
 <p>STATE OF TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION BUREAU OF TENNCARE</p>  <p>TENNCARE LONG TERM SERVICES & SUPPORTS OPERATIONAL PROTOCOL</p>	
Protocol Title	Single Point of Entry (SPOE)
Effective Date	July 1, 2012

Background:

One of the critical components of the Long-Term Care Community Choices Act (LTC CCA) of 2008 is the implementation of a Single Point of Entry (SPOE) for long-term services and supports (LTSS) programs for the elderly and adults with physical disabilities. While the TennCare CHOICES Program offers LTSS only to persons who qualify for Medicaid, TennCare supports a SPOE model that will facilitate seamless access to the broad array of LTSS programs available to Tennesseans who need them, including programs for persons who do not qualify for Medicaid.

Since the inception of the Statewide Elderly and Disabled Home and Community Based Services (HCBS) Waiver, Area Agencies on Aging and Disability (AAADs) have served as the point of entry for Medicaid HCBS. They have also served as the entry point for other types of community-based LTSS programs for non-Medicaid eligible individuals (e.g., the State *Options for Community Living* and Older Americans Act). To date, however, AAADs have not had a defined role in assisting persons seeking access to Medicaid-reimbursed nursing facility services.

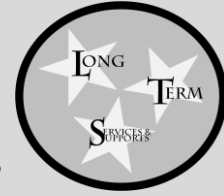
Because of the key role AAADs currently play in the LTSS delivery system and in an effort to reduce fragmentation and offer aging and disabled Tennesseans one-stop shopping for assistance regarding *all* LTSS programs, AAADs have been selected as the entities with whom TennCare will contract to perform SPOE requirements for persons seeking to qualify for both Medicaid and CHOICES, including nursing facility services as well as HCBS. (MCOs will assist current Medicaid-eligible members in accessing LTSS.)

Pursuant to State law, SPOE functions for the CHOICES program “shall be conducted based on clear and consistent policies, processes and timelines in order to expedite access to available long-term care programs and services.” All AAADs will use the same tools, forms, processes, and protocols to conduct screening and intake for CHOICES, and to perform contracted SPOE functions.

The LTC CCA further requires that the State’s policies and processes (including those pertaining to the SPOE) help to expedite the determination of Medicaid categorical and financial eligibility and medical eligibility for HCBS. Streamlined eligibility and enrollment processes are a key aspect of the CHOICES program design, and include facilitated Medicaid and level of care application processes, Immediate Eligibility (IE) determinations, and an online level of care application process.



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With the implementation of CHOICES Group 3, which includes an expenditure cap as opposed to an individual cost neutrality cap, and the available enrollment groups and benefit packages that are based on the State's level of care determination (i.e., is an individual considered to be at-risk and eligible for enrollment in Group 3 or does the individual meet nursing facility level of care and is eligible for enrollment in Group 2), the core functions of the SPOE remain unchanged and are focused on facilitating the determination of Medicaid categorical and financial eligibility and the medical eligibility (level of care) for HCBS. In an expansion of this role, through the identification of services that the applicant would likely need upon CHOICES enrollment, the AAAD was *previously* involved in assuring that an applicant's needs could safely and cost effectively be met in the community. ***With the implementation of CHOICES Group 3, the determination of safety and cost neutrality become the sole responsibility of the MCO to determine upon CHOICES enrollment and service recommendations will not be developed by the AAADs during the screening and intake processes.***

Requirements:

Applicable CRA references include:

Sections A.3 through A.57 of TennCare's Grant Contracts with the AAADs set forth AAADs' obligations regarding the performance of SPOE functions for the CHOICES program.



Protocol:

This CHOICES SPOE Protocol sets forth specific requirements and processes regarding how SPOE functions in the CHOICES program will be performed, including the tools, forms, processes and procedures that will be utilized by AAADs to conduct CHOICES intake processes, and the responsibility of AAADs in assisting non-Medicaid eligible persons applying for enrollment into the CHOICES program.

CHOICES Referral and Screening Protocols

AAADs may receive referrals for the CHOICES program from a variety of sources, including but not limited to: CHOICES applicants, their family members, friends, or representatives, LTSS providers, hospital discharge planners, physicians' offices, or through the AAAD's outreach efforts.

If a person referred to the AAAD for the CHOICES program is Medicaid eligible (i.e., has an open Medicaid case with the Department of Human Services), the AAAD shall route the referral to the

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member’s MCO in accordance with the *Routing CHOICES Referrals for Medicaid Eligible Persons to the MCO Protocol*.

For all CHOICES referrals received from or on behalf of a person who is not Medicaid eligible (i.e., does not have an open Medicaid case with the Department of Human Services), the AAAD shall, pursuant to the *CHOICES Screening Protocol*, conduct a screening of the applicant’s eligibility for CHOICES.



If, based on the screening, the person appears to be eligible for CHOICES, the AAAD shall schedule and conduct an in-home face-to-face visit in order to assess the applicant’s medical, functional, and social needs, as well as the applicant’s natural support system, and to facilitate application processes for enrollment into CHOICES. Such face-to-face assessment shall be completed as soon as possible, but within no more than five (5) business days of the screening, unless a later date is requested by the applicant or family, or due to circumstances beyond the control of the AAAD (e.g., inclement weather or natural disasters) which must be documented in the individual’s record.

CHOICES Education

During the in-home face-to-face visit, the AAAD will deliver and review with the applicant and his/her family member(s) or representative (as applicable) *CHOICES Education Materials* provided by TennCare. Intake staff should ensure that all subjects included in the CHOICES education materials are discussed—including but not limited to an explanation of the CHOICES program, who qualifies for CHOICES, limits on enrollment (i.e., enrollment targets), and the Federal Estate Recovery Program—and that the applicant, family members, or representatives (as applicable) have an opportunity to ask questions regarding the information provided. AAAD Intake Staff should document that *CHOICES Education Materials* were reviewed, but are not required to obtain written confirmation from the applicant. However, as part of CHOICES education, the AAAD will discuss CHOICES members’ obligations regarding patient liability, and shall obtain the applicant’s (or his/her representative’s) signature on the *Patient Liability Acknowledgement Form*.

As described in the *CHOICES Education Materials* provided by TennCare, the explanation of the CHOICES program will also include information about the role of the AAAD in assisting the applicant in the CHOICES’ eligibility and enrollment processes and about the role of the MCO Care Coordinator upon enrollment in determining the services for which a CHOICES member qualifies and identifying the CHOICES services that a member needs. This information will include the following:

- General education about the CHOICES program, including that there are three groups;



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- The AAAD is facilitating a CHOICES application, but the State will determine if an applicant satisfies categorical and financial requirements for Medicaid eligibility and to receive LTSS and if the applicant meets nursing facility level of care or is at risk for nursing facility placement;
- If the applicant qualifies for CHOICES, TennCare will determine in which CHOICES group(s) the applicant is eligible for enrollment;
- Upon enrollment into CHOICES, a care coordinator from the applicant’s MCO will complete an assessment, explain the specific benefits that are available for the member and determine what CHOICES services will be needed to meet the member’s needs.
- Provide an introduction to Consumer Direction, using the *Consumer Direction Interest Form* developed by TennCare. The applicant will indicate his or her initial interest in Consumer Direction on the signed form, but should be advised that, in order to participate in consumer direction, the applicant’s plan of care must contain one or more of the eligible HCBS (i.e., attendant care, personal care, and in-home respite). If s/he needs one or more of the services available through Consumer Direction, s/he can ask to participate in Consumer Direction at any time.

Needs Assessment

An important component of the in-home face-to-face visit is the assessment of the applicant’s medical, functional, and social needs that will be performed by the AAAD. Information gathered through the assessment process will be key in assisting the applicant and his/her family member(s) or representative (as applicable) in making decisions about LTSS and settings. Upon enrollment into CHOICES, the needs assessment information will be provided to the member’s MCO to help inform and guide the MCO’s comprehensive needs assessment and care planning processes.

The assessment tool that will be utilized by the AAADs is the modified *SAMS ILA (NSI) 2007 Assessment*. It is the same assessment tool utilized by the AAADs for non-Medicaid eligible persons, and will thus help to facilitate access to other programs, should the person not qualify for Medicaid LTSS. A copy of the completed *SAMS ILA (NSI) 2007 Assessment* will be provided to the MCO via TENNCARE’S PAE SYSTEM (TPAES) as an attachment to the PAE.

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Assessment of Natural Supports

In addition to gathering information regarding the applicant’s needs, the *SAMS ILA (NSI) 2007 Assessment* gathers information regarding types of assistance currently received by the applicant and the adequacy of such assistance in meeting the applicant’s needs. In completing *Section 2, Functional Assessment*, when the applicant is receiving assistance with a particular Activity of Daily Living (ADL) or Instrumental Activity of Daily Living (IADL), the AAAD Intake staff should document who is providing the assistance (whether a family member, friend, neighbor, other person, agency, or community-based program, e.g., Meals on Wheels), the frequency such assistance is provided, and any anticipated change in the member’s need for or the availability of assistance provided.

Freedom of Choice



Applicants for CHOICES are presented with a choice. The AAAD intake staff will inform the individual and representative that if the applicant needs the level and type of care provided in a nursing facility, then he or she may have the opportunity to choose whether to receive care in a nursing facility or in a community setting. Additionally, the AAAD intake staff will inform the individual that if he/she does NOT need the level or type of services that are provided in a nursing facility, he or she *may* qualify to receive limited home and community based services. The applicant will be asked by AAAD intake staff if they are interested in receiving needed services in their home or other community setting, or if they wish to receive services in a nursing facility if the applicant meets the nursing facility level of care. The AAAD will assist applicants in making this choice by providing general information about services available in the community and answering any questions. The applicant’s decision regarding HCBS or institutional care shall be documented in a signed *Freedom of Choice Form* that will be provided to the MCO via TPAES as an attachment to the PAE.

Assessing Risk

If the applicant chooses HCBS, AAAD intake staff will utilize information gathered in the needs assessment and may gather additional information as needed to identify potential health and safety risks to the applicant which could result from their decision.

Potential risks that should be considered include, but are not limited to:

Home Environment – including (but not limited to)

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- access (into and inside home)
- sanitation
- major systems, (i.e., heating/cooling, appliances, utilities)

Physical Health and Wellness – including (but not limited to)

- preventive health check-ups and screenings
- medical conditions and diagnoses, including stability of conditions
- compliance with treatment (including medication, dietary and exercise) regimens
- weight
- seizures
- skin integrity

Behavioral Health – including (but not limited to)

- mental health conditions and diagnoses, including stability of conditions
- depression screening
- suicide threats/attempts
- aggressive or self-injurious behavior
- wandering/elopement
- history of inpatient psychiatric admissions
- alcohol or substance use/abuse
- criminal behavior

Functional Status – including (but not limited to)

- capacity/cognition
- communication
- choking/swallowing
- mobility/transfers, including risk of falls and safe and timely evacuation
- bowel and bladder function
- sensory deficits



Personal Safety – including (but not limited to)

- history/risk of abuse, neglect or exploitation

Emergencies – including (but not limited to)

- smoke alarms and fire extinguishers
- ability to obtain emergency assistance
- back-up power source or emergency plan in event of power outage when electricity is needed for medical equipment

Caregiver Support – including (but not limited to)

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- availability of back-up caregivers
- caregiver illness/injury
- caregiver stress/neglect
- social isolation

Psychosocial – including (but not limited to)

- Sufficient financial resources for living expenses



Assessing risk involves not just identifying the type of risk, but also analyzing the severity of the risk (i.e., the potential consequences), the likelihood of the risk actually occurring, and whether the risk is to the applicant only, or also to others who may be impacted. For each risk identified, AAAD intake staff will work with the applicant and his/her family or other caregivers to help them understand each of the identified risks and their potential consequences, and to identify ways to help prevent the risk from occurring.

For example, if the applicant is unable to safely evacuate in the event of an emergency, can a neighbor be quickly summoned that is willing to assist? Can local emergency services units be alerted that the applicant will require total physical assist with evacuation? If the applicant will be left alone for significant parts of the day and night, can a PERS be used to help summon assistance when needed? This process may result in the identification of unpaid supports that can be provided, as well as paid services that may be important in helping manage the applicant’s risk in the community.

Previously, the AAAD staff obtained a signed risk agreement with each applicant to document the applicant’s understanding and acceptance of risks associated with electing to receive HCBS as opposed to care in a NF. Beginning on July 1, 2012, since CHOICES will include people who meet NF level of care AND people who do not meet NF LOC but are at risk for NF care, **it is no longer appropriate for a risk agreement to be signed by individuals applying for CHOICES.** The role of the AAAD will be to assess risks, discuss the identified risks and mitigation strategies with the applicant and then to document this conversation in the intake notes. Upon enrollment into CHOICES, as appropriate, the MCOs will be responsible for executing a risk agreement with the CHOICES member.

Facilitated Enrollment

One of the most important functions performed by the SPOE is facilitation of the Medicaid and level of care (PAE) application processes.

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Facilitating the Medicaid Application



During the intake visit, AAAD staff will assist the member in completing his/her Medicaid application, i.e., **HS-0169**. In addition, AAAD staff will complete, sign and obtain the member’s (or representative’s) signature on the **AAAD – LTSS Facilitated Enrollment Addendum**. Intake staff will assist the member in gathering documentation specified on the **Checklist of DHS Requirements for LTSS Enrollment** that will be required for an eligibility determination, and for submitting copies of all such documentation along with the completed and signed Medicaid application and addendum to the applicant’s county DHS office. For CHOICES, the AAAD will not complete nor attach a DHS Form 2350. Rather, upon approval of the PAE, a CHOICES Enrollment Form will be generated and delivered to DHS via TPAES, confirming the person’s level of care eligibility and his/her pending enrollment into CHOICES, contingent upon DHS approval of Medicaid eligibility for LTSS.

If the Medicaid application process is facilitated by the AAAD, and is submitted along with a signed AAAD LTSS Addendum and required documentation, DHS will not require an interview with the applicant prior to determining eligibility, unless a Qualifying Income (or Miller) Trust (QIT) must be established in order to qualify. If additional documentation is needed, DHS may contact the applicant directly or the AAAD, who will continue to facilitate the Medicaid application process on the applicant’s behalf by working with the applicant, family member(s) or representative (as applicable) to gather the requested information. DHS will complete eligibility determinations for applications facilitated by the AAADs as expeditiously as possible, but within no more than 10 business days of receipt of the application and required documentation. (Applicants requiring a QIT will be processed within three days of QIT approval.)

Immediate Eligibility

As a component of Facilitated Enrollment, AAADs may continue to recommend Immediate Eligibility (IE) for an applicant when they have determined, based on the information provided in the Medicaid application that the person will almost certainly qualify for Medicaid eligibility. The AAAD may recommend IE by completing the IE form, and attaching the form along with a copy of the Medicaid application packet to the PAE in TPAES. Determination of IE shall be made by TennCare.

Choice Counseling and MCO Selection

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Because AAADs will be facilitating Medicaid enrollment processes, and MCO selection is typically made at DHS, AAADs will also provide choice counseling and document the member’s choice of MCOs. In each Grand Region, members will be permitted to select from one of two available options. Except for certain special populations (namely persons under age 21), individuals cannot elect to enroll in TennCare Select which is reserved for special populations.

AAAD intake staff will provide unbiased, objective information regarding MCO options, and should not in any way influence an applicant’s selection of an MCO. Intake staff should advise applicants regarding things they may want to consider in making an MCO selection, such as whether doctors, hospitals, and other health (including LTSS) providers participate in the MCO’s network. AAADs should have ready access to up-to-date provider directories for each health plan, and provide assistance as needed in confirming a provider’s participation in the MCOs’ networks.



Applicants who have Medicare and are enrolled in a Medicare Advantage plan operated by a particular MCO may also want to consider whether there may be advantages in having the same MCO coordinate both Medicare and Medicaid benefits.

Applicants should further be advised that:

- In some cases, TennCare may override an applicant’s MCO selection. These include instances in which the applicant has recently been enrolled with a particular MCO, or if the applicant has family members assigned to a particular MCO.
- If the applicant opts to not select an MCO, he or she will be randomly assigned to an MCO upon enrollment into TennCare, and will receive notification from TennCare of the MCO to which they have been assigned.
- Regardless of whether the applicant selects an MCO or is randomly assigned to an MCO upon enrollment into TennCare, s/he will receive the opportunity to change his/her MCO assignment within 45 days of enrollment, once per year during open enrollment, and based upon hardship circumstances.

If the applicant selects an MCO, the choice will be indicated on the *AAAD - LTSS Facilitated Enrollment Addendum*.

Members who Elect to Discontinue Intake

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If the applicant does not appear to meet CHOICES enrollment criteria, the AAAD intake staff may advise the applicant verbally: (1) that he/she does not appear to meet the criteria for enrollment in CHOICES; but shall also advise the applicant (2) that he/she has the right to continue with the CHOICES intake process and, if determined not eligible, to receive notice of such denial, including the due process right to a fair hearing. The decision to discontinue the CHOICES intake process for any reason (e.g., because he/she does not appear to qualify, does not want to be subject to estate recovery, or decides the he/she does not want services) must be made by the applicant or his/her representative and the AAAD intake staff shall not encourage the applicant or his/her representative to discontinue the process or in any other way influence the outcome of the decision.

If the applicant decides to continue CHOICES intake, the AAAD intake staff shall continue the intake process and complete all required activities, including submission of the level of care to TENNCARE.

If the individual decides to discontinue the CHOICES intake process for any reason (e.g., because he/she does not appear to qualify, does not want to be subject to estate recovery, or decides the he/she does not want services), the AAAD intake staff shall, utilizing the form provided by TennCare, document the individual's decision to terminate the CHOICES intake process, including the individual's or representative's signature and date. This documentation must be included in the individual's record and a copy provided to the individual or representative. The AAAD intake staff shall provide the applicant with information about how to initiate a new CHOICES screening and intake process in the future.

Submission of the Level of Care

As soon as possible, and within five(5) business days of the intake visit, utilizing the TennCare PreAdmission Evaluation System (TPAES) and consistent with TennCare protocols and procedures, the AAAD submits all information needed in order for the State to make the level of care determination. If the AAAD is unable to collect all documents (e.g., medical documentation) required for the level of care determination and the submission does not occur within five (5) days, the AAAD shall make every effort to obtain supporting documentation required for the level of care application in a timely manner and shall document in writing the cause of any delay in the submission of the required documentation to TENNCARE, including the AAAD's actions to mitigate such delay. The AAAD shall be responsible for ensuring that the level of care is accurate and complete, satisfies all technical requirements specified by TENNCARE, and accurately reflects the applicant's current medical and functional status based on

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information gathered, at a minimum, from the individual, his or her representative, the AAAD intake staff’s direct observations, and the history and physical or other medical records which shall be submitted with the application. The AAAD shall note in the level of care any discrepancies between these sources of information, and shall provide explanation regarding how the AAAD addressed such discrepancies in the level of care.

When submitting information for a level of care determination, as specified in the TennCare LTSS Protocol entitled *Determination of Need for Inpatient Nursing Care (Advance Determination)*, for individuals who appear the criteria for advance determination , the AAAD must submit the additional documentation as described in the protocol. To meet the criteria for advance determination, all of the following criteria must be met:

1. The applicant has a total acuity score of at least six (6) but no more than eight (8);
2. The applicant has an individual acuity score of at least three (3) for the Orientation measure (i.e., “Never” or “Usually not” oriented to person and place); AND
3. The applicant has an individual acuity score of at least two (2) for the Behavior measure (i.e., “Always” or “Usually” requires intervention for dementia-related behaviors);