear to simplify the ability to deliver services, but the specific goals of this change would need to be established so providers can adequately prepare. Finally, the transition to Value Based Payments could ultimately result in bending the cost curve, but the level of savings being targeted and the methodology for establishing the new compensation structures and projected incentives have not been articulated.
2. **Clarity of Timeline:** The overview document and subsequent communications provide broad timelines for implementation. While the start date of the implementation is July 2021, the underlying timeline for the specific activities remains vague and presents a barrier to good planning. Examples include:
  - a. The continuity of care period appears to be six months but does not appear to recognize the dramatic systems change required to effect such a change. Particularly concerning is the process and impact on network resources and the providers' ability to adhere to the new standards in a relatively short time frame.
  - b. The implementation of the new role of MCO's in effecting network standards and Value Based Payment contracts

- c. The recognition that technology is part of the long-term solution is real, but the actual timeline to achieve the projected savings may be more elusive and would require additional resources.
- 
- 3. **Clarity of The Definition of Quality:** The document refers to quality standards in several areas, which makes it encouraging for providers who seek to meet consumers' needs in the best way possible. However, the alignment of these quality standards is not specific enough to provide for a quality management process aligned with readiness review as required by Federal guidelines.
  - 4. **Clarity of Resources to Support the Transition:** The document requires providers to ramp up capacity in a few areas without specific identified resources to support such capacity building. To proceed, we recommend clearly identified Technical Support, Technology, Value Based Payments processes and competencies, as well as Capital to support the transformational changes. A critical key to a successful integration plan, system stability, and increased capacity is addressing the need for adequate resources to providers so that they can attract, train, and keep high quality and reliable direct support professionals. Perpetuating inadequate wage rates of this essential workforce will prevent the achievement of the stated system improvements regardless of how well the goals are articulated and supported.

Our agency's leadership stands ready to engage in proactively addressing the transformation of services in Tennessee. We look forward to working with TennCare and DIDD to address our concerns and develop a path forward in a transparent manner.

Respectfully,

Ann Williams  
TN State Director



800.342.1660 | [www.disabilityrightstn.org](http://www.disabilityrightstn.org) | [gethelp@disabilityrightstn.org](mailto:gethelp@disabilityrightstn.org)

November 13, 2020

Via U.S. mail and Email

Mr. Brad Turner, Commissioner  
Department of Intellectual and Developmental Disabilities  
UBS Tower, 8<sup>th</sup> Floor  
315 Deaderick Street  
Nashville, TN 37243-1403

Mr. Stephen Smith, Esq., Deputy Commissioner/Director  
Division of TennCare  
310 Great Circle Road  
Nashville, TN 37243

Mr. Jordan Allen, Deputy Commissioner  
Department of Intellectual and Developmental Disabilities  
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315 Deaderick Street  
Nashville, TN 37243-1403

Ms. Patti Killingsworth, Assistant Commissioner/Director of Long Term Services and Supports  
Division of TennCare  
310 Great Circle Road  
Nashville, TN 37243

Re: Joint TennCare/DIDD Proposed IDD Integration of –MLTSS, Comment by Disability Rights Tennessee

Dear All:

Disability Rights Tennessee (DRT) is the state's federally mandated and legally based Protection & Advocacy agency, which seeks to protect the rights of Tennesseans with disabilities. As the Executive Director and Legal Director, we write to give you DRT's comments on the proposed Joint TennCare/DIDD Proposed IDD Integration into Managed Long Term Services and Supports (MLTSS), as now presented, as well as the Draft of the TennCare II Demonstration. The comments and questions we have will be both in specific areas and in general. Rather than use the portal we have chosen this format to more fully develop and present our concerns.

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We have many more particular concerns/comments but wish to focus on those which are most important.

Let us say initially that we have met extensively with Commissioner Turner, Deputy Commissioner Allen and Assistant Commissioner/Director Killingsworth. Their time and efforts at answering our questions are very much appreciated, as well as the many documents produced by the agencies involved that they shared. We understand, appreciate and applaud the concepts of providing more adequate and appropriate services as well as providing more cost-effective services, assuming they are adequate and appropriate. We also applaud the goal of reducing the waiting list for services. We think, for instance, that the commitment to continuing the protection from harm and quality assurance protocols developed by DIDD are very worthwhile steps and to be commended.

We also applaud the concept of sending day to day supervision of the ECF waiver to DIDD as well as maintaining the three 1915(c) HCBS waivers under DIDD. DIDD clearly has extensive experience in and commitment to this process. We appreciate particularly the efforts to find creative and innovative ways to serve persons with IDD, especially as it involves better use of technology where appropriate. DIDD clearly has the legislative mandate as well as the organizational expertise to manage all the waivers serving persons with IDD.

However, as they say, the devil is in the details. From review of the various documents produced by DIDD and TennCare it appears that there are a number of concerns and/or unaddressed issues. We will address those below in an attempt at order.

### **MCO COMPENSATION AND AUTHORITY, FREEDOM OF CHOICE, AND NETWORK ADEQUACY**

The amount of compensation, and the way in which MCOs will be paid, is a primary issue and, at best, undefined. On top of that, no new revenue sources have been identified. Much to do has been made of the anticipated receipt of \$34.4 million new tax dollars from the MCO premium tax, but that tax revenue must come from somewhere and it would come out of waiver expenditures and then be applied to avoiding service cuts through increased state dollars to be matched by federal dollars. It cannot both avoid services cuts and pay MCOs. What exactly will the additional \$65 million be used for?

The Overview document states at page 15 that:

“The reimbursement methodology for ICFs/IID will be restructured to reflect both the higher acuity of individuals receiving these services, and to reflect value-based incentives for specific outcomes that lead to integrated community living.”

This section is fraught with peril, especially for persons with severe disabilities. Reimbursement methodology for HCBS waiver services, mostly in the CAC waiver, is currently comprised of a fee

for services system based on levels, such as 6-2. Reimbursement methodology for ICFs currently is comprised of what is essentially a Comptroller's audit of each facility and a setting of rates for reimbursement based on that methodology, i.e., cost-based reimbursement. Threatening the fee for service system for HCBS providers will likely mean the service is not provided, creating a "gap" in service or a "network adequacy" issue, or the cost based reimbursement methodology threatens the financial viability of ICFs/IDD.

That last issue in turn threatens the viability and reality of the "freedom of choice" provisions of the Medicaid statute. If beds are financially unviable or beds are "repurposed" then there are less beds and "freedom of choice" is threatened.

Likewise, "freedom of choice" is threatened by the "individualized case review process" of all ICF/IID placements that DIDD, TennCare and the MCOs are supposed to start on July 1, 2022 based on determining which individuals "can be supported in a more integrated setting and following a Community Informed Choice Process." (See, Draft TennCare II Demonstration, p. 12.) What exactly is a "Community Informed Choice Process" given that all persons presently in an ICF/IID facility have been through exactly that process? Or was the process as completed then done incorrectly? If you limit "choice" and reduce funds available for services by adding on administrative costs for MCOs, then there will not be a "Community Informed Choice Process" (Draft TennCare II Demonstration, p. 12.)

Such changes, in turn, sounds as though they seek to eliminate "freedom of choice." How a proposed elimination of "freedom of choice" will be received by CMS under a new administration is at best questionable. It is an open question whether the waiver(s) as described in the Draft TennCare II Demonstration document can be legitimately approved by CMS.

## **FREEDOM OF CHOICE AND NETWORK ADEQUACY COMMITMENT**

In the State's various plans and agreements to end the Arlington Developmental Center and Clover Bottom Developmental Centers, it very explicitly agreed to guarantee the parents and families of persons at those facilities that their family member with a disability would always have freedom of choice and access to an ICF/IID level of care. We would respectfully suggest that the State uphold this commitment. If the State is **abandoning** its commitment to "freedom of choice" AND "network adequacy" as expressed in its approval of applications for certificates of need submitted by many providers, as well as expressed to Courts who took that commitment as gospel in approving the various Exit Plans, Closure Plans and orders of dismissal, then the State needs to directly say so and say why to all the families of persons with disabilities it made those commitments to. Then it needs to consider if it actually can, and/or should, do that?

The 2006 Settlement Agreement in the Arlington case which was approved by the Court provides:

"The State will honor the freedom-of-choice selection with respect to intermediate care facilities for the mentally retarded ("ICF/MR") or waiver services for each class member."

Likewise, the Exit Plan for the Clover Bottom case clearly includes freedom of choice, see page 13, Section VIII and Exhibit D, also approved by the Court.

Precisely the same thing can be said with regard to those persons in Levels 6 and 4 of the Combined Aggregate Cap waivers since they have equivalent levels of need to persons in ICF/IID facilities. The State has made a commitment to them based on years of abuse experienced at the hands of the State. We know that Jordan Allen and Patti Killingsworth have seen the situation of persons who were at the institutions before closure. But if you had gone to the fourth floor of the Baker Building at Arlington and seen young people drawn into contractures from years of neglect; if you had gone to Nat T. Winston center and seen persons banging their head against a wall and being shot full of Thorazine or Haldol and then seen them in a community program being allowed to eat uncut up hot dogs and then choke to death on that same food; if you had gone to the dormitories at Clover Bottom and seen residents wandering around at night nearly naked or if your daughter had been raped by staff at Clover Bottom and then the staff had destroyed the evidence of that rape; if you had gone to the lower level of the administration building at Green valley and seen dozens of persons in side layers position with no effective physical therapy and no way to get out in event of fire; then you would see that families take the commitment to freedom of choice or network adequacy or the existence of a high level of waiver service very seriously indeed. They trusted that commitment. That commitment should be maintained rather than lessened. While everyone should be in the least restrictive alternative, they also absolutely should receive adequate and appropriate services as much as needed to receive active treatment. Whether MCOs and formulas understand that and are capable of carrying out the needed services are unknown.

The ongoing issue with this entire project is whether those persons with the most serious disabilities, whether they be medical, behavioral or other, will continue to get the "adequate and appropriate" active treatment they need. The State of Tennessee made a commitment, and it should be kept.

## **STUDIES OF MLTSS IN OTHER STATES**

Studies of MLTSS programs in other states have consistently shown that there are a great many problems with MCOs understanding and being able to provide active treatment to serve persons with severe disabilities. To that end there is a very mixed set of results where similar moves have been tried in other states. A great many questions going to foundational issues have been raised.

For instance, a move similar to what Tennessee is preparing to attempt was recently adopted in Kansas. Applying the ten standards set out by CMS, a study published in the journal *Intellectual and Developmental Disabilities* based on a review of literature and in-depth interviews of persons



and agencies involved, made several findings which implicate this proposal set out by Tennessee for MLTSS.

See: <https://meridian.allenpress.com/idd/article/55/2/84/2026/Implementation-of-Medicaid-Managed-Long-Term>

Individuals with IDD are living longer and need more services as they grow older, therefore their services are more costly as they age. The evidence of managed care's ability to control costs while improving care is **mixed** (emphasis supplied). While many states are moving from traditional fee-for-service models the primary concern is the potential for reduced access to care, decreased consumer choice and less individualization of services and supports.

In Kansas, difficulties arose not only with access to providers and prescription medications but also confusion regarding the care coordination process. Participants identified that more time needed to be taken to plan the program in order to avoid confusion. A phased in approach was recommended.

MCOs were found to have a lot to learn about working with people with IDD. They needed to work to adapt their practices to meet the unique needs of adults with IDD. MCOs need to have IDD specific teams who have expertise in working with the IDD population. More time for planning is needed to allow more opportunities to establish effective consumer education and enrollment strategies. An independent ombudsman is needed to address participant concerns. Additional time for planning would allow consideration of themes identified by participants, including stakeholder engagement, care coordination processes and access to services. The KanCare program was described as "rushed" and done "without much thought, without much discussion." The few participants engaged did not feel their feedback was heard and were not clear about what happened with their feedback. "We didn't feel like anything was done with that input." The only answer given by KanCare was, "We'll look at it and we'll get back to you," and they never did. The study concluded that states, at a minimum, must establish state sponsored stakeholder workgroups to help inform the design and oversight of the MLTSS programs.

In KanCare, providers were not always willing to work with individuals with more complex needs. KanCare instituted state oversight of providers so they had a continuity of care time period for individuals with IDD to maintain existing providers, which was critical to individuals with IDD. State oversight was critical to MLTSS programs to provide a comprehensive integrated package. The MCOs needed to continue to offer the same level of LTSS until the state approved or denied any request for reductions or changes. This state review also applied to any change to a new provider. But as in Tennessee, there were challenges in acquiring workers to provide approved services. Participants in the study noted, "They give you the service; the opportunity to have it, but finding somebody to provide service is a different story...."

It was noted that challenges could have been prevented if there had been a longer planning period and more meaningful stakeholder involvement. Stakeholders needed to understand how their feedback contributed to system change. There were problems identifying the roles of care coordination providers. There were problems with over half of providers of behavioral and physical health not accepting managed care enrollees' access to their services. Ultimately, provider capacity had to be improved.

## **KANSAS STUDY AS APPLIED TO TENNESSEE**

Unaddressed in the entirety of proposals for developing MLTSS programs in Tennessee are: how the State and DIDD/TennCare will pay MCOs, where the payments will come from and how the State will develop capitation rates and fee-for-service (if it does) that do not either over- or under-pay health plans for the costs of services they provide as discussed in a study by the Center for Healthcare Strategies.

See: <https://www.chcs.org/media/CHCS-Risk-Mitigation-Strategies-in-Medicaid-MLTSS-08-22-16.pdf>

These rates, or any rates used to pay providers for services, must be established in accordance with actuarial standards of practice. That means they should cover or include all reasonable, appropriate, and attainable costs for the populations and services covered by the managed care contract. Potential unmet needs of both existing and new members of an MCO are difficult to predict and can pose a significant financial risk to managed care plans. As individuals are able to remain in the community longer and receive necessary services and supports, their LTSS costs are likely to increase. Likewise, persons who have been institutionalized and/or persons who are in the community and aging are likely to see their costs increase. This is not addressed.

There is no mention in the Draft, per the State's documents, announcing this initiative of the tools the State will use to address rate setting and cost issues.

## **MCO ABILITY TO PROVIDE CARE TO LTSS POPULATION, NEED FOR ICF/IID AND CAC CARVE OUT**

There is much discussion in the general public about whether TennCare is dissatisfied with one or more of its existing MCOs to the point that it may wish to replace one or more of its current MCOs. Likewise, there is much discussion about the frustration of being unable to control MCOs. Is the MCO tail wagging the TennCare/DIDD dog? If these questions are even remotely true then taking on this experiment now is a very difficult challenge that needs more time, study and reflection. Again, suggested repeatedly in the Kansas study.

What consumers say about their care raises the issue of what MCOs do or may do about care. Within that question is the question of whether MCOs practice or will practice risk selection

against each other? The answer is yes. A study by the National Bureau of Economic Research shows that “capitation incentivizes insurers to retain low cost clients and thus improve their care relative to high cost clients, who they prefer would switch to a competitor.” Further, the study shows that there is “empirical evidence consistent with risk selection in one such setting, MMC (Medicaid Managed Care)” in Texas. Likewise, MMC in California showed “outcomes deteriorate.” And finally, any savings under MMC are partially offset by shifting toward safety net providers. See: pages 1-6 of <https://www.nber.org/papers/w19198.pdf>

Finally, when we look at managed care’s effect on outcomes, a study of the literature by the Medicaid and CHIP Payment Access Commission finds that “certain aspects of managed care, including defined provider networks and incentives to contain costs may counteract the objectives of improving the quality of care delivery.” And that “a capitated system that (gives) MCOs a set amount per enrollee and not on how much treatment is provided may create incentives to undertreat patients.”

See: at pages 1-2 <https://www.macpac.gov/subtopic/managed-cares-effect-on-outcomes/>

With this merger comes a transition of DIDD and TennCare services fully to Managed Care Organizations (MCOs) and an expansion of MCO contracts from \$6.5 billion to over \$7 billion. By placing these services into private insurers’ plans, the State creates opportunity for risk to service recipients due to reduced oversight. The State’s current system, overseen by DIDD, has been reviewed and proven seaworthy, and shown to have generally safe and appropriate services for Tennesseans with disabilities. However, if DIDD is to effectively manage quality and consumer satisfaction with services, then it must have these programs in its own budget, not TennCare’s budget. DIDD must be the contractor with insurers, so it can sanction MCOs for non-performance and enforce network adequacy and quality of care by the MCOs. Without adequate oversight, families and advocates for people with disabilities fear that care for their loved ones could be diminished.

These fears are justified by experiences in other states. Studies of similar actions using capitated rates, such as in Kansas, have exposed negative outcomes and increased risks to recipients. In these cases, insurers demonstrated misunderstanding of serving persons with disabilities, an unwillingness to work with complex needs, and a tendency to retain low-cost clients and run off high-cost clients. MCOs must have adequate contract supervision; therefore, the State needs to ensure that DIDD has effective control of MCOs’ quality of services provided through its budget, contracts, oversight, and sanctions.

What these studies tell us from experience is that cherry picking and the provision of less service can only be eliminated by removing the high-cost service recipients from the MCO system, so the CAC waiver and ICF facilities, both private and State run (public) **should be carved out** of being part of an MCO in the demonstration waiver.

## **DIDD ABILITY TO MANAGE COMBINED IDD HCBS, ICF/IID AND ECF PROGRAMS**

Those affected by this change would like to have assurance that the boat that they are jumping into is seaworthy. In the past, many individuals with disabilities were forced to live in now closed state-run developmental centers, where they often faced mental and physical abuse, and neglect. These experiences have left families of people with I/DD, particularly those with the most significant disabilities, afraid of any shift in services. Their main concern is the diminishment of their loved one's quality of care, and that individuals with the most severe disabilities not be overlooked because their day-to-day needs are expensive. Navigating care for these individuals is something DIDD has shown it is capable of doing.

There are benefits to centralizing management of all waiver programs into DIDD. DIDD has long been the largest waiver services provider for persons with disabilities, so let's take advantage of their experience and systems.

All involved want to ensure the needs of persons with disabilities are met and their well-being is protected. This could be best ensured through DIDD retaining budgetary and contractual control and oversight of the insurers providing services to Tennesseans with disabilities. Tennesseans with disabilities want programs sufficient to meet their needs in the community and it is the least they deserve.

## **RATING SCALE AND THE SUPPORTS INTENSITY SCALE (SIS)**

Also, very much of concern is the suggested rating scale or test that DIDD and TennCare say will be used to make decisions. Page 16 of the Overview indicates that the Supports Intensity Scale (SIS) will be used to "measure(s) each individual's needs in personal, work-related, and social activities in order to identify and describe the types and intensity of the supports as individual requires." Although the Overview indicates that the SIS is a "valid" instrument, whether it actually is valid is an open question, especially as to those persons with more severe needs and disabilities. The same can be said for the SIS test "reliability."

Even the author of the SIS says it needs an option to have an exception. The American Association on Intellectual and Developmental Disabilities, which designed the SIS, says there needs to be a process to ask for an exception from the score.

See: [https://www.aaid.org/docs/default-source/sis-docs/supportneeds.pdf?sfvrsn=a88b3021\\_0](https://www.aaid.org/docs/default-source/sis-docs/supportneeds.pdf?sfvrsn=a88b3021_0) at page 13.

## **NETWORK ADEQUACY AND COMPTROLLER'S PERFORMANCE AUDIT**

In December of 2018 the Comptroller issued a performance audit of the Division of TennCare which focused, among other things, on the performance of two of Tennessee's MCOs, specifically United Healthcare and Amerigroup. It notes, at page 47:

"Pursuant to Title 42, Code of Federal Regulations, Part 455, Section 1(a)(2), state Medicaid agencies must "have a method to verify whether services reimbursed by Medicaid were actually furnished to recipients."

TennCare's managed care contract also requires its MCCs to monitor and use information from the electronic visit verification system to verify:

- that services are provided as specified in the plan of care or [person-centered support plan],
- the plan is in accordance with the established schedule, including the amount, frequency, duration, and scope of each service, and
- that services are provided by the authorized provider/worker

All of this done to identify and immediately address service gaps, including late and missed visits.

The Director of Long-Term Services and Supports explained that Amerigroup and UnitedHealthcare have used the same electronic visit verification system vendor since 2015. During our audit period, the vendor's system lacked sufficient business rules to identify and reject overlapping claims.

While the Comptroller audit is more about record keeping than anything else, it is not lost on anyone that there is great difficulty in showing that services that are supposed to be provided actually are. That difficulty leads to the issue of network adequacy and gaps in services as well as the similar issue of how the proposed consultation model will affect an already strained network in its efforts to provide the amount, duration and scope of services that ISPs call for.

## **NETWORK ADEQUACY IN THE REAL WORLD**

Network adequacy in all its permutations is an issue addressed by CMS, MACPAC and others. It is clearly an issue with this proposed change. When Shannon Dowdy, who is in a life-threatening situation, cannot get, or only gets by a cobbled together situation where exhausted nurses work double shifts, the nursing services he needs and which the State has agreed he needs, then there is a gap in services and a network adequacy issue. When Shane Stinnett, who is a danger to himself and others because of his behaviors, cannot get into the Harold Jordan Center because the State cannot get sufficient staff at the Jordan Center, then there is a gap in services and a network adequacy issue. And that is not to say people are not trying, however, it is to say the network does not work the way it should.

The plan as set out in the Overview does not address how the network will develop adequacy standards or what those standards will be. Placing an additional level of bureaucracy which will bring additional costs, as yet undefined, to the system, is NOT going to solve that. The State would be better served to spend its time and resources to address the waiting list and to create additional pathways to the CAC waiver by creating additional slots and by increasing capacity at the Jordan Center. Otherwise, it can expect to pay a lot of emergency room and RMHI costs and still have tragedies. And, no, natural supports will not solve that. At best, natural supports put off the inevitable without addressing the problem.

MACPAC has identified several needs to address network adequacy needs. Some that would be particularly helpful here include: having a criterion for a minimum number of QUALIFIED providers, reporting requirements for gaps in services, any willing provider provisions, rate requirements, and single case agreement provisions. Those are not addressed in the Overview.

### **STAFFING SHORTAGES IN DSPs AND NURSES/NURSING SERVICES**

The Overview indicates that DIDD will move toward the concept of using a consultative model for therapies including, behavioral, occupational, physical, and speech/language. The theory is that DSPs can be trained to do many of these functions. And yet all concerned freely admit that getting trained staff, who will stay and learn, may be the single biggest problem the system has. One of the reasons the State agreed to close institutions and move persons to the community was to cut their costs and avoid paying state salaries and benefits to employees. ALWAYS at issue were the issues of staff turnover and salaries or wages. The State points out that DSPs must receive at least \$10 per hour, which is all well and good. The problem is, of course, that those same staff can go to Target or Amazon or similar places and get paid \$15 per hour and they don't have to wipe bottoms, get yelled at, feed people who cannot feed themselves, or get hit in the face by a person with behavioral issues. Instead, they just move boxes and run cash registers and get 50% more. Where do you think they will work? How do you train them?

The nursing shortage is another critical shortage the Overview does not realistically address. Looking at pages 11-12 of the Overview, there is a wink and a nod to the need for more nurses and then the statement, "we must restructure the way nursing care is delivered." Put another way, that sentence means we want a way around the Nurse Practice Act. How are you going to do that? It has been discussed for years and, simply put, it is an aspirational goal that won't get done.

Between the Nurse Practice Act and the shortage of DSPs, caused almost entirely by salaries being inadequate, you have two critical issues which are unaddressed by the Overview or the Draft TennCare II Demonstration. This failure directly threatens the MLTSS project's viability.

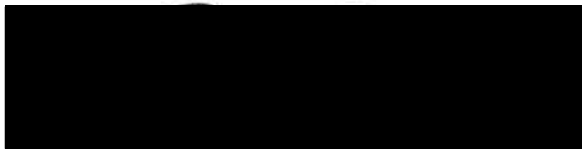


## WHERE DO WE GO FROM HERE?

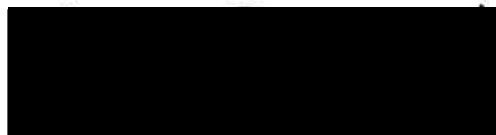
As we stated above, Disability Rights Tennessee supports the goal of integrating all HCBS, ICF/IID and ECF services under DIDD. It is both forward thinking and consistent with DIDD's departmental mandate. The continuation of DIDD's protection from harm, ISP development and use, and quality assurance systems is a necessary and good thing. Likewise, part of the stated goal is legitimate efficiency and cost saving through technology which, where appropriate, is a good idea. But the idea of throwing all ICF services under MCOs is of, at best, questionable utility and effectiveness, and likely to produce catastrophe. Additionally, the idea of not making CAC waiver services more broadly available does not meet the broader goal of network adequacy. ECF CHOICES is an excellent and effective program. However, ECF is not designed to serve persons with the most severe needs. Those persons with the most severe needs are ones who Deputy Commissioner Allen has described as having a program goal of merely surviving catastrophic disabilities to see another day. These persons have deep and abiding concerns about services under the new integration program as described in the Overview document, the Draft TennCare II Demonstration, and outlined above.

As always, we are happy and available to meet and discuss our concerns as you may feel appropriate. We appreciate the opportunity to comment.

Respectfully submitted,



Lisa Primm  
Executive Director  
Disability Rights Tennessee  
2 International Plaza, Suite 825  
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lisap@disabilityrightstn.org



Jack W. Derryberry, Jr.  
Legal Director  
Disability Rights Tennessee  
2 International Plaza, Suite 825  
Nashville, TN 37217

**Aaron C. Butler**

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**From:** George Stevens <GStevens@openarmscare.org>  
**Sent:** Friday, December 11, 2020 5:26 PM  
**To:** PUBLIC NOTICE TENNCARE  
**Subject:** [EXTERNAL] TennCare/DIDD Integration Plan

OPEN

December 11, 2020

To: Mr. Stephen Smith  
TennCare Director

From: George E. Stevens  
Chief Executive Officer  
Open Arms Care Corporation

**Response to Proposed Amendments and Changes to Integrate and Transform Long-Term Services and Supports (LTSS) for People with Intellectual and Developmental Disabilities (I/DD)**

Open Arms Care Corporation (OACC) is a 501 (c) 3, organized to provide services to support people with intellectual and developmental disabilities to reach their maximum potential and lead dignified and meaningful lives. OACC has been providing Tennesseans with severe disabilities, ICF services for more than thirty (30) years through our statewide presence. We currently have 43 group homes, located in community settings around major population centers, including the nine built in 2016-17 at the request of the State of Tennessee to resolve the federal lawsuit.

Our agency is submitting this response specifically as part of the public notice process published on November 9, 2020 and the presentation made at the Statewide Leadership Group on November 4, 2020. We appreciate TennCare and DIDD's openness to the discourse and recognize that the process will allow for at least two additional opportunities to provide input through the 1915(c) waiver amendments comment period and the TennCare II 1115 demonstration waiver extension federal comment period. Our agency will be engaged providing ongoing input as the implementation of these transformational changes proceed and will also continue to work with our community advocacy partners who submitted to TennCare and DIDD "Principles to follow in designing the TennCare/DIDD integration plan" on November 11, 2020.

Our agency supports the requirements for stakeholder engagement outlined in federal rules for managed Medicaid services (81 Fed. Reg. 27498-27901 published May 6, 2016). Specifically, states must create and maintain a stakeholder group to solicit and address the opinions of beneficiaries, individuals representing beneficiaries, providers, and other stakeholders in the design, implementation, and oversight of a state's managed long-term services and supports (MLTSS) program. The composition of the group and frequency of meetings must be sufficient to ensure meaningful engagement, and published meeting minutes to assure transparency. In addition, plans providing MLTSS must have a member advisory committee that includes at least a reasonably representative sample of the populations receiving LTSS covered by the plan or other individuals representing those enrollees.

We recommend that Tennessee establishes a formal and transparent process for seeking and using stakeholder input on enacting systems change. We recommend that this group is formed immediately and meets monthly through all phases of planning, implementation, and evaluation of outcomes. We recommend that this group operates as an open meeting, with assurances that all interested individuals can participate through ADA accommodations. We recommend that currently existing groups, e.g Partners in Innovation, and workforce development continue their focus on targeted areas with their input and recommendations shared with the larger group.

Our purpose in submitting this response is to highlight the areas of concern that we have so we may help shape the design, timeline, and implementation activities of the plan. To that end, we have prepared the attached detailed review of specific items in the proposed integration plan, and our specific suggested actions, recognizing that this detailed feedback will be the foundation of the response provided to the Center for Medicare and Medicaid Services (CMS) as Tennessee receives final approval for these recommended changes. We are poised to meet with the leadership to review the concerns and recommendations.

Until such a time as the concerns expressed in this document are addressed completely, the movement of the ICF/IID program into the proposed integrated system and to the proposed direction of deploying this service for individuals with challenging behaviors and for short stays, should be deferred. Services must remain available for individuals with complex care needs and those who are medically fragile. Mixing the two is not a safe option as current ICF regulations do not provide for adequate management of severely mentally ill individuals in a community setting.

Transformation of a system built in response to the need to facilitate the closure of state operated institutions must be a deliberate and transparent process with input from all stakeholders to ensure stability and to avoid service gaps for those who would otherwise be served in these settings. We support ICF/IID provider participation in ongoing dialogue with TennCare and DIDD in the discussion on this proposed change, including clarified plans and timelines, eligibility change impacts, and service limits, as well as safeguards and protections for individuals and providers currently receiving/delivering services and those to come.

Guided by the principles of providing safe and effective supports for the consumers we serve, as well as a desire to provide efficient access to services to an increasing number of consumers, the analysis recognizes the need to manage the transition of current services, prepare providers to adjust capacity for the newly defined expectations. Additionally, the plan to move to Value Based Payment arrangements for HCBS providers, requires substantial planning and technical support. In preparing this response some specific topics and patterns emerged reflecting the need for:

1. **Clarity of Goals:** The objectives of the proposed direction would need to clearly identify the vision of the future of these services. Areas where such clarity is needed include the concerns expressed above regarding the expressed goal of the transfer of certain consumers currently living in ICF/IID settings to more community-based settings. This is in line with the goals of community integration and the settings final rule but would also require review of the capacity needs of the system, including for consumers with higher levels of behavioral supports needs. The objective of transitioning the current program into short-term care facilities while concurrently serving existing residents must be clearly delineated.

Additionally, the definition of a proposed new bundled service would appear to simplify the ability to deliver services, but the specific goals of this change would need to be established so providers can adequately prepare. Finally, the transition to Value Based Payments could ultimately result in bending

the cost curve, but the level of savings being targeted and the methodology for establishing the new compensation structures and projected incentives have not been articulated.

2. **Clarity of Timeline:** The overview document and subsequent communications provide broad timelines for implementation. While the start date of the implementation is July 2021, the underlying timeline for the specific activities remains vague and presents a barrier to good planning. Examples include:
  - a. The continuity of care period appears to be six months but does not appear to recognize the dramatic systems change required to effect such a change. Particularly concerning is the process and impact on network resources and the providers' ability to adhere to the new standards in a relatively short time frame.
  - b. The implementation of the new role of MCO's in effecting network standards and Value Based Payment contracts as well as setting up of multiple billing arrangements to comply with various MCO's.
  - c. The recognition that technology is part of the long-term solution is real, but the actual timeline to achieve the projected savings may be more elusive and would require additional resources.
3. **Clarity of The Definition of Quality:** The document refers to quality standards in several areas, which makes it encouraging for providers who seek to meet consumers' needs in the best way possible. However, the alignment of these quality standards is not specific enough to provide for a quality management process aligned with readiness review as required by Federal guidelines.
4. **Clarity of Resources to Support the Transition:** The document requires providers to ramp up capacity in a few areas without specific identified resources to support such capacity building. To proceed, we recommend clearly identified Technical Support, Technology, Value Based Payments processes and competencies, as well as Capital to support the transformational changes. A critical key to a successful integration plan, system stability, and increased capacity is addressing the need for adequate resources to providers so that they can attract, train, and keep high quality and reliable direct support professionals. Perpetuating inadequate wage rates of this essential workforce will prevent the achievement of the stated system improvements regardless of how well the goals are articulated and supported.

Our agency's experienced leadership stands ready to engage in proactively addressing the transformation of services in Tennessee. We look forward to working with TennCare and DIDD to address our concerns and develop a path forward in a transparent manner. As the state's largest ICF/IDD provider we welcome the opportunity to participate in the process.

Respectfully,

George Stevens

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# Orange Grove Center, Inc.

615 Derby Street • Chattanooga, TN 37404 • phone (423) 629-1451 • fax (423) 624-1294 • [www.orangegrovecenter.org](http://www.orangegrovecenter.org)

Orange Grove Center's mission is to recognize, support and celebrate the qualities of the individual.

December 11, 2020

To: Mr. Stephen Smith  
TennCare Director

From: Tera Roberts  
Chief Executive Officer

## **Response to Proposed Amendments and Changes to Integrate and Transform Long-Term Services and Supports (LTSS) for People with Intellectual and Developmental Disabilities (I/DD)**

Orange Grove Center is the largest I/DD provider in the State of Tennessee, serving over a thousand people in our greater Chattanooga Area. As a 67 year old nonprofit, 501(c)3 corporation, we are gravely concerned about the proposed amendments and changes and how they will potential impact our community agency.

Our agency is submitting this response specifically as part of the public notice process published on November 9, 2020 and the presentation made at the Statewide Leadership Group on November 4, 2020. We appreciate TennCare and DIDD's openness to the discourse and recognize that the process will allow for at least two additional opportunities to provide input through the 1915(c) waiver amendments comment period and the TennCare II 1115 demonstration waiver extension federal comment period. Our agency will be engaged providing ongoing input as the implementation of these transformational changes proceed and will also continue to work with our community advocacy partners who submitted to TennCare and DIDD "Principles to follow in designing the TennCare/DIDD integration plan" on November 11, 2020.

Our agency supports the requirements for stakeholder engagement outlined in federal rules for managed Medicaid services (81 Fed. Reg. 27498-27901 published May 6, 2016). Specifically, states must create and maintain a stakeholder group to solicit and address the opinions of beneficiaries, individuals representing beneficiaries, providers, and other stakeholders in the design, implementation, and oversight of a state's managed long-term services and supports (MLTSS) program. The composition of the group and frequency of meetings must be sufficient to ensure meaningful engagement,



and published meeting minutes to assure transparency. In addition, plans providing MLTSS must have a member advisory committee that includes at least a reasonably representative sample of the populations receiving LTSS covered by the plan or other individuals representing those enrollees.

We recommend that Tennessee establishes a formal and transparent process for seeking and using stakeholder input on enacting systems change. We recommend that this group is formed immediately and meets monthly through all phases of planning, implementation, and evaluation of outcomes. We recommend that this group operates as an open meeting, with assurances that all interested individuals can participate through ADA accommodations. We recommend that currently existing groups, e.g. Partners in Innovation, and workforce development continue their focus on targeted areas with their input and recommendations shared with the larger group.

Our purpose in submitting this response is to highlight the areas of concern that we have so we may help shape the design, timeline, and implementation activities of the plan. To that end, we have prepared the attached detailed review of specific items in the proposed integration plan, and our specific suggested actions, recognizing that this detailed feedback will be the foundation of the response provided to the Center for Medicare and Medicaid Services (CMS) as Tennessee receives final approval for these recommended changes. We are poised to meet with the leadership to review the concerns and recommendations.

Until such a time as the concerns expressed in this document are addressed completely, **the movement of the ICF/IID program into the proposed integrated system and to the proposed direction of deploying this service for individuals with challenging behaviors and for short stays, should be deferred.** Services must remain available for individuals with complex care needs and those who are medically fragile. Transformation of a system built in response to the need to facilitate the closure of state institutions must be a deliberate and transparent process with input from all stakeholders to ensure stability and to avoid service gaps for those who would otherwise be served in these settings. We support ICF/IID provider participation in ongoing dialogue with TennCare and DIDD in the discussion on this proposed change, including clarified plans and timelines, eligibility change impacts, and service limits, as well as safeguards and protections for individuals and providers.

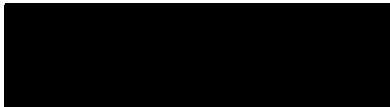
Guided by the principles of providing safe and effective supports for the consumers we serve, as well as a desire to provide efficient access to services to an increasing number of consumers, the analysis recognizes the need to manage the transition of current services, prepare providers to adjust capacity for the newly defined expectations. Additionally, the plan to move to Value Based Payment arrangements requires substantial planning and technical support. In preparing this response some specific topics and patterns emerged reflecting the need for:

1. **Clarity of Goals:** The objectives of the proposed direction would need to clearly identify the vision of the future of these services. Areas where such clarity is needed include the concerns expressed above regarding the expressed goal of the transfer of certain consumers currently living in ICF/IID settings to more community-based settings. This is in line with the goals of community integration and the settings final rule but would also require review of the capacity needs of the system, including for consumers with higher levels of behavioral supports needs. The objective of transitioning the current program into short-term care facilities while concurrently serving existing residents must be clearly delineated. Additionally, the definition of a proposed new bundled service would appear to simplify the ability to deliver services, but the specific goals of this change would need to be established so providers can adequately prepare. Finally, the transition to Value Based Payments could ultimately result in bending the cost curve, but the level of savings being targeted and the methodology for establishing the new compensation structures and projected incentives have not been articulated.
2. **Clarity of Timeline:** The overview document and subsequent communications provide broad timelines for implementation. While the start date of the implementation is July 2021, the underlying timeline for the specific activities remains vague and presents a barrier to good planning. Examples include:
  - a. The continuity of care period appears to be six months but does not appear to recognize the dramatic systems change required to effect such a change. Particularly concerning is the process and impact on network resources and the providers' ability to adhere to the new standards in a relatively short time frame.
  - b. The implementation of the new role of MCO's in effecting network standards and Value Based Payment contracts
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successful integration plan, system stability, and increased capacity is addressing the need for adequate resources to providers so that they can attract, train, and keep high quality and reliable direct support professionals. Perpetuating inadequate wage rates of this essential workforce will prevent the achievement of the stated system improvements regardless of how well the goals are articulated and supported.

Our agency's leadership stands ready to engage in proactively addressing the transformation of services in Tennessee. We look forward to working with TennCare and DIDD to address our concerns and develop a path forward in a transparent manner, without an implementation of sweeping changes that disrupts so many programs and systems at one time.

Respectfully,

A solid black rectangular box used to redact the signature of the sender.



December 11, 2020

To: Mr. Stephen Smith  
TennCare Director

From: RHA Health Services

**Response to Proposed Amendments and Changes to Integrate and Transform Long-Term Services and Supports (LTSS) for People with Intellectual and Developmental Disabilities (I/DD)**

RHA Health Services is a statewide provider of services, serving members from Memphis to Kingsport, with a presence in all three regions of the state. We employ approximately 1,000 staff. RHA provides services across the service spectrum, to include ECF, ICF and DIDD waiver services.

Our agency is submitting this response specifically as part of the public notice process published on November 9, 2020 and the presentation made at the Statewide Leadership Group on November 4, 2020. We appreciate TennCare and DIDD's openness to the discourse and recognize that the process will allow for at least two additional opportunities to provide input through the 1915(c) waiver amendments comment period and the TennCare II 1115 demonstration waiver extension federal comment period. Our agency will be engaged providing ongoing input as the implementation of these transformational changes proceed and will also continue to work with our community advocacy partners who submitted to TennCare and DIDD "Principles to follow in designing the TennCare/DIDD integration plan" on November 11, 2020.

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We recommend that Tennessee establishes a formal and transparent process for seeking and using stakeholder input on enacting systems change. We recommend that this group is formed immediately and meets monthly through all phases of planning, implementation, and evaluation of outcomes. We recommend that this group operates as an open meeting, with assurances that all interested individuals can participate through ADA accommodations. We recommend that currently existing groups, e.g. Partners in Innovation, and workforce development continue their focus on targeted areas with their input and recommendations shared with the larger group.

Our purpose in submitting this response is to highlight the areas of concern that we have so we may help shape the design, timeline, and implementation activities of the plan. To that end, we have prepared the attached detailed review of specific items in the proposed integration plan, and our specific suggested actions, recognizing that this detailed feedback will be the foundation of the response provided to the Center for Medicare and Medicaid Services (CMS) as Tennessee receives final approval for these recommended changes. We are poised to meet with the leadership to review the concerns and recommendations.

Until such a time as the concerns expressed in this document are addressed completely, the movement of the ICF/IID program into the proposed integrated system should be deferred. Services must remain available for individuals with complex care needs, including those who are medically fragile. Transformation of a system built in response to the need to facilitate the closure of state institutions must be a deliberate and transparent process with input from all stakeholders to ensure stability and to avoid service gaps for those who would otherwise be served in these settings. We support ICF/IID provider participation in ongoing dialogue with TennCare and DIDD in the discussion on this proposed change, including clarified plans and timelines, eligibility change impacts, and service limits, as well as safeguards and protections for individuals and providers.

Guided by the principles of providing safe and effective supports for the consumers we serve, as well as a desire to provide efficient access to services to an increasing number of consumers, the analysis recognizes the need to manage the transition of current services, prepare providers to adjust capacity for the newly defined expectations. Additionally, the plan to move to Value Based Payment arrangements requires substantial planning and technical support. In preparing this response some specific topics and patterns emerged reflecting the need for:

1. Clarity of Goals: The objectives of the proposed direction would need to clearly identify the vision of the future of these services. Areas where such clarity is needed include the concerns expressed above regarding the expressed goal of the transfer of certain consumers currently living in ICF/IID settings to more community-based settings. This is in line with the goals of community integration and the settings final rule but would also require review of the capacity needs of the system, including for consumers with higher levels of behavioral supports

needs. The objective of transitioning the current program into short-term care facilities while concurrently serving existing residents must be clearly delineated. Additionally, the definition of a proposed new bundled service would appear to simplify the ability to deliver services, but the specific goals of this change would need to be established so providers can adequately prepare. Finally, the transition to Value Based Payments could ultimately result in bending the cost curve, but the level of savings being targeted and the methodology for establishing the new compensation structures and projected incentives have not been articulated.

2. **Clarity of Timeline:** The overview document and subsequent communications provide broad timelines for implementation. While the start date of the implementation is July 2021, the underlying timeline for the specific activities remains vague and presents a barrier to good planning. Examples include:
  - a. The continuity of care period appears to be six months but does not appear to recognize the dramatic systems change required to effect such a change. Particularly concerning is the process and impact on network resources and the providers' ability to adhere to the new standards in a relatively short time frame.
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3. **Clarity of The Definition of Quality:** The document refers to quality standards in several areas, which makes it encouraging for providers who seek to meet consumers' needs in the best way possible. However, the alignment of these quality standards is not specific enough to provide for a quality management process aligned with readiness review as required by Federal guidelines.
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Our agency's leadership stands ready to engage in proactively addressing the transformation of services in Tennessee. We look forward to working with TennCare and DIDD to address our concerns and develop a path forward in a transparent manner.

Respectfully,

Margaret Gartlgruber, Sr. VP of Operations



December 11, 2020

To: Mr. Stephen Smith  
TennCare Director

From: Skills Development Services, Inc.

**Response to Proposed Amendments and Changes to Integrate and Transform Long-Term Services and Supports (LTSS) for People with Intellectual and Developmental Disabilities (I/DD)**

*My name is Jane Edwards, and I am the Executive Director of Skills Development Services. We are an agency located in middle Tennessee, serving the counties of Coffee, Bedford, and Lincoln. Our agency provides residential, day, and employment services to 160 individuals, and employs 200 staff. We have been in existence for over forty years and believe our service is invaluable to the men and women we support as they live and participate in their communities with the assistance of staff.*

Our agency is submitting this response specifically as part of the public notice process published on November 9, 2020 and the presentation made at the Statewide Leadership Group on November 4, 2020. We appreciate TennCare and DIDD's openness to the discourse and recognize that the process will allow for at least two additional opportunities to provide input through the 1915(c) waiver amendments comment period and the TennCare II 1115 demonstration waiver extension federal comment period. Our agency will be engaged providing ongoing input as the implementation of these transformational changes proceed and will also continue to work with our community advocacy partners who submitted to TennCare and DIDD "Principles to follow in designing the TennCare/DIDD integration plan" on November 11, 2020.

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group and frequency of meetings must be sufficient to ensure meaningful engagement, and published meeting minutes to assure transparency. In addition, plans providing MLTSS must have a member advisory committee that includes at least a reasonably representative sample of the populations receiving LTSS covered by the plan or other individuals representing those enrollees.

We recommend that Tennessee establishes a formal and transparent process for seeking and using stakeholder input on enacting systems change. We recommend that this group is formed immediately and meets monthly through all phases of planning, implementation, and evaluation of outcomes. We recommend that this group operates as an open meeting, with assurances that all interested individuals can participate through ADA accommodations. We recommend that currently existing groups, e.g. Partners in Innovation, and workforce development continue their focus on targeted areas with their input and recommendations shared with the larger group.

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Transformation of a system built in response to the need to facilitate the closure of state institutions must be a deliberate and transparent process with input from all stakeholders to ensure stability and to avoid service gaps for those who would otherwise be served in these settings. We support ICF/IID provider participation in ongoing dialogue with TennCare and DIDD in the discussion on this proposed change, including clarified plans and timelines, eligibility change impacts, and service limits, as well as safeguards and protections for individuals and providers.

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Our agency's leadership stands ready to engage in proactively addressing the transformation of services in Tennessee. We look forward to working with TennCare and DIDD to address our concerns and develop a path forward in a transparent manner.

Respectfully,

Jane Edwards, RN

Executive Director

Skills Development Services

(931)455-5107

[jedwards@sds-tn.org](mailto:jedwards@sds-tn.org)



# support solutions

December 11, 2020

To: Mr. Stephen Smith  
TennCare Director

From: Shannon Durbin  
President, Support Solutions of the Mid-South, LLC.

**Response to Proposed Amendments and Changes to Integrate and Transform Long-Term Services and Supports (LTSS) for People with Intellectual and Developmental Disabilities (I/DD)**

Support Solutions of the Mid-South, LLC. was approved in August 2005 by the Tennessee Department of Finance and Administration, Division of Mental Retardation Services to provide services under the Medicaid Waiver. Since its inception, Support Solutions has been a leader in providing supported living services for adults with intellectual and developmental disabilities. Currently we support close to 500 individuals with I/DD in LTSS across the state of Tennessee. Our key executive leaders and the managing member collectively have well over 200 years of experience in helping and providing services for individuals with developmental disabilities and/or mental illness. These leaders have taken their respective experiences and built a company that is committed to ensuring that all persons supported are “happy, healthy and safe”.

Our agency is submitting this response specifically as part of the public notice process published on November 9, 2020 and the presentation made at the Statewide Leadership Group on November 4, 2020. We appreciate TennCare and DIDD’s openness to the discourse and recognize that the process will allow for at least two additional opportunities to provide input through the 1915(c) waiver amendments comment period and the TennCare II 1115 demonstration waiver extension federal comment period. Our agency will be engaged providing ongoing input as the implementation of these transformational changes proceed and will also continue to work with our community advocacy partners who submitted to TennCare and DIDD “Principles to follow in designing the TennCare/DIDD integration plan” on November 11, 2020.

Our agency supports the requirements for stakeholder engagement outlined in federal rules for managed Medicaid services (81 Fed. Reg. 27498-27901 published May 6, 2016). Specifically, states must create and maintain a stakeholder group to solicit and address the opinions of beneficiaries, individuals representing beneficiaries, providers, and other stakeholders in the design, implementation, and oversight of a state’s managed long-term services and supports (MLTSS) program. The composition of the group and frequency of meetings must be sufficient to ensure meaningful engagement,

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and published meeting minutes to assure transparency. In addition, plans providing MLTSS must have a member advisory committee that includes at least a reasonably representative sample of the populations receiving LTSS covered by the plan or other individuals representing those enrollees.

We recommend that Tennessee establishes a formal and transparent process for seeking and using stakeholder input on enacting systems change. We recommend that this group is formed immediately and meets monthly through all phases of planning, implementation, and evaluation of outcomes. We recommend that this group operates as an open meeting, with assurances that all interested individuals can participate through ADA accommodations. We recommend that currently existing groups, e.g. Partners in Innovation, and workforce development continue their focus on targeted areas with their input and recommendations shared with the larger group.

Our purpose in submitting this response is to highlight the areas of concern that we have so we may help shape the design, timeline, and implementation activities of the plan. To that end, we have prepared the detailed review of specific items in the proposed integration plan below, and our specific suggested actions, recognizing that this detailed feedback will be the foundation of the response provided to the Center for Medicare and Medicaid Services (CMS) as Tennessee receives final approval for these recommended changes. We are poised to meet with the leadership to review the concerns and recommendations.

Until such a time as the concerns expressed in this document are addressed completely, the movement of the ICF/IID program into the proposed integrated system and to the proposed direction of deploying this service for individuals with challenging behaviors and for short stays, should be deferred. Services must remain available for individuals with complex care needs and those who are medically fragile. Transformation of a system built in response to the need to facilitate the closure of state institutions must be a deliberate and transparent process with input from all stakeholders to ensure stability and to avoid service gaps for those who would otherwise be served in these settings. We support ICF/IID provider participation in ongoing dialogue with TennCare and DIDD in the discussion on this proposed change, including clarified plans and timelines, eligibility change impacts, and service limits, as well as safeguards and protections for individuals and providers.

Guided by the principles of providing safe and effective supports for the consumers we serve, as well as a desire to provide efficient access to services to an increasing number of consumers, the analysis recognizes the need to manage the transition of current services, prepare providers to adjust capacity for the newly defined expectations. Additionally, the plan to move to Value Based Payment arrangements



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requires substantial planning and technical support. In preparing this response some specific topics and patterns emerged reflecting the need for:

1. **Clarity of Goals:** The objectives of the proposed direction would need to clearly identify the vision of the future of these services. Areas where such clarity is needed include the concerns expressed above regarding the expressed goal of the transfer of certain consumers currently living in ICF/IID settings to more community-based settings. This is in line with the goals of community integration and the settings final rule but would also require review of the capacity needs of the system, including for consumers with higher levels of behavioral supports needs. The objective of transitioning the current program into short-term care facilities while concurrently serving existing residents must be clearly delineated. Additionally, the definition of a proposed new bundled service would appear to simplify the ability to deliver services, but the specific goals of this change would need to be established so providers can adequately prepare. Finally, the transition to Value Based Payments could ultimately result in bending the cost curve, but the level of savings being targeted and the methodology for establishing the new compensation structures and projected incentives have not been articulated.
2. **Clarity of Timeline:** The overview document and subsequent communications provide broad timelines for implementation. While the start date of the implementation is July 2021, the underlying timeline for the specific activities remains vague and presents a barrier to good planning. Examples include:
  - a. The continuity of care period appears to be six months but does not appear to recognize the dramatic systems change required to effect such a change. Particularly concerning is the process and impact on network resources and the providers' ability to adhere to the new standards in a relatively short time frame.
  - b. The implementation of the new role of MCO's in effecting network standards and Value Based Payment contracts
  - c. The recognition that technology is part of the long-term solution is real, but the actual timeline to achieve the projected savings may be more elusive and would require additional resources.
3. **Clarity of The Definition of Quality:** The document refers to quality standards in several areas, which makes it encouraging for providers who seek to meet consumers' needs in the best way possible. However, the alignment of these quality standards is not specific enough to provide for a quality management process aligned with readiness review as required by Federal guidelines.



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4. Clarity of Resources to Support the Transition: The document requires providers to ramp up capacity in a few areas without specific identified resources to support such capacity building. To proceed, we recommend clearly identified Technical Support, Technology, Value Based Payments processes and competencies, as well as Capital to support the transformational changes. A critical key to a successful integration plan, system stability, and increased capacity is addressing the need for adequate resources to providers so that they can attract, train, and keep high quality and reliable direct support professionals. Perpetuating inadequate wage rates of this essential workforce will prevent the achievement of the stated system improvements regardless of how well the goals are articulated and supported.

Our agency's leadership stands ready to engage in proactively addressing the transformation of services in Tennessee. We look forward to working with TennCare and DIDD to address our concerns and develop a path forward in a transparent manner.

Respectfully,

Shannon Durbin, President



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**Donna Goodaker, President**  
**Robin Atwood, Executive Director**

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

RE: Comments for TennCare II Demonstration

Dear Mr. Smith,

Members of TNCO respectfully submit the following comments for the TennCare II Demonstration under Section II. Narrative Description of Changes Being Requested:

- ICF/IID and 1915(c) waiver services will be administered through the managed care program (maintaining concurrent 1915(c) authority for waiver services and Medicaid State Plan authority for ICF/IID services). These benefits will be removed from Table 3 in the demonstration's special terms and conditions (listing benefits carved out of the managed care program).*

**TNCO Comments:** Will the ICF cost reimbursement structure remain the same? What will be the guidelines/methodology to determine reimbursement for services in ICF?

- ICF/IID services will include a Community Informed Choice process to ensure that individuals understand the full array of community-based options available to meet their needs, and having been fully informed, affirmatively choose institutional placement. This will better align the provision of ICF/IID services with federal law that did not exist when the benefit was first established (i.e., the Americans with Disabilities Act).*

**TNCO Comments:** ICF providers are concerned that referrals will diminish for ICF given its institutional classification and want to ensure that a person-centered approach will still be taken to ensure those individuals with more complex health needs are able to choose this option from available services. ICF providers will struggle to provide this service for those still receiving the service if there are no referrals for open beds.

- Enabling Technology (ET) will be added as a benefit in Employment and Community First CHOICES, with Table 2d of the demonstration's special terms and conditions and Attachment G modified accordingly. Limitations currently applicable to the Assistive Technology, Adaptive Equipment and Supplies (AT/AES) benefit will be applied across the ET and AT/AES benefits combined; however, an MCO may authorize services in excess of the combined benefit limit as a cost-effective alternative to institutional placement or other medically necessary covered benefits.*

**TNCO Comments:** If ET looks for cost-effective measures that continue to benefit agencies and not cut funding, then providers agree that this is a positive thing. How will appendix K be integrated with this such that the same technology benefits will be applicable across all services in 1115 to include the current 1915c services?

Thank you for your time and consideration,

*Kristen Otto and Debi Gonzalez*  
TNCO Regulatory Chairs



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**Donna Goodaker, President**  
**Robin Atwood, Executive Director**

December 10, 2020

To: Mr. Stephen Smith, TennCare Director via email [public.notice.tennccare@tn.gov](mailto:public.notice.tennccare@tn.gov)

From: Donna Goodaker, TNCO President, and Robin Atwood, TNCO Executive Director

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**Response to Proposed Amendments and Changes to Integrate and Transform Long-Term Services and Supports (LTSS) for People with Intellectual and Developmental Disabilities (I/DD)**

The Tennessee Community Organizations (TNCO) respectfully provides this input as part of the public comment for the proposed changes to the 1115 waiver supporting People with Intellectual and Developmental Disabilities. TNCO is a statewide membership association of over 60 direct service providers whose mission is “to promote the growth and development of resources required by community organizations to provide quality services for people with disabilities.” TNCO was established in 1977 and its members provide a wide range of services, including ICF/IDD, residential, community integration, employment, and day programs. TNCO members participate in services delivered under the Employment & Community First Choices and other waivers, and continue to collaborate with the managed care organizations, TennCare and DIDD to support consumers’ choice and self-determination.

TNCO is submitting this response specifically as part of the public notice process published on November 9, 2020, and the presentation made at the Statewide Leadership Group on November 4, 2020. We appreciate TennCare and DIDD’s openness to the discourse and recognize that the process will allow for at least two additional opportunities to provide input through the 1915(c) waiver amendments comment period and the TennCare II 1115 demonstration waiver extension federal comment period. TNCO and its members will be engaged providing ongoing input as the implementation of these transformational changes proceed. TNCO will also continue to work with our community advocacy partners who submitted a letter to TennCare and DIDD “Principles to follow in designing the TennCare/DIDD integration plan” on November 11, 2020.

TNCO supports the requirements for stakeholder engagement outlined in federal rules for managed Medicaid services (81 Fed. Reg. 27498-27901, published May 6, 2016). Specifically, states must create and maintain a stakeholder group to solicit and address the opinions of beneficiaries, individuals representing beneficiaries, providers, and other stakeholders in the design, implementation, and oversight of a state’s managed long-term services and supports (MLTSS) program. The composition of the group and frequency of meetings must be sufficient to ensure meaningful engagement, and published meeting minutes to assure transparency. In addition, plans providing MLTSS must have a member advisory committee that includes at least a reasonably representative sample of the populations receiving LTSS covered by the plan or other individuals representing those enrollees.

We recommend that Tennessee establish a formal and transparent process for seeking and using stakeholder input on enacting systems change. We recommend that this group is formed immediately and meets monthly through all phases of planning, implementation, and evaluation of outcomes. We recommend that this group operates as an open meeting, with assurances that all interested individuals can participate through ADA accommodations. We recommend that currently existing groups, e.g Partners In Innovation, and workforce development continue their focus on targeted areas with their input and recommendations shared with the larger group.

Our purpose in submitting this response is to highlight the areas of concern that we have so we may help shape the design, timeline, and implementation activities of the plan. To that end, we have prepared the attached detailed review of specific items in the proposed integration plan, and TNCO's specific suggested actions, recognizing that this detailed feedback will be the foundation of the response provided to the Center for Medicare and Medicaid Services (CMS) as Tennessee receives final approval for these recommended changes. We are poised to meet with the leadership to review the concerns and recommendations.

Until such a time as the concerns expressed in this document are addressed completely, the movement of the ICF/IID program into the proposed integrated system and to the proposed direction of deploying this service for individuals with challenging behaviors and for short stays, *should be deferred*. Services must remain available for individuals with complex care needs and those who are medically fragile. Transformation of a system built in response to the need to facilitate the closure of people's homes must be a deliberate and transparent process with input from all stakeholders to ensure stability and to avoid service gaps for those who would otherwise be served in these settings. We support ICF/IID provider participation in ongoing dialogue with TennCare and DIDD in the discussion on this proposed change, including clarified plans and timelines, eligibility change impacts, and service limits, as well as safeguards and protections for individuals and providers.

Guided by the principles of providing safe and effective supports for the consumers we serve, as well as a desire to provide efficient access to services to an increasing number of consumers, the analysis recognizes the need to manage the transition of current services, prepare providers to adjust capacity for the newly defined expectations. Additionally, the plan to move to Value -based Payment arrangements requires substantial planning and technical support. In preparing this response some specific topics and patterns emerged reflecting the need for:

1. **Clarity of Goals:** The objectives of the proposed direction would need to clearly identify the vision of the future of these services. Areas where such clarity is needed include the concerns expressed above regarding the expressed goal of the transfer of certain consumers currently living in ICF/IID settings to more community-based settings. This is in line with the goals of community integration and the settings final rule but would also require review of the capacity needs of the system, including for consumers with higher levels of behavioral supports needs. The objective of transitioning the current program into short-term care facilities while concurrently serving existing residents must be clearly delineated.

Additionally, the definition of a proposed new bundled service would appear to simplify the ability to deliver services, but the specific goals of this change would need to be established so providers can adequately prepare. Finally, the transition to Value Based Payments could ultimately result in bending the cost curve, but the level of savings being targeted and the methodology for establishing the new compensation structures and projected incentives have not been articulated



2. **Clarity of Timeline:** The overview document and subsequent communications provide broad timelines for implementation. While the start date of the implementation is July 2021, the underlying timeline for the specific activities remains vague and presents a barrier to good planning. Examples include:
  - a. The continuity of care period appears to be six months but does not appear to recognize the dramatic systems change required to effect such a change. Particularly concerning is the process and impact on network resources and the providers' ability to adhere to the new standards in a relatively short time frame.
  - b. The implementation of the new role of MCOs in effecting network standards and Value-based Payment contracts.
  - c. The recognition that technology is part of the long-term solution is real, but the actual timeline to achieve the projected savings may be more elusive and would require additional resources.
3. **Clarity of The Definition of Quality:** The document refers to quality standards in several areas, which makes it encouraging for providers who seek to meet consumers' needs in the best way possible. However, the alignment of these quality standards is not specific enough to provide for a quality management process aligned with readiness review as required by Federal guidelines.
4. **Clarity of Resources to Support the Transition:** The document requires providers to ramp up capacity in a few areas without specific identified resources to support such capacity building. To proceed, we recommend clearly identified Technical Support, Technology, Value-based Payments processes and competencies, as well as funding to support the transformational changes. A critical key to a successful integration plan, system stability, and increased capacity is addressing the need for adequate resources to providers so that they can attract, train, and keep high quality and reliable direct support professionals. Perpetuating inadequate wage rates of this essential workforce will prevent the achievement of the stated system improvements regardless of how well the goals are articulated and supported.

TNCO's leadership and members stand ready to engage in proactively addressing the transformation of services in Tennessee. We look forward to working with TennCare and DIDD to address our concerns and develop a path forward in a transparent manner.

*see attached Waiver Amendment Topics spreadsheet for additional comments*

## TNCO Comments - December 10, 2020

Category	Topic area -These are quotes from the proposed systems transformation document	Requests / Recommendations
1.New Contract Structure	1. their [consumers] currently assigned Managed Care Organization (MCO)—the entity already charged with administering their physical and behavioral health benefits—will also have a role to play in their LTSS as well. 2.Aligning incentives in ways that will support the achievement of individual and system goals;	The changes proposed by integrating I/DD services and supports into managed care are significant and ambitious. We recommend a formal and transparent process for seeking and using stakeholder input on enacting systems change as outlined in federal rules for managed Medicaid services (81 Fed. Reg. 27498-27901 published May 6, 2016). We recommend that this group is formed immediately and meets monthly through all phases of planning, implementation, and evaluation of outcomes. We recommend that this group operates as an open meeting, with assurances that all interested individuals can participate through ADA accommodations. We recommend that currently existing groups, e.g Partners in Innovation, and workforce development continue their focus on targeted areas with their input and recommendations shared with the larger group. We recommend that the specifics regarding the role and authority of the MCO to provide and manage long-term services and supports to the I/DD population are clearly delineated and publicly available prior to implementation. We recommend a process of stakeholder review and input into the MCO contracts that will guide the integration of additional IDD LTSS into their purview. We recommend the development and publication of a comprehensive plan that describes the process, timeline, phases, and critical benchmarks that indicate readiness to proceed to the next step. The development of such a plan must include early and meaningful input from providers with specified seats at the table.
	2.Reducing administrative burden for providers and helping them develop their capacity to deliver high quality support and produce high quality outcomes and paying for them more for doing so;	We recommend a very structured and accountable process that ensures that providers have meaningful input into review of administrative burdens on providers in our service system as described above in 1.1 New Contract Structure. We recommend that the stated goal of developing capacity is defined and includes delineating the specifics of which services, where, and for whom capacity changes are desired. We recommend that any proposed systems changes intended to result in efficiencies are tested and evaluated by external reviewers for efficacy . We also recommend external review of the impact on care and access to services of systems changes already in place through ECF CHOICES before adopting similar approaches. We affirm the notion that providers require assistance to achieve desired quality improvements and recommend the involvement of providers to identify effective strategies, e.g resources and funding for training, technical assistance, systems improvements, and staffing changes. We further strongly recommend that the development of payment changes tied to quality are defined, vetted by stakeholders, tested for efficacy and for the absence of unintended consequences, and are shown to be aligned with the stated goals.
	3. At the onset, payments to MCOs for LTSS provided to the I/DD population will not be fully risk-based	We recommend the development of targeted goals, or benchmarks, that must be met prior to inclusion of risk-based payments for the I/DD long-term services and supports to the MCOs. We recommend a formal and transparent process as described above in 1.1 New Contract Structure. We recommend that stakeholder are involved in the development and review of appropriate readiness indicators that are essential to provide this safeguard to implementing a risk-based payment model for these services. We recommend that there is clear delineation of the nature of the incentives included in risk-based payments that may impact the use of and payment to the I/DD LTSS providers. All parts of the system, including providers, must be afforded realistic and reasonable time and appropriate supports to adapt to systems changes before implementation. All players have a role in ensuring success with specific and publicly reported metrics: TENNCARE, DIDD, the provider community, and MCOs.

<b>2.Program and Benefit Structure</b>	1.seeking to advance toward the creation of a single, aligned, person centered program of support for people with I/DD and their families, while also ensuring stability and continuity of important services and longstanding relationships with providers and direct support staff.	We recommend meaningful stakeholder involvement, as described above in 1.1 New Contract Structure, in systems changes that would advance I/DD services' evolution toward a more streamlined and efficient system that uses the principles of person-centered planning. We also affirm the recognition that both providers and individuals and their families need the assurance of stability while planned and desired change occurs. We recommend that the timing and nature of changes are implemented in a way that avoids disruption of individuals' lives and relationships. We also recommend guidance to and oversight of the MCOs to ensure that the person-centered process is not used as a means to reduce services. Publicly reported information about the type and amount of service changes that occur is essential. We also recommend access to an advocate external to the MCO to assist the individual to file a grievance or appeal.
	2.largely maintaining the current benefit structure in each of the applicable programs and beginning to evolve these benefits in a manner that aligns with the intended goals of the new integrated and aligned system	We recommend the ongoing, regular inclusion of providers and other stakeholders' input, as described above in 1.1 New Contract Structure, into any proposed changes to benefits, service definitions, eligibility criteria, provider qualifications, and benefit limits. accommodations. We further recommend that TENNCARE and DIDD complete and make public an analysis of the impact of benefit changes to identify individuals or applicants who may lose or be denied services as a result. The intended outcome or reason for each change should be publicly available prior to implementation. We recommend analysis of and reporting on the impact of benefits changes on individuals, including budgets, waiver caps and access to services.
	3.ensuring that reimbursement for services such as residential, personal assistance, individual employment supports, etc. includes technology-based support rates, as appropriate.	We support the continued development of the role of technology in service provision, where appropriate, and the recognition that there is an impact on rates. The introduction of technology requires investment, training, common platforms, secure interfaces, and integration with other functions or systems. We recommend that the desired goals and expectations of what benefits technology-based supports would yield to the individual and to the system are publicly stated before any rate or policy changes are implemented. We recommend policies and approaches that ensure that assumptions on the use of technology-based supports are situation- specific and not one-size-fits-all. Rate changes based on assumptions around the use of technology must be carefully delineated, vetted by stakeholders, and tested prior to implementation. In addition, issues around acceptance by the individual or family, and flexibilities needed when technology fails must be discussed and resolved.
	4.Based on input, consumer (or self) direction will be available in each of the 1915(c) waivers for services like Personal Assistance, Respite, and Community Transportation.	We support the expansion of the availability of self-direction to all of the 1915(c) waivers for those individuals who prefer this service model.
	5.Therapy, Behavior and Nutrition Services ...move toward a consultative model similar to that used in Employment and Community First CHOICES, leveraging licensed professionals to teach, train and support paid and unpaid caregivers, embedding appropriate treatment within the day-to-day delivery of supports in order to maximize both the efficacy and efficiency of service delivery by leveraging telehealth options and/or value-based payment to drive toward preferred outcomes In any option, a plan for fading direct services when appropriate is an essential component.	We support efforts to move the I/DD system along the continuum toward a less medical model for long-term services and supports. We also support the use of telehealth options where it is demonstrated to be appropriate for the service and the individual's needs and ability to benefit from this modality. We recommend an impartial, external review of the efficacy of the consultative model used in Employment and Community First CHOICES and on telehealth to learn the extent to which they are applicable to the population served in the 1915(c) waivers before implementation. Regarding value-based payment, the development of preferred outcomes in this area requires clarity, stakeholder input as described above, and stakeholder buy-in before it can be used as an effective measure of quality. The same is true of assumptions regarding outcomes that target service reduction or fading.
	6.Skilled Nursing - Highly skilled health care professionals are often required to perform routine health maintenance tasks that are frequently performed by unskilled family caregivers—at a high cost to the Medicaid program and to the system as a whole in terms of utilizing limited nursing resources.	We support efforts to move the I/DD system along the continuum toward a less medical model for long-term services and supports. We recommend an external impartial analysis of the barriers that exist in Tennessee which are preventing a more efficient and less medical-model approach to the provision of routine health maintenance tasks for individuals receiving I/DD LTSS. We recommend a transparent process for actions taken to improve the situation, while ensuring that needed nursing services remain available.

	<p>7. Residential and Day Services In order to better align reimbursement with individualized needs, we plan to combine residential and most day services into a single benefit entitled – Community-Based Living Supports (CBLs).... Payments for these services will be combined with payments for traditional “residential” services into a more modernized and flexible individualized benefit driven by the needs and preferences of the person.</p>	<p>Until such a time as the concerns expressed in this document are addressed completely, we oppose the implementation of a new benefit that combines residential and day services due to a lack of information on which to base an opinion. Because this represents a significant systems change for a substantial number of people, we strongly recommend a robust iterative process with all stakeholders on the development of this benefit. The proposed new service requires the delineation of many details, such as the service definition, the provider qualifications, the implementation timeline, etc. before we are able determine our position on it. The development of payment for a new service must include all relevant cost factors such as wages, benefits, training, supplies, transportation, productivity, administration and cost of living. Assumptions must be tested by willing providers in parallel with the current system to learn and make corrections before statewide implementation. We recommend establishing a Community-Based Living Supports work group that includes providers that would function as a sub- group to the larger advisory body described above in 1.1 New Contract structure. We also recommend an independent external analysis of the efficacy of a similar approach used in ECF CHOICES Community Living Services, for comparison, including review of the needs of individuals who require 24/7 supports.</p>
	<p>8. ICF/IID Services We will continue to cover ICF/IID services but move the benefit from the Medicaid State Plan to the 1115 demonstration, 9. new admissions to an ICF/IID will be limited to persons with such significant co-occurring behavioral challenges or complex medical needs that the person cannot be immediately served in a more integrated setting, and only for the limited period of time that is necessary to complete a comprehensive assessment of their community living needs, develop a comprehensive transition plan, identify a community provider and seamlessly transition to a more integrated community setting.</p>	<p>Until such a time as the concerns expressed in this document are addressed completely, we oppose the movement of the ICF/IID program into the proposed integrated system and to the proposed direction of deploying this service for individuals with challenging behaviors and for short stays. Services must remain available for individuals with complex care needs and those who are medically fragile. Transformation of a system built in response to the need to facilitate the closure of state centers must be a deliberate and transparent process with input from all stakeholders to ensure stability and to avoid service gaps for those who would otherwise be served in these settings. We recommend a formal and transparent process for seeking and using stakeholder input on enacting systems change as described above in 1.1 New Contract Structure. We support ICF/IID provider participation in ongoing dialogue with TENNCARE and DIDD in the discussion on this proposed change, including clarified plans and timelines, eligibility change impacts, and service limits, as well as safeguards and protections for individuals and providers.</p>
	<p>9. new admissions to an ICF/IID will be limited to persons with such significant co-occurring behavioral challenges or complex medical needs that the person cannot be immediately served in a more integrated setting, and only for the limited period of time that is necessary to complete a comprehensive assessment of their community living needs, develop a comprehensive transition plan, identify a community provider and seamlessly transition to a more integrated community setting.</p>	<p>Until such a time as the concerns expressed in this document are addressed completely, we oppose the movement of the ICF/IID program into the proposed integrated system and to the proposed direction of deploying this service for individuals with challenging behaviors and for short stays. Services must remain available for individuals with complex care needs and those who are medically fragile. Transformation of a system built in response to the need to facilitate the closure of state centers must be a deliberate and transparent process with input from all stakeholders to ensure stability and to avoid service gaps for those who would otherwise be served in these settings. We recommend a formal and transparent process for seeking and using stakeholder input on enacting systems change as outlined in federal rules for managed Medicaid services (81 Fed. Reg. 27498-27901 published May 6, 2016). We recommend that this group is formed immediately and meets monthly through all phases of planning, implementation, and evaluation of outcomes. We recommend that this group operates as an open meeting, with assurances that all interested individuals can participate through ADA accommodations. We recommend that currently existing groups, e.g Partners In Innovation, and workforce development continue their focus on targeted areas with their input and recommendations shared with the larger group. We support ICF/IID provider participation in ongoing dialogue with TENNCARE and DIDD in the discussion on this proposed change, including clarified plans and timelines, eligibility change impacts, and service limits, as well as safeguards and protections for individuals and providers.</p>
	<p>10. before any such admission could be approved, the person would participate in an Community Informed Choice Process conducted by an entity other than an ICF/IID provider to ensure that s/he fully understands the full array of community-based options available to meet his/her needs, and having been fully informed, affirmatively chooses the institutional placement.</p>	<p>Until such a time as the concerns expressed in this document are addressed completely, we oppose the use of the Community Informed Choice Process for applicants unless it is performed by an independent third party entity, such as Vanderbilt or the DD Council. This process can only be valid when it operates in a truly unbiased and conflict-free manner without coercion. If service coordinators conduct the CICP, we recommend stakeholder review of the materials used and the training provided.</p>

	11. Beginning no earlier than July 1, 2022, TennCare and DIDD, working with MCOs, will commence an individualized review process in order to identify individuals receiving ICF/IID services as of July 1, 2021, who can be supported in more integrated community settings	Until such a time as the concerns expressed in this document are addressed completely, we oppose the movement of the ICF/IID program into the proposed integrated system as described in 2.8 Program and Benefit Structure.
	12. The reimbursement methodology for ICFs/IID will be restructured to reflect both the higher acuity of individuals receiving these services, and to reflect value-based incentives for specific outcomes that lead to integrated community living.	Until such a time as the concerns expressed in this document are addressed completely, we oppose the movement of the ICF/IID program into the proposed integrated system as described in 2.8 Program and Benefit Structure.
<b>3. Program Expenditure Caps</b>	1. Based on input received, DIDD and TennCare intend to maintain the existing expenditure cap structures currently applicable in each program. No changes are proposed.	We recommend that the efficacy of expenditure caps, the number-served limits that produce waiting lists, and potential waiver consolidation opportunities are reviewed and discussed with stakeholders.
	2. Payment for ISC agencies would ultimately be driven in part by whether outcomes are in fact achieved. Likewise, we will identify ways to align administrative payments to MCOs for Support Coordination on the same key metrics. This comparison would be part of the Evaluation Design (required by CMS as part of the 1115 demonstration) for the integrated system, reviewed by an external entity, and shared with other states to help inform future MLTSS design decisions.	
<b>4. Assessing the Level of Supports Needed</b>	1. In addition to the SIS, TennCare and DIDD plan to use Tennessee's Person-Centered Enabling Technology Plan Questionnaire. The Enabling Technology Plan Questionnaire delves deeper into each person's support needs, with an eye toward potential opportunities where technology may help to increase the person's independence in or across environments, including home, travel, community, work and volunteering.	We recommend that the gathering of information about the role of supportive technology in the development of appropriate support needs for individuals through the use of the Person-Centered Enabling Technology Plan Questionnaire is conducted in an unbiased manner. We recommend the development of policies that address issues with implementation such as individual or family reluctance, training needs for effective use, and sufficient resources available to providers to offset acquisition investments. We furthermore recommend that stakeholders review policies around the use of Questionnaire results in the development of service plans to assure that the availability of technology does not equate to service reductions or unacceptable substitutions. In addition, technology use to ensure health and safety must be balanced with rights and privacy.
<b>5. Person-Centered Support Plans (PCSP)</b>	1. While MCOs will generally have utilization management authority over PCSPs (meaning review and approval of services), we plan to establish contractual threshold requirements that would trigger a DIDD review/approval as well—primarily focused on ensuring that service denials or reductions are appropriate and that supports are sufficient to meet individual needs and support the achievement of personal goals.	We recommend that the continued use of person-centered support plans (PCSPs) by MCOs includes strong oversight of service levels by DIDD to ensure that appropriate supports as well as due process rights are provided to individuals. We recommend inclusion of this metric in the external quality review. We recommend public reporting of service reduction or denial metrics by MCO with routine review by stakeholders. Furthermore, we recommend robust training and education to individuals and their families about their rights and how to file grievances and appeals, and access to an advocate for advice and assistance.
<b>6. Network Development and Management</b>	1. this proposed new streamlined approach, DIDD would serve in a "credentialing" role for all HCBS provider types across the I/DD delivery system (with the potential exception of Adult Dental Services). All currently qualified and contracted providers in the 1915(c) waivers (including ISC agencies), currently credentialed and contracted providers in Employment and Community First CHOICES, and certified ICFs/IID would be "deemed" by DIDD as credentialed for participation in the integrated system.	The process of transitioning from a fee for service, any willing provider system to a managed network must be done transparently and with clear timeframes and expectations. To ensure system stability, we recommend that the timeframe when deeming is initially used is long enough to achieve network sufficiency for all LTSS across the state. We recommend that proposed changes to credentialing are done incrementally with sufficient time, resources and technical assistance for the provider community to be prepared to comply.
	2. providers would be periodically recredentialed by DIDD using standards established in partnership with DIDD and MCOs.	We recommend that the criteria that will be used are publicly available, clearly stated, are objective, and are evaluated or measured by assessors with a high standard of inter-rater reliability. We recommend clear policies on the process of terminating a provider.

	3. MCOs would not be obligated to contract with all providers “deemed” as credentialed, but could select from “deemed” providers using a set of person-centered “preferred” contracting standards.	We recommend that the development of contracting standards used to identify “preferred” providers is done transparently, with stakeholder input, and with clear expectations and oversight by DIDD. We recommend a formal and transparent process for seeking and using stakeholder input as described above in 1.1 New Contract Structure. Providers must be given time to adapt and comply, with appropriate recourse. We recommend DIDD exercise heightened scrutiny when an MCO’s network decision impacts an individual’s home or could result in service disruption.
	4. MCOs would be required to demonstrate network adequacy.	We recommend public reporting of the criteria for I/DD LTSS network sufficiency and that benchmarks and progress on attaining the required standards are regularly reported to stakeholders.
	5. Over time, we expect that the standards would evolve to “required standards.” After a reasonable period (at least 12 months), providers would be required to meet certain standards to continue participation in the program, with additional quality performance standards becoming required over time, while ensuring sufficient capacity to offer choice of providers and timely delivery of services.	We support the recognition that a systems change in provider qualifications of this magnitude and importance should evolve over time. We recommend that they are not done concurrently with initial implementation. A twelve month period is inadequate. We recommend at least 18 months after the integration has reached a defined steady state after implementation. We recommend a robust dialogue with the provider community to develop appropriate standards and implementation goals, to identify meaningful quality measures, and to provide resources and technical assistance so that providers can meet expectations.
	6. an MCO would be expected to either contract with an identified provider, or to contract with an alternative provider that is equally preferred and able to fill the identified gap.	We recommend the development of specific policies and process that would apply when a provider of the individual’s choice is not available.
<b>7. Continuity of Care</b>	1. MCOs will be obligated to contract with all 1915(c) providers “deemed” by DIDD to continue the seamless delivery of current services as specified in each person’s approved Individual Support Plan, without gaps in care for at least the first six (6) months following implementation of the integrated I/DD system, or the remainder of their ISP year, whichever is later.	We recommend defining the metrics that show that a steady state has been achieved after initial implementation. We recommend that continuity of care is in place for one year after the benchmarks and publicly reported metrics on the system readiness are met. These involve all parts of the system, including MCO readiness to perform assessments and develop person-centered service plans.
	2. facilitate transition to another provider selected by the person if the current provider will no longer be part of the MCO’s network once the continuity of care period has expired.	The state’s policies and approach must address expectations around the MCOs’ responsibility to ensure no service interruptions occur, particularly when residential services are affected.
<b>8. Authorizations, Billing and Payment</b>	1. The integration of Medicaid programs and services provides a unique opportunity to explore a potential new, streamlined approach to provider authorizations, billing and payment—one that seeks to minimize administrative burden on providers, health plans, and the state, and which seeks to ensure that providers have timely access to authorizations, and a consistent user-friendly billing process. It would also ensure continuity across procurement cycles. This is best achieved through a consolidated system.	We recommend robust involvement of the affected provider community to give meaningful input to ensure appropriate platforms are selected. Implementation plans must include realistic timeframes, the provision of technical assistance, and thorough testing of functionality before launch. The state must be prepared to ensure adequate cash flow in the event of a system implementation failure.
	2. TennCare and DIDD are working together to explore the most efficient and timely options to streamline and consolidate functions across programs going forward. We welcome input regarding these processes.	We recommend robust involvement of the affected provider community to give meaningful input to ensure appropriate platforms are selected. Implementation plans must include realistic timeframes, the provision of technical assistance, and thorough testing of functionality before launch. The state must be prepared to ensure adequate cash flow in the event of a system implementation failure.
<b>9. Value-based Reimbursement</b>	1. the implementation of value based reimbursement for “core” services—primarily residential, day, and personal assistance—to align payment with the achievement of individual and system outcomes.	We support the development of financial incentives that advance the I/DD service system toward the goals of achieving individual and system outcomes for individuals receiving LTSS. We recommend taking great care regarding this substantial systems change through a public and intentional approach as described above in 1.1 New Contract Structure, to ensure no disruption or unintended consequences.



	2.“Partners In Innovation”— that can help to inform this and other system components.	We recommend that the meaningful engagement of all stakeholders, including providers, in the design of new approaches. We recommend that the work of the PII group informs the larger advisory body described above. We recommend this group formalize a process of publicly available reporting and evaluation of the role that various technology and other innovations will play in any systems change. We recommend that the challenge of designing new incentive-based approaches balances the desired outcomes with the added burden of collecting and reporting data.
	3. The value-based reimbursement approach ultimately developed will be implemented in an incremental way to ensure the stability of the network, while also building capacity to demonstrate the delivery of improved outcomes for persons supported.	We recommend that the incremental development of value based reimbursement approaches includes a system capacity assessment to ensure success. We recommend including testing and piloting of new approaches, evaluation by external reviewers, public reporting of progress, and the use of defined benchmarks prior to statewide implementation. A critical key to a successful integration plan, system stability, and increased capacity is addressing the need for adequate resources to providers so that they can attract, train, and keep high quality and reliable direct support professionals. Perpetuating inadequate wage rates of this essential workforce will prevent the achievement of the stated system improvements regardless of how well the goals are articulated and supported.
	4. payments for traditional “day” services would be combined with payments for traditional “residential” services into new payment rates for a more modernized and flexible individualized benefit driven by the needs and preferences of the person, 5.payment for services would be de-linked from staffing ratios, 6. be de-linked from the number of people living in a home, allowing greater flexibility with regard to how best to meet each person’s individualized needs and preferences, 7. Payment for the newly combined Community-Based Living Supports benefit would be based on the person’s Level of Support, with flexibility across the types of supports that can be leveraged to meet those needs, (including technology-based supports and natural supports as well as paid assistance), and documentation regarding the type of supports to ensure transparency for measuring payments against hours of paid support provided and for purposes of measuring success in achieving individual and program goals, 8. Payment mechanisms such as special needs adjustments would be replaced with reimbursement for additional assistance actually needed and provided, rather than paying for the availability of such assistance “just in case”, 10. measurement domains will be aligned with the Pillars of Transformation described in the Network Development section.	Until such a time as the concerns expressed in this document are addressed completely, we oppose the implementation of a new benefit that combines residential and day services as described in 2.7 Program and Benefit Structure.
	5. Person-Centered Thinking, Planning and Supports, Technology First, Employment First, Independence and Workforce measurement domains would include both capacity-building and outcome metrics.	We recommend that the incremental development of value based reimbursement approaches includes a system capacity assessment to ensure success. We recommend including testing and piloting of new approaches, evaluation by external reviewers, public reporting of progress, and the use of defined benchmarks prior to statewide implementation.
	6. achieving Basic Assurance® certification status, becoming a Person- Centered Organization, earning CQL accreditation in person-centered supports and the ultimate accreditation status “With Distinction” create a pathway toward greater expertise in the delivery of high quality, person-centered supports.	We recommend that other national accreditation bodies are considered in addition to CQL and that providers have access to the resources and technical assistance required to meet new or higher standards for participation or to meet future quality standards. Timeframes for implementation must be clearly stated, reasonable, and achievable to ensure system stability. Provider qualifications changes must align with MCO network standards and assure access to quality services.
	7. professional level certification through APSE or other approved entities by employment staff	We recommend that other national employment accreditation bodies are considered and that providers have access to the resources and technical assistance required to meet new or higher standards for participation or to meet future quality standards. Timeframes for implementation must be clearly stated, reasonable, and achievable to ensure system stability.
	8.Technology First Organization Certification (ultimately, With Distinction), employing Tech Champions with Enabling Technology Specialist Certificates, and the percentage of DSPs with Enabling Technology credentials	We recommend that providers have access to the resources and technical assistance required to meet new or higher standards for participation or to meet future quality standards. Timeframes for implementation must be clearly stated, reasonable, and achievable to ensure system stability. We recommend provider input regarding the cost of increased standards including training and staffing changes.

	9. establish and incentivize measures of agency capacity and agency performance	We recommend transparency and specificity on measures in this extremely important area so that workforce issues of increased resources for pay and benefits to direct care workers are addressed before other systems changes are imposed. We recommend a formal and transparent process for seeking and using stakeholder input as described above in 1.1 New Contract Structure.
	10. incentives will also be reflected in administrative payments to MCOs, to encourage the development of networks that are best equipped and able to demonstrate person-centered outcomes.	We recommend publicly available reporting on the metrics used to evaluate success in this area.



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**Donna Goodaker, President**  
**Robin Atwood, Executive Director**

December 8, 2020

TO: Stephen Smith, TennCare Director  
[public.notice.tennicare@tn.gov](mailto:public.notice.tennicare@tn.gov)

FROM: TNCO's ICF/IDD Members  
primary contact Robin Atwood, [ratwood@tnco.org](mailto:ratwood@tnco.org), 615.736.6090 ext 203

SUBJECT: Notice of Application to Extend the TennCare II Demonstration

### Questions Regarding ICF Service Changes

#### General statement

As stated before, it is TNCO's position that ICF services for people with IDD should not be included in the DIDD Integration plan at this time. The regulations are very different and the people supported are those who would not be best supported in Waiver services. It is our opinion that TennCare and DIDD should remove ICF to allow time for DIDD, MCOs, providers, and other stakeholders to successfully implement proposed changes to 1915(c) and ECF services. Experience has shown that an ICF level of service for people who are medically challenged and or fragile is difficult under ECF because nursing and behavioral services are often unavailable. Group 7 and Group 8 benefits already exist and are designed to keep people in their homes or transition people from institutional settings to a community home.

#### Purpose

- What is the purpose and advantage of putting a cost reimbursement payment system into a managed care program?
- What is the current average cost per participant in 1915(c), ECF and ICF, respectively.
- What is the purpose and advantage of replacing a cost reimbursed system with Fee For Services?
- Is one of the goals of the integrated system to decrease or eliminate the number of ICF beds in the State?
- Does TennCare/DIDD want to convert ICF services from LTSS to respite or transitional services?
- The nature of long-term supports is that over time individuals will necessarily cost more than at the beginning of their services. The ECF services seem to lean more towards supporting people in their family homes. How will the state support individuals who cannot be supported in their family home?

## **Certificate of Need**

- How will ICF Certificates of Need be impacted by the system integration?
- How will “repurposing bed capacity” effect the CON?
- Has the HSDA been consulted regarding the integration plan and moving ICF to an 1115 Waiver?
- Will the agencies with Certificates of Need be expected to continue to report to the HSDA annually on the Certificate of Need for ICF/IID homes?

## **1115 Waiver**

- If TennCare/DIDD move ICF/IID services under the 1115 Demonstration Waiver, how will that change how current services are provided?
- Would ICF be expected to follow HCBS rules?
- With ICF integrated under DIDD would they have to follow the DIDD Provider Manual requirements?
- Will the ICF bed tax continue to exist if ICF Services come under the 1115 Waiver?

## **Regulatory**

- When ICF services change under the DIDD Integration Plan will they still fall under the CMS guidelines? Will ICF still be under State Operations Manual Appendix J regulations?
- Historically, survey in ICF has not been supportive of ICF providers supporting individuals with intense behavioral issues. How will this be addressed?
- Will those providers with 8 bed homes where two persons share a bedroom still be allowed to provide these services?
- Will ICF be expected to adhere to the community settings rules in HCBS?
- In some conversations DIDD administrators stated they have limited experience in understanding all the rules and workings of ICF services. Will ICF agency leaders be involved in the planning meetings that affect changes in ICF services?
- How will federal ICF regulations be implemented as part of this integration plan (ex: QDDP/QIDP having degrees, active treatment, comprehensive services, mealtime guidelines, environmental guidelines, emergency preparedness guidelines?)
- Regarding surveys in ICF, will DIDD/TennCare work with the DIDD survey team to come up with a cohesive survey process?

## **Operational**

- Agencies around the State stepped up to build state of the art ICF/IID homes at the request of the State considering the Class Action Lawsuit and the closure of state institutions. What considerations will these same programs get in the Integration Plan to be able to continue the process of paying off these homes?
- Will the reimbursement system continue to include capital depreciation cost for ICF facilities developed by providers in co-operation with the State of Tennessee and pursuant to receipt of Certificates of Need supported by DIDD and TennCare?
- Can you explain how this change will benefit people in the ICF, providing services at a lower cost without reducing services?
- The plan materials indicate that new criteria for admissions and residency duration will be utilized adding behavioral and/or complex medical needs. Please provide descriptions or examples of these criteria that will be applied or have been applied in other IDD delivery networks.

- Regarding those individuals with complex behavioral challenges:
  - o What consideration will be given to existing residents in an ICF home?
  - o Will compatibility be considered before someone is placed in a home?
  - o Will the current individual's needs and opinions be taken into consideration?
  - o If an individual comes into an ICF and stabilizes and goes into a more integrated setting, will they be given the option to come back to the ICF if they don't do well or will the process have to be started over?
  - o Will the MCO assign support coordinators to coordinate the ICF services?
  - o The integration plan relies on the possibility of employment for expansion of the programs. With current unemployment rates in the 10% range, how will you know when the plan is successful? What is the current % of employment for ECF?
  - o Will employment first guidelines and day service programs be implemented in ICF services?
  - o For people with significant behavioral challenges, what is the benefit of using an ICF for transitioning people to the community versus the Group 8 benefits in ECF?
- Regarding people with complex medical needs:
  - o Can you define "complex medical needs?"
  - o How will the revised ICF model be able to support complex medical needs financially if it is no longer a cost reimbursed system?
  - o Where would these individuals transition to once they are stabilized medically?
  - o How would active treatment be met for survey purposes with those that are medically fragile in regard to community inclusion?
- The Integration Plan indicates that admission determinations will be made by an Interagency Review Committee led by DIDD and will include TennCare and MCO clinical and program leadership.
  - o Will agencies and families also be included?
  - o Will criteria be based on Appendix J or DIDD/TennCare policy?
- For the revised ICF/IID criteria effective 7/1/2021, what does a "limited amount of time" mean and how does that impact those that live there in a more permanent status? This could impact the continuity of care and could present concerns for all individuals in the home.
- The Integration Plan refers to short term/respite/transitional placements in ICF/IID. It also states that agencies may be deemed certified by DIDD but not on a preferred provider list from the MCOs. What does that mean and how will beds be filled under these circumstances?
- Appendix J W249 requires ISP Amendments be implemented at the end of the IDT meeting. Will ICF/IID have an ISC or Care Coordinator who manages programming or will QIDP continue to fulfill this function?
- If there is an ISC or Care Coordinator, what role will they play and will they maintain the high level of programming responsiveness mandated by CMS regulations?
- The Integration plan indicates that individuals would participate in a Community Informed Choice Process conducted by an entity other than an ICF/IID provider. In the recent family meeting, ICF/IID was described as distasteful comparing them to a nursing home. How will DIDD ensure that the choice process is fair and unbiased?
- In regards to the inter-agency review committee:
  - o Could there be provider representation on the inter-agency committee?

- o How can we ensure that ICF services are fairly represented and that the person or conservators have a right to choose ICF services as a service model?
- o If they do not meet the behavioral/medical needs, will they still be able to choose ICF services if that is their choice after being presented all service options?
- o What components of the ADA requirements are not applicable to ICF services currently and how will this integration plan correct this issue?
- o Will there be an appeals process if someone is denied ICF services?
- o Will the ICF provider be able to decide whether or not the agency can adequately provide services to a particular individual once approved by the committee?
- Effective July 1, 2022, who will conduct the individualized review process of people that are currently getting ICF services and will the current individuals be given the option to remain in the current ICF service if they choose to do so?
- Will individuals that have lived in the ICF for years and are well established in their community be given the option to stay in their current services? (Transition could be extremely difficult on these individuals.)
- For the comprehensive transition plans, will the amount of time for that process and plan to be implemented be limited?
- If the transition plan does not adequately provide the level of support the person needs, is there a way to review/appeal that if it is believed that the person needs more intense support services?
- Although identified as “institutional” level of care, many ICF homes are currently integrated into their respective community in traditional neighborhoods- is this being assessed also?
- What if the neighborhood is not conducive to supporting someone with complex behavior support needs and this could cause conflict with existing community relationships?

### **Staffing/Training**

- It was mentioned in several of the meetings with TennCare and DIDD that staff retention is not solely based on money; however, retail/manufacturing minimum wage is increasing almost weekly. As of the last NCI report for 2019 there is a DSP turnover rate in Tennessee of 51.8%, and the number is certainly higher during the pandemic. We are losing DSPs who cannot afford to continue to make what IDD service agencies across the state can offer based on current rates.
  - o Will rates for IDD services increase as part of the integration plan?
  - o How will the Integration Plan address staffing ratios?
  - o How will the plan assist with staff retention?
  - o What is the incentive for the DSPs to work in these behaviorally challenging homes if we are not able to pay more?
- Will the training requirements change for staff supporting persons with significant behavioral or medical needs?
- If ICF services are under MCO with DIDD oversight, how will those entities be trained on the CMS ICF specific guidelines?

### **Budget/Justification**

- It is difficult for businesses to make business plans and budget during times of change. Can you share with us the projected numbers of people served a year from now in ECF,



1915(c) Waivers and ICF services one year after implementation of the integrated system?

- Please provide data for evaluations previously performed that concluded that ICF level of care was not necessary and led to similar anticipated relocations with satisfactory outcomes for individuals and families in other systems.
- The incidence of severe Intellectual and Developmental Disabilities is prevalent among low income families who also have concurrent medical concerns which make it unlikely that they would be able to provide for their loved ones with disabilities in their home. Please provide the statistical information that would suggest that the proposed integration would not unduly harm the disabled persons from disadvantaged families whose children no longer have residential placement options.
- Please provide the statistical information demonstrating that the people in placement today would be as safe were they to be displaced to their family or community homes. How will these Tennesseans be protected?
- It has been reported that more than fifty percent of the individuals on the wait list require residential supports yet the number of individuals in residential services has continuously gone down because slots are not available in ECF. How will the number of residential beds be increased and how will they impact the waitlist?

#### **Rates/Billing**

- When services change to the 1115 Demonstration Waiver, how will that impact rates and billing?
- The plan indicates the ICF cost reimbursement system will be changed to factor a person's acuity and include value-based adjustments to payment levels. Please provide specific information and criteria to be applied for these adjustment factors.
- How will rates be determined?
- How will rates be determined for those that require 1:1 supervision either in the home or in the community?
- If ICF services are going from a cost reimbursed system to a fee for services system, how will reimbursement be structured for wrap around services that are currently provided as an integrated model in ICF such as PT, OT, SLP, Nursing, Dietary, BA, Physician, dental, vision, podiatry?
- Many of the individuals coming out of jail or a psychiatric setting often do not have items such as clothing, furniture, etc., will these items be billable?
- How often will rates be re-evaluated, especially when there is a change in status for a person receiving services?
- How will hospitalization days be affected?
- Will there be a cap on the number of hospital days allowed to be billed?
- For hospital settings, will there be funds for sitters under fee for service?
- Will individuals continue to get 60 therapeutic leave days per fiscal year to visit family?
- Will billing for ICF services be rolled into the same billing system for the Waiver and ECF?
- Will fees still be based on a home's census?



STATE OF TENNESSEE  
**COUNCIL on DEVELOPMENTAL DISABILITIES**  
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December 9, 2020

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

Dear Director Smith,

The Tennessee Council on Developmental Disabilities submits the following comments on the TennCare Demonstration Extension:

- Page 12: "The ECF CHOICES Working Disabled demonstration group will be modified to include individuals enrolled in 1915(c) waivers. This will allow individuals enrolled in a 1915(c) waiver who are working to have earned income up to 250 percent of the federal poverty line (FPL) excluded when considering their continued eligibility for Medicaid and for HCBS."  
**Comment:** The Council has been contacted by members of ECF CHOICES who struggle with maintaining employment without losing benefits and generally navigating that topic - particularly SSI. For example, we have been contacted by people who say their benefits counselor can help them understand the effects of work on SSI, but not on TennCare. Counselors must be able to assist with how income impacts all benefits, not just SSI, and help proactively educate members and employers. Otherwise, uncertainty and confusion become the barrier to employment, even as the Working Disabled Group addresses the other barrier. We have also been contacted by employers who believe they cannot hire people with disabilities because their salary bands are too high. A more effective counseling program would include proactive education in addition to direct support to members.  
**Recommendation:** as the Working Disabled Group is expanded, the Benefits Counseling service must also be expanded as a service available for enrollees in all IDD programs any time there is a barrier to employment related to loss of benefits.
- Page 12: "Enabling Technology (ET) will be added as a benefit in Employment and Community First CHOICES, with Table 2d of the demonstration's special terms and conditions and Attachment G modified accordingly. Limitations currently applicable to the Assistive Technology, Adaptive Equipment and Supplies (AT/AES) benefit will be applied

across the ET and AT/AES benefits combined; however, an MCO may authorize services in excess of the combined benefit limit as a cost effective alternative to institutional placement or other medically necessary covered benefits.”

**Comment:** The Council strongly supports this addition.

- Page 12: “The special term and condition governing the TennCare Select health plan will be modified so that members with ID assigned to TennCare Select as of July 1, 2021, will remain enrolled in TennCare Select, while members enrolled after that date will be assigned to a traditional MCO.”

**Comment:** The Council has been contacted by TennCare members who have not had good experiences transitioning from EPSDT to adult TennCare services. As the TennCare Select healthplan closes to people on SSI, we recommend revamping the transition planning process. Specifically, we recommend assigning a case manager who can work regularly and directly with families beginning at age 16 to help with future planning.

**Recommendation:** TennCare case managers assisting families with transition from EPSDT to adult TennCare services should establish a partnership with Tennessee Disability Pathfinder, whose trained staff have access to a statewide database of over 3,000 disability services ranging from clinical to peer support services. For example: young adults with intellectual disabilities and their families often consider conservatorship at the 18th birthday, and Pathfinder can help connect those families to Tennessee’s Center for Decision-Making Support.

- Pages 14,17: Network adequacy

**Comment:** Although the data reports 97% compliance, there is a continued lack of adequacy in providers with training and experience in intellectual and developmental disabilities – from dentists to psychiatrists to general practitioners.

**Recommendation:** Expertise and competence to effectively serve TennCare’s population should be considered as part of “network adequacy”, including: training and experience with the population; willingness to make accommodations, particularly for people who are Deaf or Hard of Hearing; and cultural competency for people in the LGBTQI+ community, Spanish speaking communities, and others.

Director Smith, thank you for your tireless work this year and for considering these comments and recommendations. On behalf of the Council on Developmental Disabilities, we thank Chief Killingsworth and team for sitting on our Council and serving as faithful partners in our work.

Sincerely,



Wanda Willis, Executive Director



*Achieve with us.*

December 10<sup>th</sup>, 2020

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

Patti Killingsworth, Chief of Long-Term Services &  
Supports Division of TennCare  
310 Great Circle  
Road Nashville,  
TN 37243

Dear Steven and Patti,

I am writing to provide feedback from The Arc of Tennessee on the TennCare II Demonstration Extension Application.

There is a great deal of concern in the advocacy community regarding ICF/IID and 1915(c) waiver services moving to being administered through the managed care programs. The individuals who are served under this waiver are continuing to progress in age, and will no doubt require increased support needs as they get older. While we appreciate Tennessee's commitment to maximizing the financial resources available to serve as many people as possible, we do want to ensure that thoughtful, and realistic approaches are taking in shifting these services to the managed care programs. It is imperative that people continue to receive the same level of services and supports that they are under the current system.

While The Arc of Tennessee would never advocate for restrictive placements for individuals with I/DD, we do believe strongly in ensuring that the appropriate levels of support are available to individuals. While we appreciate that ICF/IID services will include a the Community Informed Choice process to ensure that individuals understand the full array of community-based options available to meet their needs, we are concerned that some individuals may be left without the comprehensive service options they need or have depended on in the past. If ICFs are only for limited times for people with challenging behaviors, what about those with complex medical needs who are currently, served in the ICFs? Will a family have Freedom of Choice when a family requests that their loved one be admitted to an ICF or chooses to have them stay in their current placement in an ICF?

***For people with intellectual and developmental disabilities.***

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We are encouraged to see that the ECF CHOICES Working Disabled demonstration group will be modified to include individuals enrolled in 1915(c) waivers. This is a positive step to ensuring that adults with intellectual and developmental disabilities do not need to choose between working and risking receiving the services and supports they need to live as independently as possible.

Thank you for the opportunity to provide feedback. Please let me know if you have any questions or would like to discuss any of our comments further. ~~Include your phone number~~

Thank you,

Heidi Haines  
Executive Director  
The Arc of Tennessee  
720-238-7321  
[Hhaines@thearctn.org](mailto:Hhaines@thearctn.org)



December 10, 2020

Via email: [public.notice.tennCare@tn.gov](mailto:public.notice.tennCare@tn.gov).

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

**Re: TennCare II Demonstration Project No. 11-W-00151/4**

Dear Director Smith;

ViiV Healthcare (ViiV) appreciates the opportunity to offer comments to Tennessee's Division of TennCare regarding the TennCare II Demonstration draft extension request.<sup>1</sup> We are highly interested in the state's request to extend the TennCare demonstration for a full decade, especially as it applies to incorporation of pending amendment requests currently under consideration by CMS.

ViiV is the only independent, global specialist company devoted exclusively to delivering advancements in human immunodeficiency virus (HIV) treatment and prevention to support the needs of people living with HIV (PLWH). From its inception in 2009, ViiV has had a singular focus to improve the health and quality of life of people affected by this disease and has worked to address significant gaps and unmet needs in HIV care. In collaboration with the HIV community, ViiV remains committed to developing meaningful treatment advances, improving access to its HIV medicines, and supporting the HIV community to facilitate enhanced care and treatment.

As an exclusive manufacturer of HIV medicines, ViiV is proud of the scientific advances in the treatment of this disease. These advances have transformed HIV from a terminal illness to a manageable chronic condition. Effective HIV treatment can help PLWH to live longer, healthier lives, and has been shown to reduce HIV-related morbidity and mortality at all stages of HIV infection.<sup>2,3</sup> Furthermore, effective HIV treatment can prevent the transmission of the disease.<sup>4</sup>

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<sup>1</sup> Tennessee Department of Finance & Administration Division of TennCare, "TennCare II Demonstration Project No. 11-W-00151/4 Extension Application DRAFT," November 9, 2020

<https://www.tn.gov/content/dam/tn/tenncare/documents2/DraftTennCareExtensionApplication.pdf> Accessed December 3, 2020.

<sup>2</sup> Severe P, Juste MA, Ambroise A, et al. Early versus standard antiretroviral therapy for HIV-infected adults in Haiti. *N Engl J Med*. Jul 15 2010;363(3):257-265. Available at

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list\\_uids=20647201](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=20647201)

<sup>3</sup> Kitahata MM, Gange SJ, Abraham AG, et al. Effect of early versus deferred antiretroviral therapy for HIV on survival. *N Engl J Med*. Apr 30 2009;360(18):1815-1826. Available at

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list\\_uids=19339714](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=19339714)

<sup>4</sup> Rodger et al. Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. *The Lancet*. Published Online May 2, 2019 [http://dx.doi.org/10.1016/S0140-6736\(19\)30418-0](http://dx.doi.org/10.1016/S0140-6736(19)30418-0).

Medicaid is the largest source of coverage for PLWH.<sup>5</sup> Almost half of PLWH who are engaged in medical care have incomes at or below the federal poverty level.<sup>6</sup> TennCare is an essential source of access to medical care and antiretroviral therapy (ART) drug coverage for people living with HIV, which not only preserves the health and wellness of PLWH, but also prevents new HIV transmissions. While progress has been made in HIV care, more work needs to be done. Due to the important role of TennCare in ensuring access to medical care and treatment for PLWH in the state of Tennessee, ViiV wishes to comment on several of the proposals in the TennCare II Demonstration draft extension request.<sup>7</sup>

## 1. Block Grant Waiver

The state's draft extension request includes a provision that would seek to incorporate any amendment requests that are approved by CMS into the ten year extension of the overall TennCare system:

“... [T]he state notes that several proposed demonstration amendments have already been submitted to CMS and are currently undergoing CMS review. The state requests that CMS continue its review of these proposed amendments, which have already gone through all required public notice and transparency processes and been determined complete by CMS. Should any of these amendments be approved prior to June 30, 2021, it is the state's understanding that the demonstration as amended would be renewed by this application.”<sup>8</sup>

We note that this proposal would seem to include the state's “TennCare II Demonstration (Project No. 11-W-00151/4) – Amendment 42, Modified Block Grant and Accountability”<sup>9</sup> proposal (Amendment 42). Financing a part of TennCare through a block grant rather than a federal match is a significant change and we recommend that the 1115 waiver ten year extension request that is submitted to CMS explicitly exempt Amendment 42 from the extension.

ViiV provided written public comments to the state during both of the comment periods in 2019 about Amendment 42.<sup>10</sup> Several of the proposals we objected to outright, including the proposal for a closed formulary and the funding cap (block grant) for the Medicaid program. We found other aspects concerning, such as the unclear application of both of those policies to Medicaid Managed Care Organizations (MMCOs) in TennCare, and the state's plan to negotiate key details with CMS.

ViiV continues to have concern about those proposals. They represent fundamental changes to the Medicaid program structure. If they are approved by CMS, we think it inappropriate for that approval to be automatically rolled into a ten year extension request. Such significant changes

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<sup>5</sup> Kaiser Family Foundation. Medicaid and HIV, <http://www.kff.org/hiv/aids/fact-sheet/medicaid-and-hiv/>.

<sup>6</sup> CDC, Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection—Medical Monitoring Project, United States, 2015 cycle (June 2015-May 2016). Survey report 20 <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-special-report-number-20.pdf>

<sup>7</sup> Tennessee Department of Finance & Administration Division of TennCare, “TennCare II Demonstration Project No. 11-W-00151/4 Extension Application DRAFT,” November 9, 2020

<https://www.tn.gov/content/dam/tn/tenncare/documents2/DraftTennCareExtensionApplication.pdf> Accessed December 3, 2020.

<sup>8</sup> Tennessee Department of Finance & Administration Division of TennCare, “TennCare II Demonstration Project No. 11-W-00151/4 Extension Application DRAFT,” November 9, 2020

<https://www.tn.gov/content/dam/tn/tenncare/documents2/DraftTennCareExtensionApplication.pdf> Accessed December 3, 2020.

<sup>9</sup> TennCare II Demonstration, Project No. 11-W-00151/4, Amendment 42, Modified Block Grant and Accountability:

<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/tn/tn-tenncare-ii-pa10.pdf>

<sup>10</sup> TennCare II Demonstration, Project No. 11-W-00151/4, Amendment 42, Modified Block Grant and Accountability:

<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/tn/tn-tenncare-ii-pa10.pdf>



should truly be enacted as short-term demonstrations, for two or three years, and be subject to rigorous analysis and evaluation during that time.

## **2. Medication Therapy Management**

ViiV applauds the state's proposal in the draft extension request to extend medication therapy management (MTM) pilot project for one additional year,<sup>11</sup> and we hope that the state will elect to retain and expand the program to cover all medically frail individuals, and those with complex medical conditions, or requiring high rates of adherence to medical care and treatment such as PLWH.

Comprehensive MTM is incredibly important for PLWH given the many challenges they face in access and adherence to HIV treatment. The effective treatment of HIV is highly individualized and accounts for a patient's size, gender, treatment history, viral resistance, coexisting illnesses, drug interactions, immune status, and side effects. Strict adherence to ART treatment regimens is essential to sustained suppression of the virus and reduced risk of drug resistance.<sup>12</sup> MTM is a standard of care in pharmacy services that ensures each patient's medications are individually assessed to determine that each medication is appropriate for the patient, effective for the medical condition, and safe given the comorbidities and other medications being taken by the patient.

## **3. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Benefits**

ViiV applauds the state's success in covering Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits within TennCare and in the MMCOs, as demonstrated in the results on the 2020 report.<sup>13</sup>

The EPSDT benefit was designed to provide comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate diagnostic, screening, treatment, and specialty services. In 2018, youth aged 13 to 24 accounted for 21 percent of all new HIV diagnoses.<sup>14</sup> Moreover, youth with HIV are the least likely out of any age group to be retained in care and have a suppressed viral load. Addressing HIV in youth requires that we provide young people with the information and tools they need to reduce their risk of acquiring and transmitting HIV, make healthy decisions, and obtain treatment and care if needed.<sup>15</sup>

The educational services that are often offered during HIV testing – especially if the test is negative – are important for people in this age range so that they can protect themselves from acquiring HIV.

## **4. Ten Year Time Frame and HIV Innovation**

The last decade has brought significant advances in HIV care models and HIV drug treatment regimens available to PLWH. There have also been important scientific breakthroughs that have allowed for accessible options to prevent HIV transmission to at-risk populations, and scientific breakthroughs that have revealed a two-fold benefit of treatment as prevention. These scientific revelations have led to a new bold public health effort at the federal level to end the HIV epidemic, and a community-led effort to message the importance of viral suppression to patients. We wish to expand on these below, as a means

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<sup>11</sup> Tennessee Department of Finance & Administration Division of TennCare, "TennCare II Demonstration Project No. 11-W-00151/4 Extension Application DRAFT," November 9, 2020, page 15

<https://www.tn.gov/content/dam/tn/tenncare/documents2/DraftTennCareExtensionApplication.pdf> Accessed December 3, 2020.

<sup>12</sup> DHHS Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, NIH.gov, <https://clinicalinfo.hiv.gov/en/guidelines> Accessed December 9, 2020

<sup>13</sup> Tennessee Department of Finance & Administration Division of TennCare, "TennCare II Demonstration Project No. 11-W-00151/4 Extension Application DRAFT," November 9, 2020, page 15

<https://www.tn.gov/content/dam/tn/tenncare/documents2/DraftTennCareExtensionApplication.pdf> Accessed December 3, 2020.

<sup>14</sup> CDC, HIV Among Youth, <https://www.cdc.gov/hiv/group/age/youth/index.html>.

<sup>15</sup> CDC, HIV Among Youth, <https://www.cdc.gov/hiv/group/age/youth/index.html>.

of encouraging the state to plan for new innovations in science, ensuring access to ART treatments with a focus on adherence, and joining public health efforts like the federal Ending the HIV Epidemic plan over the next 10 years of the TennCare Program:

#### **a) Viral Suppression and HIV Treatment as Prevention**

When a PLWH receives and maintains effective HIV treatment and receives quality medical care they can reach viral suppression. Viral suppression means that the virus has been reduced to an undetectable level in the body with standard tests.<sup>16</sup> Viral suppression results in reduced mortality and morbidity and leads to fewer costly medical interventions.<sup>17</sup>

Viral suppression also helps to prevent new transmissions of the virus. When successful treatment with an antiretroviral regimen results in virologic suppression, secondary HIV transmission to others is effectively eliminated. In studies sponsored by the National Institutes of Health (NIH), investigators have shown that when treating the HIV-positive partner with antiretroviral therapy, there were no linked infections observed when the HIV+ partner's HIV viral load was below the limit of detection.<sup>18</sup> The National Institute of Allergy and Infectious Diseases (NIAID) supported research that demonstrated when PLWH achieve and maintain viral suppression, there is no risk scientifically of transmitting HIV to their HIV-negative sexual partner.<sup>19</sup> Multiple subsequent studies also showed that PLWH on ART who had undetectable HIV levels in their blood, had no risk of passing the virus on to their HIV-negative partners sexually.<sup>20, 21, 22</sup> As a result, the CDC estimates viral suppression effectiveness in preventing HIV transmission at 100 percent.<sup>23</sup>

The CMS 2020 Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) includes the HIV measure of HIV Viral Load Suppression (HVL-AD).<sup>24</sup> The Adult Core Set represents the health care quality measures that indicate the access to—and quality of—the health care adult Medicaid beneficiaries receive.<sup>25</sup>

Medicaid uses quality measures to assess care quality, assign provider accountability, and support performance improvement. Tracking and reporting HIV measures in the Medicaid Adult Core Set will help to ensure their future inclusion on the Centers for Medicare and Medicaid Services' (CMS) Medicaid Scorecard.<sup>26, 27</sup> The Scorecard compares outcome measures that are reported by at least twenty-five states. In the most current CMS data for FY 2019, seven states reported HIV VLS

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<sup>16</sup> National Institutes of Health (NIH) "Ten things to Know about HIV Suppression" <https://www.niaid.nih.gov/diseases-conditions/10-things-know-about-hiv-suppression>

<sup>17</sup> "Retention in Care and Adherence to ART are Critical Elements of HIV Care Interventions," Stricker, et al, AIDS and Behavior, October 2014, Volume 18, Supplement 5, pp 465–47.; <https://link.springer.com/article/10.1007/s10461-013-0598-6>

<sup>18</sup> Rodger et al. Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. The Lancet. Published Online May 2, 2019 [http://dx.doi.org/10.1016/S0140-6736\(19\)30418-0](http://dx.doi.org/10.1016/S0140-6736(19)30418-0) .

<sup>19</sup> NIAID, <https://www.niaid.nih.gov/news-events/undetectable-equals-untransmittable>. Accessed August 1, 2018.

<sup>20</sup> Bavinton, et al. The Opposites Attract Study of viral load, HIV treatment and HIV transmission in serodiscordant homosexual male couples: design and methods. *BMC Public Health*. 2014; 14: 917. doi: [10.1186/1471-2458-14-917](https://doi.org/10.1186/1471-2458-14-917).

<sup>21</sup> Cohen, et al. Antiretroviral Therapy for the Prevention of HIV-1 Transmission. September 1, 2016. N Engl J Med 2016; 375:830-839. DOI: 10.1056/NEJMoa1600693.

<sup>22</sup> "HIV Undetectable=Untransmittable (U=U), or Treatment as Prevention" National Institute of Allergy and Infectious Diseases <https://www.niaid.nih.gov/diseases-conditions/treatment-prevention>.

<sup>23</sup> Centers for Disease Control and Prevention (CDC) "Effectiveness of Prevention Strategies to Reduce the Risk of Acquiring or Transmitting HIV" <https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html> Accessed November 23, 2020

<sup>24</sup> Medicaid.gov "2020 Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set)," <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-core-set.pdf>

<sup>25</sup> Mathematica, "Annual Review of the Child and Adult Core Sets of Quality Measures for Medicaid and CHIP," <https://www.mathematica.org/features/maccoresetreview>

<sup>26</sup> Medicaid. Adult Health Care Quality Measures. Retrieved from <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set/index.html>

<sup>27</sup> Medicaid. Medicaid & CHIP Scorecard. Retrieved from <https://www.medicaid.gov/state-overviews/scorecard/index.html>

measures – including California, Delaware, Louisiana, Mississippi, New York, Rhode Island, and Texas.<sup>28</sup>

We are pleased to report that additional Medicaid managed care plans will be required to report on the viral load suppression measure in Oklahoma (10/1/2021)<sup>29</sup> and Ohio (1/5/2022).<sup>30</sup> Tennessee reports 30 measures on the Adult Core Measure Set to CMS<sup>31</sup> and we encourage you to add the VLS measure as a way to track outcomes for PLWH in TennCare as you implement this ten year waiver extension.

#### **b) Incorporate Future Scientific Innovations: Long-Acting Provider-Administered HIV Treatments and Preventions**

ViiV encourages the state to also consider how TennCare and MMCOs in the state will incorporate innovative HIV preventive therapies in the future, especially those that are administered by physicians or other health care professionals. The next ten years will bring significant advancements in HIV prevention and treatment delivery.

The first ever long-acting antiretroviral HIV treatments will become available to patients in the coming years, and their arrival will require new considerations by coverage providers and care programs. A series of reports by the organization AmFAR details these innovative treatments and also the consideration for policy makers and coverage providers.<sup>32</sup> Additional information about long-acting HIV medications can be found on the HIV.gov website.<sup>33</sup> Some of these long acting treatment options will be provider-administered, which the state should take into consideration and planning for future coverage considerations.

Furthermore, there are long acting treatments for HIV prevention that are being researched.<sup>34, 35</sup> Because of the possibility these new modalities may offer, we urge the state to consider how such prevention innovations might be made similarly accessible to at-risk populations that could benefit from them once available

#### **c) Effective Anti-Retroviral Therapy (ART) Formulary Management in the Coming Decade**

Treatment of HIV is a dynamic area of scientific discovery, and treatment protocols are changed and updated to reflect advances in medical science. However, PLWH often face a variety of medical challenges that impede access to, engagement in, and adherence to HIV care and treatment.

We encourage TennCare to use the federal DHHS HIV Treatment Guidelines<sup>36</sup> as the standard for proper management of HIV in terms of formulary requirements for TennCare. The DHHS Guidelines are regularly updated to reflect advances in science and new treatment protocols, and so would serve as an ideal source during the coming 10 years.

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<sup>28</sup> Medicaid.gov <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-chart-pack.pdf>

<sup>29</sup> SoonerSelect RFP 8070001240 (Updated 11/13/2020)

<http://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=25354&libID=24340> Accessed November 18,2020

<sup>30</sup> Ohio Medicaid Managed Care Organizations, RFA Number: ODMR-2021-0024, Issued: September 30, 2020; "Attachment A," page 232: <https://procure.ohio.gov/PDF/ODMR202100249302020115355ODMR20210024.pdf>

<sup>31</sup> [Quality of Care for Adults in Medicaid: Findings from the 2019 Adult Core Set Chart Pack](#)

<sup>32</sup> AmfAR "Long-Acting HIV Treatment and Prevention Are Coming" <https://www.amfar.org/long-acting-arv/>

<sup>33</sup> HIV.gov "Long-Acting HIV Prevention Tools" <https://www.hiv.gov/hiv-basics/hiv-prevention/potential-future-options/long-acting-prep>

<sup>34</sup> AmfAR "Long-Acting HIV Treatment and Prevention Are Coming" <https://www.amfar.org/long-acting-arv/>

<sup>35</sup> AmfAR "Long-Acting HIV Treatment and Prevention Are Coming: Preparing for Potential Game Changers" July 2018 [https://www.amfar.org/uploadedFiles/amfarorg/Articles/On\\_The\\_Hill/2018/chart.pdf](https://www.amfar.org/uploadedFiles/amfarorg/Articles/On_The_Hill/2018/chart.pdf) Accessed Nov 12, 2020

<sup>36</sup> DHHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV, <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/whats-new-guidelines>

Further, we hope that TennCare will consider applying Medicare Part D-like protections to ART access in TennCare FFS and the MMCOs. Within the Medicare program HIV is a protected class, and ART drugs are not subject to utilization management. The Medicare Prescription Drug Benefit Manual states: “For HIV/AIDS drugs, utilization management tools such as prior authorization and step therapy are generally not employed in widely used, best practice formulary models.”<sup>37</sup>

CMS stated support for applying the Medicare Part D protected classes protection for HIV treatment to the Medicaid program in recent guidance:<sup>38</sup>

In addition, to ensure that this demonstration supports CMS’s objectives related to the treatment of HIV... CMS expects states to provide coverage of... substantially all antiretroviral drugs (including PrEP) consistent with Medicare Part D coverage...<sup>39</sup>

We hope that TennCare will consider this important example and assure open access to ART for both prevention and treatment in the TennCare system.

#### **d) Ending the HIV Epidemic (EHE)**

In 2019, the federal Department of Health and Human Services (DHHS) announced a goal to end the HIV epidemic in the U.S. within 10 years and released the “Ending the HIV Epidemic: A Plan for America” (EHE).<sup>40</sup> This initiative proposes to use scientific advances in antiretroviral therapy (ART) to treat PLWH and expand proven models of effective HIV care and prevention through a focused effort across federal, state, and local health agencies. The EHE is supported by HIV advocates, and endorsed by the President’s Advisory Council on HIV/AIDS (PACHA).<sup>41</sup> Seven states and 48 counties with high rates of transmission are targeted by the EHE initiative, including Shelby county in Tennessee.<sup>42</sup>

Tennessee has made significant progress in addressing the HIV epidemic in recent years, with the Nashville’s “Ending the HIV Epidemic Plan”<sup>43</sup> and the Tennessee Human Immunodeficiency Virus (HIV) & Hepatitis C Virus (HCV) Outbreak Response Plan.”<sup>44</sup>

TennCare plays an important role in these efforts to end the HIV epidemic because almost half of PLWH who are engaged in medical care have incomes at or below the federal poverty level.<sup>45</sup> Viiv encourages TennCare to join the work of the federal EHE Initiative, through a focus on preventing new infections, increasing diagnosis, and retaining PLWH in care.

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<sup>37</sup> CMS.gov “Prescription Drug Benefit Manual” <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDManuals>.

<sup>38</sup> Medicaid.gov, SMD# 20-001, Re: Healthy Adult Opportunity SMD, January 30, 2020: <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/smd20001.pdf>. Accessed July 8, 2020.

<sup>39</sup> Medicaid.gov, SMD# 20-001, Re: Healthy Adult Opportunity SMD, January 30, 2020 (Page 9): <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/smd20001.pdf>. Accessed July 8, 2020

<sup>40</sup> HIV.gov “Ending the HIV Epidemic” <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview> Accessed July, 15, 2019.

<sup>41</sup> Presidential Advisory Council on AIDS (PACHA) Resolution in Support of “Ending the HIV Epidemic: A Plan for America” <https://files.hiv.gov/s3fs-public/PACHA-End-HIV-Elimination-Resolution-passed.pdf>

<sup>42</sup> Ending the HIV Epidemic Counties and Territories, <https://files.hiv.gov/s3fs-public/Ending-the-HIV-Epidemic-Counties-and-Territories.pdf> Accessed March 12, 2020.

<sup>43</sup> Nashville Ending the Epidemic Plan <https://www.nashville.gov/Portals/0/SiteContent/MayorsOffice/docs/news/190530-EndingTheEpidemicPlan.pdf> Accessed December 9, 2020

<sup>44</sup> Tennessee Human Immunodeficiency Virus (HIV) & Hepatitis C Virus (HCV) Outbreak Response Plan, 2018 <https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdc-hiv-hcv-pwid-response-plan.pdf>

<sup>45</sup> CDC, Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection—Medical Monitoring Project, United States, 2015 cycle (June 2015-May 2016). Survey report 20 <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-special-report-number-20.pdf>

We also note that the DHHS recently released a draft HIV National Strategic Plan<sup>46</sup>, which will serve as a roadmap to the End the HIV Epidemic efforts across the federal government and the U.S. through 2025. Although this plan is not yet finalized, we encourage TennCare to review the final plan once published and incorporate its tenets into the goals of the TennCare system.

#### **e) PrEP HIV Pre-exposure Prophylaxis (PrEP) Coverage**

One of the biggest scientific innovations in HIV over the last decade was a prevention medication option for persons at risk for HIV infection, known as pre-exposure prophylaxis (PrEP). ViiV encourages TennCare to expand efforts to increase PrEP use among enrollees by encouraging PrEP coverage by all payers, and promoting PrEP utilization by at-risk populations.

Use of PrEP by at-risk populations is a key part of the EHE. The “Ready, Set, PrEP!” Initiative,<sup>47</sup> could be further advanced by state Medicaid programs.

Additionally, the US Preventive Services Taskforce (USPSTF) recently issued a “Grade A” rating of HIV PrEP treatment.<sup>48</sup> The new USPSTF recommendation means that Medicaid programs that cover PrEP without cost-sharing along with other preventive services can receive an FMAP increase under the ACA, similar to coverage of HIV testing.

The PrEP-to-Need Ratio (PNR) is the ratio of the number of PrEP users in 2018 to the number of people newly diagnosed with HIV in 2017. PNR serves as a measurement for whether PrEP use appropriately reflects the need for HIV prevention. In 2018, Tennessee had a relatively high PNR among at-risk men in the state.<sup>49</sup>

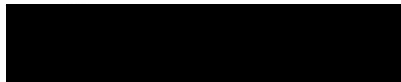
ViiV encourages TennCare to ensure coverage of PrEP available to all at-risk populations within the TennCare system.

#### **Conclusion**

ViiV Healthcare looks forward to working with the state and other stakeholders to ensure that Tennessee’s public programs continue to ensure that people living with HIV have access to quality care and to improved health outcomes.

Please feel free to contact me at [Cindy.c.snyder@viihealthcare.com](mailto:Cindy.c.snyder@viihealthcare.com) should you have any questions.

Sincerely,



Cindy Snyder  
Government Relations Director  
ViiV Healthcare

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<sup>46</sup> <https://files.hiv.gov/s3fs-public/HIV-NSP.pdf>

<sup>47</sup> “Ready, Set, PrEP” HIV.gov, <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/prep-program>

<sup>48</sup> US Preventive Services Task Force Final Recommendation Statement, “Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis,” June 11, 2019  
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis#:~:text=The%20USPSTF%20recommends%20that%20clinicians.selection%20of%20effective%20antiretroviral%20therapy>

<sup>49</sup> <https://aidsvu.org/local-data/united-states/south/tennessee/>