



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

Protocol Title	Routing CHOICES Referrals for Medicaid Eligible Persons to the Managed Care Organization
Effective Date	February 11, 2010

Background:

TennCare contracts with the Area Agencies on Aging and Disability (AAADs) for the AAADs to function as the Single Point of Entry (SPOE) for the CHOICES program, and the 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 general information, eligibility requirements, and long-term services and supports 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 submitted by or on behalf of their current members. However, even if a member is currently enrolled with an MCO, if TennCare has taken an action to close the member's case (as evidenced by an end date on the eligibility record), that member should nonetheless be referred to the SPOE to apply for CHOICES. The MCO should make this referral because the individual will be required to complete a new Medicaid application to qualify for Medicaid-reimbursed long-term services and supports, which can be facilitated by the AAAD.

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 submitted by or on behalf of non-Medicaid eligible persons in their service area, including persons who may be currently enrolled with an MCO, but for whom TennCare has taken an action to close the member's case.

Protocol:

This protocol sets forth the process by which a AAAD shall route CHOICES referrals or requests for information and/or assistance regarding the CHOICES program submitted by or on behalf of Medicaid eligible persons to the member's MCO.

Objectives

The objectives of this protocol are to:



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

Protocol Title	Routing CHOICES Referrals for Medicaid Eligible Persons to the Managed Care Organization
Effective Date	February 11, 2010

- Ensure that persons seeking assistance regarding the CHOICES program can find the help they need;
- 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; and
- 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

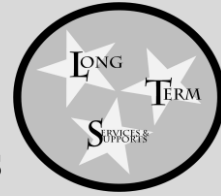
I. Transfer of Telephone Referrals

The preferred method for a AAAD to route referrals submitted by or on behalf of a Medicaid eligible person to an MCO that is received via telephone during business hours shall be a “warm transfer.” A warm transfer 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 AAAD may transfer the call to the MCO 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 services and supports through the CHOICES program. Since you already have TennCare, your MCO will help you with questions you may have about long-term services and supports and the CHOICES program”);
- 2) Name of the MCO to whom the call is being transferred;
- 3) Phone number of the MCO;



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

Protocol Title	Routing CHOICES Referrals for Medicaid Eligible Persons to the Managed Care Organization
Effective Date	February 11, 2010

- 4) MCO 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 services and supports through the CHOICES program.'"); and
- 7) Name of operator (optional) and/or AAAD transferring the call.

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

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

The AAAD 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);



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**

Protocol Title	Routing CHOICES Referrals for Medicaid Eligible Persons to the Managed Care Organization
Effective Date	February 11, 2010

- 8) AAAD sending the referral; and
- 9) MCO receiving the referral.

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

The MCO shall confirm receipt to the AAAD 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.