



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE



## TENNCARE LONG TERM SERVICES & SUPPORTS OPERATIONAL PROTOCOL

<b>Protocol Title</b>	Routing CHOICES Referrals for Non-Medicaid Eligible Persons to the SPOE
<b>Effective Date</b>	October 21, 2009

### Background:

The Area Agencies on Aging and Disability (AAADs) contracted to perform the Single Point of Entry (SPOE) function for the CHOICES program and the TennCare Managed Care Organizations (MCOs) are responsible for ensuring that requests for information and/or assistance regarding the CHOICES program are routed to the appropriate entity. In addition to enrollment referrals, such requests may include but are not limited to general information, eligibility requirements and long-term care benefits.

- It is the responsibility of the MCO to process referrals and respond to requests for information and/or assistance regarding the CHOICES program that are received from or on behalf of their current members.
- It is the responsibility of the AAAD to process referrals and respond to requests for information and/or assistance regarding the CHOICES program that are received from or on behalf of non-Medicaid eligible persons in their service area.

### Requirements:

The MCO Contractor Risk Agreement sets forth the following requirements regarding routing of CHOICES referrals

#### 2.9.6.2.1.

*The CONTRACTOR shall refer all inquiries regarding CHOICES enrollment by or on behalf of individuals who are not enrolled with the CONTRACTOR to TENNCARE or its designee. The form and format for such referrals shall be developed in collaboration with the CONTRACTOR and TENNCARE or its designee.*

#### 2.9.6.2.2.

*TENNCARE or its designee will assist individuals who are not enrolled in TennCare with TennCare eligibility and CHOICES enrollment.*

## **Protocol:**

**This protocol sets forth the process by which an MCO shall route CHOICES referrals or requests for information and/or assistance regarding the CHOICES program received from or on behalf of non-Medicaid eligible persons to the SPOE.**

### ***Objectives***

The objectives of the CHOICES referral protocol are to:

- Ensure that persons seeking assistance regarding the CHOICES program can find the help they need, even if they are not sure where to start;
- Ensure that CHOICES referrals and requests for information and/or assistance are routed to the appropriate entity in the most efficient manner possible;
- Ensure that the entity receiving the referral has adequate information to process the referral or request;
- Facilitate timely processing of CHOICES referrals and prompt response to requests for information and/or assistance regarding the CHOICES program.

### ***Form and Format of CHOICES Referrals***

#### **I. Transfer of Telephone Referrals**

The preferred method of routing a referral received from or on behalf of a non-Medicaid eligible person to the AAAD that is received via telephone during business hours shall be a “warm transfer.” As defined in the CRA, this is “*a telecommunications mechanism in which the person answering the call facilitates transfer to a third party, announces the caller and issue, and remains engaged as necessary to provide assistance.*” If a warm transfer is not possible, the call may be transferred to the **local** AAAD number after providing, at a minimum, the following information to the caller:

- 1) Why the call is being transferred (for example, “<AAAD> is the agency that helps people who don’t yet have TennCare apply for long-term care through the CHOICES program.”)
- 2) Name of the AAAD to whom the call is being transferred;
- 3) Phone number of the AAAD (statewide toll-free and local);
- 4) AAAD hours of operation;
- 5) Directions for navigating the Interactive Voice Response System (if applicable);
- 6) Guidance framing the individual’s needs (for example, “When you call, tell the operator: ‘I want to apply for long-term care through the CHOICES program.’”); and
- 7) Name of operator (optional) and/or MCO transferring the call.

Calls received by the MCO after hours shall be processed in accordance with the electronic process below.

#### **II. Electronic Communication of Referrals Received By Means other than Telephone or Calls Received After Business Hours**

The MCO shall document the referral on the “CHOICES Referral Form,” including:

- 1) Date and time of referral
- 2) Name of referred individual (i.e., person needing CHOICES information or assistance)
- 3) Referred individual’s address and phone number(s)
- 4) Nature of referral or request
- 5) Name of caller/referring entity
- 6) Caller/referring entity’s relationship to referred individual
- 7) Caller/referring entity’s phone number(s)
- 8) MCO sending the referral
- 9) AAAD receiving the referral

CHOICES referrals shall be transmitted to the receiving entity **daily** via electronic transmission (fax, email, etc.).

The receiving entity shall confirm receipt to the sending entity and shall track all referrals received by referral source. Confirmation of a fax transmission or delivered email shall be deemed adequate. If confirmation is not received, the sending entity should follow up to ensure that the referral was received. Both the sending and receiving entity are required to retain documentation of the referral (regardless of the form in which it is received or referred) for their records and shall make referrals available to TennCare upon request.