



Wellpoint • Tennessee | Community Living Supports in TennCare CHOICES and
Employment and Community First CHOICES

Provider Manual Supplement



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Community Living Supports in TennCare CHOICES and Employment and Community First CHOICES (ECF CHOICES)

Community Living Supports

Service description

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

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

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

Reimbursement for CLS

All long-term services and supports (LTSS) rates, inclusive of CLS, are established directly from TennCare and shared with the managed care organizations (MCOs). These rates have been established to align reimbursement in CHOICES and ECF CHOICES with rates comparable to services in the 1915(c) waivers. The expectation is that comparable hourly wages for frontline support staff are accounted for across Medicaid HCBS programs and populations.

FMAP memos can be located on the TennCare website, [Enhanced HCBS FMAP
https://www.tn.gov/tenncare/long-term-services-supports/enhanced-hcbs-fmap.html](https://www.tn.gov/tenncare/long-term-services-supports/enhanced-hcbs-fmap.html)

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

CHOICES

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

- **CLS 1** — This level of reimbursement is for CLS services to CHOICES members who are primarily independent or who have family members and other (i.e., non-CHOICES) paid or unpaid supports, but need limited intermittent CLS supports to live safely in a community housing situation — generally less than 21 hours per week —and do not need overnight staff or direct support staff to live on-site for supervision purposes. A primary staff member or other support staff must be on-call on a 24-hour-per-day basis when assistance is needed. CLS provider to post an on-call number in a location accessible to all members residing in the home.
- **CLS 2** — This level of reimbursement is for CLS services to CHOICES members who require minimal-to-moderate support on an ongoing basis but can be left alone for several hours at a time and do not need overnight staff or direct support staff to live on-site for supervision purposes. A primary staff member or other support staff must be on-call on a 24-hour-per-day basis. CLS provider to post an on-call number in a location accessible to all members residing in the home.
- **CLS 3** — This level of reimbursement is for CLS services to CHOICES members with a higher acuity of need who are likely to require supports and or supervision 24 hours per day due to the following reasons: advanced dementia or significant cognitive disability that impacts the member's ability to make decisions, perform activities of daily living or instrumental activities of daily living, including behaviors which places the member or others at risk; significant physical disabilities that require frequent intermittent hands-on assistance with activities of daily living including toileting, transfers, and mobility; complex health conditions and

compromised health status requiring medication assistance and daily nurse oversight and monitoring and/or daily skilled nursing services as needed for routine, ongoing healthcare tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc. Members approved for 24-hour support who are assessed to be capable of independent functioning may participate in activities of their choosing without the support of staff as specified in the PCSP, risk assessment, and risk agreement.

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

ECF CHOICES

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

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

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

suctioning, tube feeding, bowel care, etc. Twenty-four-hour on-call staff back up is required for this service. Members approved for 24-hour support who are assessed to be capable of independent functioning may participate in activities of their choosing without the support of staff as specified in the PCSP, risk assessment, and risk agreement.

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

Community Living Supports — Family Model

Service description

Community Living Supports — Family Model (CLS-FM) is a community based residential alternative service for seniors and adults with disabilities, encompassing a continuum of support options for up to three members living in a home that is owned or leased by trained family caregivers (other than the member's own family). CLS-FM care providers live onsite and provide the individualized services that support each member's independence and full integration into the community, ensures each member's choice and rights, and comports fully with standards applicable to the HCBS settings rule. No more than three members may be supported in a CLS-FM home. Members living in a CLS-FM home cannot receive respite services.

All family model caregivers that will be providing care on an ongoing or intermittent basis, must have appropriate background and registry checks, as well as appropriate training based on needs notated in the member's PCPS (Source: 2010 TCA Title 33-2-1201). CLS-FM care providers are required to complete a Department of Disability and Aging (DDA) home study prior to residents moving in.

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

- Select and move into a home.
- Locate and choose suitable housemates.
- Acquire and maintain household furnishings.
- Acquire, retain, or improve skills needed for activities of daily living or assistance with activities of daily living as needed, such as bathing, dressing, personal hygiene and grooming, eating, toileting, transfer, and mobility.
- Acquire, retain, or improve skills needed for instrumental activities of daily living or assistance with instrumental activities of daily living as needed, such as household chores, meal planning, shopping, preparation, and storage, and managing personal finances.

- Build and maintain interpersonal relationships with family and friends.
- Pursue educational goals and employment opportunities.
- Participate fully in community life, including faith-based, social and leisure activities selected by the member.
- Schedule and attend appropriate medical services.
- Self-administer medications, including assistance with administration of medications as permitted pursuant to *TCA 68-1-904* and *TCA 71-5-1414*.
- Manage acute or chronic health conditions, including nurse oversight and monitoring, and skilled nursing services as needed for routine, ongoing healthcare tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc.
- Become aware of and effectively use transportation, police, fire, and emergency help available in the community to the general public.
- Assert civil and statutory rights through self-advocacy.

CHOICES

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

- **CLS-FM 1** — This level of reimbursement is for CLS-FM services to CHOICES members who are primarily independent but need intermittent CLS-FM supports to live safely in a community housing situation — generally less than 21 hours per week — and typically, do not require assistance through the night. If the caregiver is not on-site for parts of the day, they must be on-call to the member on a 24-hour-per-day basis when assistance is needed.
- **CLS-FM 2** — This level of reimbursement is for CLS-FM services to CHOICES members who require minimal to moderate support on an ongoing basis but can be left alone for several hours at a time, and do not require constant supervision, assistance, or overnight staff. If the caregiver is not on-site for parts of the day, they must be on-call to the member on a 24-hour-per-day basis when assistance is needed.
- **CLS-FM 3** — This level of reimbursement is for CLS-FM services provided to CHOICES members with a higher acuity of need who are likely to require supports and or supervision 24 hours per day due to the following reasons: advanced dementia or significant cognitive disability that impacts the member's ability to make decisions, perform activities of daily living or instrumental activities of daily living, including behaviors which places the member or others at risk; significant physical disabilities that require frequent intermittent hands-on assistance with activities of daily living including toileting, transfers, and mobility; or complex health conditions and compromised health status requiring medication assistance and daily nurse oversight and monitoring and/or daily skilled nursing services as

needed for routine, ongoing healthcare tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc. Members approved for 24-hour support who are assessed to be capable of independent functioning may participate in activities of their choosing without the support of staff as specified in the PCSP, risk assessment, and risk agreement.

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

ECF CHOICES

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

- **CLS-FM 1a** — This level of reimbursement is for CLS-FM services to ECF CHOICES members who are primarily independent but need intermittent CLS-FM supports to live safely in a community housing situation — generally less than 16 hours per week — and typically, do not require assistance through the night. If the caregiver is not on-site for parts of the day, they must be on-call to the member on a 24-hour-per-day basis when assistance is needed.
- **CLS-FM 1b** — This level of reimbursement is for CLS-FM services to ECF CHOICES members who are primarily independent but need intermittent CLS-FM supports to live safely in a community housing situation — generally, 16 to 40 hours per week — and typically, do not require assistance through the night. If the caregiver is not on-site for parts of the day, they must be on-call to the member on a 24-hour-per-day basis when assistance is needed.
- **CLS-FM 2** — This level of reimbursement is for CLS-FM services to ECF CHOICES members who require minimal to moderate support on an ongoing basis but can be left alone for several hours at a time, and do not require constant supervision, assistance, or overnight staff — greater than or equal to a total of 8 hours a day, but less than or equal to 16 hours a day. If the caregiver is not on-site for parts of the day, they must be on-call to the member on a 24-hour-per-day basis when assistance is needed.
- **CLS-FM 3** — This level of reimbursement is for CLS-FM services provided to ECF CHOICES members with a higher acuity of need who are likely to require supports and or supervision more than 16 hours a day and up to 24 hours a day due to the following reasons: significant cognitive disability that impacts the member's ability to make decisions, perform activities of daily living or instrumental activities of daily living, including behaviors which places the member or others at risk; significant physical disabilities that require frequent intermittent hands-on assistance with activities of daily living including toileting, transfers, and mobility;

or complex health conditions and compromised health status requiring medication assistance and daily nurse oversight and monitoring and/or daily skilled nursing services as needed for routine, ongoing healthcare tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc. Members approved for 24-hour support who are assessed to be capable of independent functioning may participate in activities of their choosing without the support of staff as specified in the PCSP, risk assessment, and risk agreement.

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

choosing without the support of staff as specified in the PCSP, risk assessment and risk agreement.

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

Enhanced CLS Levels for ECF CHOICES

All ECF CHOICES CLS providers holding a Supported Living or Residential Habilitation licensure are eligible to receive referrals for both CLS Community Stabilization and Transition (CLS-CST) services and CLS Emergency Placement Community Stabilization and Transition (CLS-EPCST) if they are specifically contracted to provide these services. CLS Transitional rates cannot be used in conjunction with CISS or ILST and are based on one calendar year utilization.

CLS Community Stabilization and Transition (CLS-CST)

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

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

The CLS-CST Provider is licensed per region by the Department of Disability and Aging, ID & DD Supported Living (SL) or Residential Habilitation license.

CLS Emergency Placement Community Stabilization and Transition (CLS-EPCST)

The purpose of CLS-EPCST is to support members who are referred by Adult Protective Services and require immediate housing supports because their home is either uninhabitable or they have been subject to abuse and neglect to the degree that their immediate safety, health, and welfare is in jeopardy:

- T2016 U7, UB (revenue code 960)
- CLS-EPCST services are authorized for 30 days, and in exceptional circumstances, the managed care organization (MCO)/TennCare may authorize an additional 30 days maximum

- This rate includes room and board

The CLS-EPCST Provider is licensed per region by the Department of Disability and Aging, ID & DD Supported Living (SL) or Residential Habilitation license.

Behavioral Health Community Stabilization and Transition (CLS-BHCST)

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

CLS-BHCST — 2a

- T2016 U8, UA (revenue code 960) — 2a
- CLS-BHCST services are for members with co-occurring serious mental health conditions who require intensive integrated BH treatment services as part of the day-to-day provision of CLS
- No more than 90 days are allotted

CLS-BHCST — 2b

- T2016 U9, UA (revenue code 960) — 2b
- This rate will cover the provision of short-term, intensive, 24 hours a day, 7 days a week community-based behavioral-focused transition and stabilization services and supports—these provisions will assist members aged 18 years and older with I/DD and severe behavioral and/or psychiatric conditions who are transitioning out of a highly structured and supervised environment to achieve and maintain stable, integrated lives in their communities
- CLS-BHCST services are for members with co-occurring serious mental health conditions who require intensive integrated BH treatment services as part of the day-to-day provision of CLS
- No more than 90 additional days are allotted

The CLS-BHCST Provider is licensed per region by the Department of Disability and Aging, ID & DD Supported Living (SL) or Residential Habilitation license. Provider must also employ or contract with a master's level clinician, have in-house/consultative psychiatry access, and 24/7 wake staff assessed during site visits.

Please note the ECF CHOICES and CHOICES Rate Increase memos are posted:
[Enhanced HCBS FMAP](#)

Licensure Requirements for Residential Services

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

Supported Living:

- Member(s) supported own or rent home
- Member(s) pay own bills
- Agency licensed by DDA to provide this service
- DDA housing inspection required
- No more than three members per Supported Living home
- Member(s) have a voice in choosing housemates and staff (control)

Residential Habilitation:

- Agency owns or rents home on behalf of member(s)
- Room and board charges (80% of this year's SSI payment)
- Home licensed by DDA
- No more than four members per home
- Agency chooses housemates and staff

(Source: DIDD Provider Manual — Residential Services)

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

CHOICES CLS level	DDA Semi- Independent Living license	DDA Supported Living or Residential Habilitation license	DDA Placement Services license
CLS1	X		
CLS2	X		
CLS3		X	
CLS-FM1			X
CLS-FM2			X

CLS-FM3			X
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DDA application to provide nursing services and Department of Health PSS (Professional Support Services) licensure is required for all skilled nursing services within all CHOICES and ECF CLS levels.

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

ECF CHOICES CLS level	DDA Semi-Independent Living license	DDA Supported Living or Residential Habilitation license	DDA Placement Services license
CLS1a	X		
CLS1b	X		
CLS2	X		
CLS3		X	
CLS4		X	
CLS-FM1a			X
CLS-FM1b			X
CLS-FM2			X
CLS-FM3			X
CLS-FM4			X
CLS-CST up to 90 days		X	
Emergency placement (CLS-EPCST)		X	
CLS-BHCST 2a		X	
CLS-BHCST 2b		X	
IBCTSS		X	

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

Lease Agreements

Types of lease agreements:

- Member → Landlord

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

HCBS Setting regulatory definition for dwellings

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

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

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

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

- Length of the agreement.
- The amount of and when the payment is due.
- Use and return of security deposits.
- Expectations for maintenance.
- Notice before entry into a unit.

- Conditions that could initiate an eviction and the process to terminate an agreement, evict a tenant/resident and the process to appeal an eviction.

(Source — CMS.gov — *Provider-Owned and Controlled Settings* 12/2019)

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

CLS Provider to hold a copy of lease for auditing purposes.

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

Provider-owned CLS homes:

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

CLS operation:

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

CRA: A.2.12.12.1 — CHOICES, ECF CHOICES, or 1915(c) waiver HCBS provider to provide notice at least sixty (60) days in advance of the proposed date of services termination to the MCO when the provider is no longer willing or able to provide services to a member, including the reason for the decision, and to cooperate with

the member's Care Coordinator, Support Coordinator, Independent Support Coordinator, or DDA Case Manager to facilitate a seamless transition to alternate providers.

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

(Source: DIDD Provider Manual — Residential Services)

Residential address changes within same CLS provider agency:

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

Residential address changes to a new CLS provider agency:

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

CLS roommate disputes/barriers to care/behavior challenges:

- CLS provider agencies are to notify the member's MCO as soon as possible to discuss mitigation and schedule an Interdisciplinary Team (IDT)/Circle of Support meeting.
- IDT/Circle of Support meeting should take place prior to any 60-day notice of intent to terminate CLS services.
- MCO will involve member advocate as appropriate in IDT/Circle of Support meetings.

- One roommate cannot restrict another roommate. A discussion between housemates will be encouraged to work out any disagreements to find an agreeable solution.
- If members served are making risky decisions that may cause harm to themselves or others, CLS providers should address those concerns with the member on a case-by-case basis.
- CLS provider agencies should provide clear and consistent information about visitors and guests in the home, specifically for overnight guests. This guidance should include timeframes for how long a visitor may stay in the home (based on current law where applicable). CLS Providers are encouraged to discuss any concerns with the members related to visitors and seek to find an agreeable solution for all members.

Service Discontinuation:

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

Personal Funds Management in CLS

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

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

Strategies should include:

- Utilize banks and maximize control, ownership, and management of the members' own bank accounts.
- Receive and manage their earned income through paychecks made out to the member or direct deposit into the member's own bank account.
- Do necessary reporting and monitoring of income and assets to maintain eligibility for key benefits and programs.
- Develop and follow a personal budget, reflecting personal preferences for saving, spending and the need to meet specific obligations each month.

- Keep appropriate financial records in a secure place in the member's home accessible only to the member and approved staff (e.g., receipts, monthly bills, checkbook ledgers).

CLS providers that are assigned rep payee status for members; please refer to the SS Administration Rep Payee Program rules: <https://www.ssa.gov/payee/faqrep.htm>

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

(Source: *DDA Quality Monitoring Tool*)

Employment services summary

It is the responsibility of the support coordinator to make a referral to vocational rehabilitation (VR) for employment services during the job development and initial stabilization and maintenance period of the employment process.

The support coordinator will provide the local VR counselor with a referral packet. The referral packet will include a release of information allowing the support coordinator to communicate with the VR counselor and receive written and verbal updates on the member's progression. Where the member is in their career path will determine when the referral is made. For members receiving Discovery, the referral will most likely take place at the beginning of that service, unless the local VR counselor and support coordinator collaboratively identify a different timeline.

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

If there is a delay in the member receiving employment services from VR, the provider will communicate with the support coordinator. ECF CHOICES has similar employment services as those offered by VR for receiving job development and placement, job coaching and intensive job services, and initial retention, stabilization and maintenance. CHOICES employment services end March 31, 2025. However, these services remain available as a cost-effective alternative.

Billing and Reimbursement

Reimbursement for CLS — Supported Living:

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

Reimbursement for CLS-Family Model:

The member receiving CLS-FM services is responsible for the cost of his/her room and board, and other community living expenses, such as personal care items and community activity expenses. Family members are not prohibited from helping pay a member's room and board expenses. If the member's total income, excluding Supplemental Nutrition Assistance Program (SNAP) benefits, is equal to or more than the maximum Supplemental Security Income (SSI) benefit for the applicable year, they will not be charged for room and board that exceeds 70% of the maximum SSI benefit. If the member's total income, excluding SNAP benefits, is less than the maximum SSI benefit for the applicable year, they won't be charged for room and board that exceeds 70% of their total income.

Billing for CLS or CLS FM:

- The MCOs encourage the submission of claims electronically through Electronic Data Interchange (EDI).
- Providers must submit claims within **120 days** from the date of service.
- Details regarding each MCO's respective billing system can be found within their provider manuals via the below links:
 - Wellpoint: **[Provider policies, guidelines & manuals | Wellpoint Tennessee, Inc.](#)**
 - BlueCare:
<https://provider.bcbst.com/tools-resources/manuals-policies-guidelines>
 - UnitedHealthcare:
<https://www.uhcprovider.com/en/admin-guides/cp-admin-manuals.html>
- In accordance with TennCare rules and regulations:
 - Reimbursement is made to contracted CLS and CLS-FM providers by the MCO in accordance with the member's PCSP and service authorizations. Reimbursement is contingent upon the member's eligibility for and enrollment in CHOICES or ECF CHOICES.
 - Reimbursement for CLS and CLS-FM services is made only for dates of service the member supported actually receives CLS and CLS-FM services. CLS and CLS-FM services are not reimbursed for any date on which the member supported does not receive CLS or CLS-FM services because he or she is in a hospital or other inpatient setting or is on therapeutic leave (i.e., overnight visits, vacations when they are not accompanied by staff).

- For members supported in CLS levels 1a & 1b, the provider can bill for each day, as the expectation is the provider will provide on call back up to the member daily as needed.
- For all levels above CLS1a & CLS1b, the provider should not bill if services are not provided within the day of billing.
- The rate of reimbursement does not vary based on the number of people receiving CLS, CLS-FM or HCBS waiver services, through CHOICES and ECF CHOICES, who live in the home.
- The rate of reimbursement is inclusive of all applicable transportation services needed by the member except for transportation authorized and obtained under the non-emergency medical transportation benefit (NEMT).
- Reimbursement does not include the cost of maintenance to the dwelling.
- For CHOICES, Personal Care is not eligible for authorization or reimbursement. For ECF CHOICES, Personal Assistance is not eligible for authorization or reimbursement. For both programs, in-home respite is not eligible to be authorized or reimbursed.

Blended homes

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

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

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

In accordance with *TennCare Long-Term Care Programs, chapter 1200-13-01*.

Patient liability

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

Redetermination assistance

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

Ombudsman

The state of Tennessee has Community Living Supports (CLS) Ombudsman advocates for Tennesseans who live in a CLS home. The Ombudsman's office, housed at the local Area Agency on Aging and Disability (AAAD), provides a channel for people to submit complaints without fear of retribution. The Ombudsman must keep the information confidential and work on behalf of the individual to resolve the issue.

In addition to investigating and providing resolutions, an Ombudsman serves as a source of information to assist individuals and ensure their rights are enforced, providing education about rights and responsibilities and how to handle quality and other concerns. Individuals or their families may contact the Ombudsman office for concerns that may include quality of care, financial information, admission, transfers, and discharges. The Ombudsman can also assist individuals in the selection of their CLS or CLS-FM provider.

The Ombudsman may collaborate efforts with other agencies such as the Division of TennCare, Department of Health, Department of Human Resources, Adult Protective Service, Department of Mental Health and Substance Abuse Services, and law enforcement, as feasible.

If you or any individuals residing in your Community Living Supports home need assistance from an Ombudsman, please contact your local AAAD at 1-866-836-6678.



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