



Provider Administration Manual



Community Living Supports

For BlueCare Tennessee Long-Term Services and Supports providers
serving members of the CHOICES and ECF CHOICES Programs



Effective April 1, 2026

Welcome!

We're proud that you've chosen to become part of Tennessee's greatest network of providers – a network of providers that support our members in the Employment and Community First (ECF) CHOICES and CHOICES programs. Because of your commitment to provide quality care, community engagement and supports to individuals in meeting their goals, you're making a positive impact in the state of Tennessee.

Our goal is to:

- Create a person-centered care management approach to improve the quality of care members receive
- Comprehensively manage benefits across the continuum of care, including social and community services
- Integrate services for all physical, behavioral, long-term care and social needs

Our network of providers and coordinators who provide long-term and community-based services and supports are the heart of each program. Our ability to support our members is dependent on the quality of our provider network, and you're the cornerstone of our service delivery approach. By joining our network, you help us achieve our goal of providing our members with access to high-quality health care services.

Updates and Changes

This provider manual, as part of your provider agreement and related addendums, may be updated at any time and is subject to change. The most updated version is available online at provider.bcbst.com/tools-resources/manuals-policies-guidelines.

If there's an inconsistency between information contained in this manual and the agreement between you or your facility and BlueCare Tennessee, the agreement governs. In the event of a material change to the information contained in this manual, we'll make all reasonable efforts to notify you through web-posted newsletters, provider bulletins and other communications. In such cases, the most recently published information supersedes all previous information and is considered the current directive.

This manual isn't intended to be a complete statement of all policies and procedures. We may publish other policies and procedures not included in this manual on our website or in specially targeted communications, including bulletins and newsletters.

Sincerely,

Your BlueCare Tennessee Managed Long-Term Services and Supports Team

Non-Discriminatory Statement

No person, on the grounds of handicap and/or disability, age, race, color, religion, gender, gender identity, national origin or any other classification protected under federal or state laws shall be excluded from participation in, be denied the benefits of or be otherwise subjected to discrimination under any program or service provided in the TennCare program.

Community Living Supports in CHOICES & ECF CHOICES

Table of Contents

A. Introduction	4
B. Community Living Supports	4
1. Reimbursement for CLS	4
2. CHOICES	4
3. ECF CHOICES	5
C. CLS Family Model	6
1. CHOICES	7
2. ECF CHOICES	7
D. Enhanced CLS Levels for ECF CHOICES	9
1. CLS Community Stabilization and Transition	9
2. CLS Emergency Placement Community Stabilization (CLS EPCST)	9
3. Behavioral Health Community Stabilization and Transition (CLS BHCT)	9
i. CLS BHCST 2a	9
ii. CLS BHCST 2b	9
E. Licensure Requirements for Residential Services	10
1. Supported Living	10
2. Residential Habilitation	10
3. CHOICES CLS (required license per service as outlined within the service definition)	10
F. Lease Agreements	11
1. Types of Lease Agreements	11
2. HCBS Setting Regulatory Definition for Dwelling	11
3. Residency/Occupancy Agreements (including subleases with CLS Provider Agency)	11
4. Provider-Owned CLS Homes	12
5. CLS Operation	12
6. Residential Address Change within Same CLS Provider Agency	12
7. Residential Address Change to a New CLS Provider Agency	12
8. CLS Roommate Disputes/Barriers to Care/Behavior Challenges	13
9. Service Discontinuation	13
G. Personal Funds Management in CLS	13
H. Billing and Reimbursement	14
1. Reimbursement for CLS Supported Living	14
2. Reimbursement for CLS Family Model	14
3. Billing for CLS or CLS Family Model	14
4. Money Follows the Person (MFP) INCENTIVE PAYMENTS	15
I. Blended Home	15
J. Redetermination Assistance	16
K. CLS Ombudsman	16
 CLS Provider Manual Change Document	 17

A. Introduction

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 comports 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 health care 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

B. Community Living Supports

1. Reimbursement for CLS

All 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.

The reimbursement rates and codes for HCBS are based on methodology established by the Division of TennCare and will be updated according to the direction and at the discretion of the Division of TennCare. Future changes to these rates, as designated and communicated by the Division of TennCare, will be automatically incorporated herein without an amendment hereto.

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.

2. CHOICES

CLS providers will be reimbursed for each CHOICES member receiving CLS services based on the following three 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 twenty-four (24) hour per day basis when assistance is needed. (CLS Provider to post on-call # 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 twenty-four (24) hours per day basis. (CLS Provider to post on-call # 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 twenty-four (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 health care 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.

*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.

3. 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 twenty-four (24) hour per day basis when assistance is needed. (CLS Provider to post on call # 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 16-40 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 twenty-four (24) hour per day basis when assistance is needed. (CLS Provider to post on call # 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--- > or = total 8 hours a day, but < or = to 16 hours a day. A primary staff member or other support staff must be on-call on a twenty-four (24) hours per day basis. (CLS Provider to post on call # 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 > 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 > 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 health care tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc. Twenty-four-hour (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 > 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 health care tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc. Twenty-four-hour (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.

*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.

C. 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. An immediate family member may work for a provider agency. However, if they are the legal guardian or conservator, the order of guardianship or conservatorship must explicitly state such employment is permitted. CLS-FM 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 3 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 Person-Centered Support Plan. (Source: 2010 TCA Title 33-2-1201) CLS-FM providers are required to complete a 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 health care 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

1. CHOICES

CLS-FM providers will be reimbursed for each member receiving CLS-FM services based on the following three 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 twenty-four (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 twenty-four (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 twenty-four (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 health care 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.

*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.

2. 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 twenty-four (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, 16-40 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 twenty-four (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 ----> or = total 8 hours a day, but < or = 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 twenty-four (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 > 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 health care 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.
- CLS-FM 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 > 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 health care 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 Twenty-four-hour (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-FM 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 > 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 health care tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc. Twenty-four-hour (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.

*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.

D. 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.

1. CLS Community Stabilization and Transition (CLS-CST)

The purpose of this benefit 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 (DDA).

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

The purpose of this benefit 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 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 (DDA), Intellectual and Development Disabilities/IDD Support Living (SL) or Res Habilitation license.

3. 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 supports.

i. 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

ii. 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 DDA, or Intellectual and Development Disabilities/ID & DD Supportive Living (SL) or Res Hab license. Provider must also employ or contract with master's level clinician, have in-house/consultative psychiatry access, and 24/7 wake staff assessed during site visit.

E. Licensure Requirements for Residential Services

There shall be no more than three (3) service recipients residing in the home, regardless of the program or funding source, if providing services via a Semi-Independent Supported Living License or a Supported Living license. There shall be no more than four (4) service recipients residing in the home regardless of the program or funding source, if providing services via a Residential Habilitation license.

1. 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 3 members per Supported Living home
- Member(s) have a voice in choosing housemates and staff (control)

2. 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 4 members per home
- Agency chooses housemates and staff

(Source: DDA Manual - Residential_Services_Summary_DDA)

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

CHOICES CLS Level	DDA Semi- Independent Living License	DDA Supportive Living or Residential Habilitation License	DDA Placement Services License
CLS1	X		
CLS2	X		
CLS3	X	X	
CLS-FM1			X
CLS-FM2			X
CLS-FM3			X

DDA application to provide nursing services and Department of Health PSS (Professional Supports 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 Supportive Living or Residential Habilitation License	DDA Placement Services License	Dept. DDA PSSA License

CLS1a	X			
CLS1b	X			
CLS2	X			
CLS3	X	X		
CLS4	X	X		
CLS-FM1a			X	
CLS-FM1b			X	
CLS-FM2			X	
CLS-FM3			X	
CLS-FM4			X	
CLS-CST up to 90 days	X	X		
Emergency Placement (CLS-EPCST)	X	X		
CLS-BHCST 2a	X	X		
CLS-BHCST 2b	X	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.

F. Lease Agreements

1. 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)

2. 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.

(1) Units have entrance doors lockable by the member, with only appropriate staff having keys to doors. (2) Members sharing units have a choice of roommates in that setting. (3) Members have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. (4) Members have the freedom and support to control their own schedules and activities and have access to food at any time in accordance to dietary restrictions/plan outlined in the PCSP. (5) Members can have visitors of their choosing at any time. (6) The setting is physically accessible to the member. (7) Any modification of the additional conditions, under 42 CFR § 441.301(c)(4)(vi)(A) through (8), must be supported by a specific assessed need and justified in the PCSP.

3. 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 jurisdiction’s 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)

A copy of the lease is required 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.

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.

4. 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 member that provides the member with the same protections as those afforded under the Act.

5. 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 CONTRACTOR 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 conditions of their lease, not because the CLS Provider Agency can no longer safely meet their needs in the community.

6. 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 DDA manual).

7. 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.
- 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.

8. 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/Circle of Support (IDT/COS) 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.

9. 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.
- 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.

G. 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 Survey Tool)

H. Billing and Reimbursement

1. 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.

2. 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 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. If the family model provider intends to increase the rent prior to the end of the lease term, it must be based on the member's annual cost of living adjustments.

3. 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 MCOs respective billing system can be found within their provider manuals via the below links:
 - Wellpoint Provider Relations email: tnltsspr@wellpoint.com
 - Location of Wellpoint provider manual: <https://provider.wellpoint.com/tennessee-provider/resources/policies-guidelines-and-manuals>
 - 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 or 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 individuals receiving Community Based Residential Alternatives (CBRA), which includes CLS and CLS-FM, Personal Care (CHOICES) or Personal Assistance (ECF CHOICES) are not eligible to be authorized or reimbursed

- Provider agencies may hire family members as paid caregivers to members enrolled in CHOICES and Employment and Community First (ECF) CHOICES.
- The definition of a family member includes: spouse, parent, grandparent, child, grandchild, sibling, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, and son-in-law. Adopted and step-family members are included in this definition.
- The caregiver must meet the same requirements as any other applicant. However, a conservator or other court appointed legal guardian cannot be a paid caregiver unless the employment is expressly permitted in the order of guardianship or conservatorship.
- Services provided through CHOICES and ECF CHOICES may include Community Living Support (CLS) even when the member lives with the paid family caregiver. Provider agencies are required to report and track the number of members with a paid family caregiver, along with additional information including the caregiver's relationship to the member. In addition, the agency will report the total hours the paid family caregiver worked and submit the data to the appropriate Managed Care Organization (MCO) as required. For more information, please view TennCare's website: [Provider Agency Information for Hiring Family Caregivers](#)

4. Money Follows the Person (MFP) INCENTIVE PAYMENTS

- Financial Incentives will be made available for MCOs to provide funding directly to CLS providers that are actively engage in transformation practices to create more opportunities for person centered service delivery that results in greater independence and community living for persons supported in accordance with the approved MFP Capacity Building grant. Transformation efforts should align with TennCare's vision for high-quality Community Living Supports as illustrated in the TennCare [CLS LookBook](#), available on the TennCare website, which highlights examples of integrated, person-centered community living.
- Providers will be granted funding for developing and implementing strategies to divert people from institutionalized settings, transition individuals to integrated community living, and expand community living supports.
- The Provider guarantees that the BlueCare Tennessee application for participation ("Application") has been accurately completed and that any supporting documentation, including detailed budget and current staffing model, shall be accurately completed, and returned by applicable timelines. In Tennessee's Money Follows the Person (MFP) Demonstration, the Division of TennCare is partnering with the MCOs to support individuals with intellectual and developmental disabilities (I/DD) transition out of institutionalized settings and into integrated community settings.
- All proposals submitted must include appropriate criteria and substantiating evidence to support outcomes and impacts. Providers will provide only those services that the Provider is duly licensed, credentialed, and professionally/technically qualified to provide and will otherwise abide by the terms of their Provider Agreement and implement expansion activities in accordance to the approved proposal and timelines.
- Upon acceptance Providers shall execute expansion activities and provide approved services to a Member as indicated in the Member's PCSP, the Provider shall ensure that it has staff sufficient to provide the product(s) or service(s) authorized by BlueCare Tennessee in accordance with the Member's PCSP, including the amount, frequency, duration, and scope of each service in accordance with the Member's service schedule.
- Outcomes are subject to ongoing monitoring/auditing to determine changes/improvements resulting from the approved funded project.
- For additional information contact your provider network manager at CHOICESproviderrelations@BCBST.com

I. 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 supports 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 supports 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 (3) 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 to TENNCARE LONG-TERM CARE PROGRAMS CHAPTER 1200-13-01.

I. Patient Liability:

Providers are required to collect a member's patient liability, directly from the member, since they reside in the CLS setting. As a result, MCO's will reimburse providers their contracted rate minus patient liability.

J. Redetermination Assistance

The CLS providers should assist with any necessary paperwork to maintain 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 or payee for their SSDI or SSI so their important and vigilant care for member finances and TennCare eligibility fall in the advocacy and responsibility CLS Provider assistance.

K. CLS Ombudsman

The state of Tennessee has Long Term Care Ombudsman advocates for Tennesseans in a CLS home. An ombudsman is an official that is appointed by the government, who investigates complaints.

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 that 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 collaborative 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 Abuses, 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.

CLS Provider Manual Change Document

Update 20260401

Correction	Page	Description
20260401.01	Various`	Slight wording, grammatic and punctuation changes throughout the document.
20260401.02	1	Updated cover page art and footer
20260401.03	4-6	B. Community Living Support 1. Reimbursement for CLS <ul style="list-style-type: none"> • Updated a paragraph.
20260401.04	6-8	C. CLS Family Model <ul style="list-style-type: none"> • Wording change in the service description.
20260401.05	10-11	E. Licensure Requirements for Residential Services 3. CHOICES CLS (required license per service as outlined within the service definition) <ul style="list-style-type: none"> • Updated the second table.
20260401.06	11-13	F. Leasing Agreement 8. CLS Roommate Disputes/Barriers to Care/Behavior Challenges <ul style="list-style-type: none"> • Spelled out an acronym
20260401.07	11-13	G. Personal Funds Management in CLS <ul style="list-style-type: none"> • Updated the last sentence.
20260401.08	14-15	H. Billing and Reimbursement 3. Billing for LCS or CLS FM <ul style="list-style-type: none"> • Deleted and added multiple bullet points to this section 4. Money Follows the Person (MFP) Incentive Payments <ul style="list-style-type: none"> • Updated the first bullet point

Update 20260101

Correction	Page	Description
20260101.01	1	Updated Cover Page/Cover Art
20260101.02	14	H. Billing and Reimbursement 3. Billing for CLS or CLS FM <ul style="list-style-type: none"> Added 2 bullets/language to the end of the last bulleted list.

Update 20251001

<u>Correction</u>	<u>Page</u>	<u>Description</u>
<u>20251001.01</u>	<u>1</u>	<u>Updated art work on cover page</u> <u>Corrected footer date</u>

Update 20250715

Correction	Page	Description
20250715.01	Various	Reformatted language and formatting as needed throughout the document.
20250715.02	1	Updated art work on cover page Corrected footer date
20250715.03	3	Updated the Table of Contents

Update 20250401

Correction	Page	Description
20250401.01	Various	Reformatted language and formatting as needed throughout the document.
20250401.02	10	D. Enhanced CLS Levels for ECF CHOICES 3. Behavioral Health Community Stabilization and Transition (CLS-BHCST) <ul style="list-style-type: none"> Deleted the last paragraph of the section.
20250401.03	11	E. Licensure Requirements for Residential Services 3. CHOICES CLS (required license per service as outlined within the service definition) <ul style="list-style-type: none"> Removed the Outpatient MH Facility License from Dept of Mental Health column from the table. Removed IBFCTSS from the table. Added the IBFCTSS needs DDA Supportive Living or Residential Habilitation License.
20250401.04	12	F. Lease Agreement 3. Residency/Occupancy Agreement <ul style="list-style-type: none"> Reworded a paragraph.
20250401.05	15	H. Billing and Reimbursement <ul style="list-style-type: none"> Added: 4. MFP Incentive Payments Section

Updated 20250101

Correction	Page	Description
20250101.01	Various	Reformatting language and formatting as needed throughout the document.
20250101.02	3	Updated Table of Contents
20250101.03	14	H. Billing and Reimbursement <ul style="list-style-type: none"> Added 4. MFP Incentive Payments Section

Update 20240701

Correction	Page	Description
20240701.01	Various	Reformatted language as needed throughout the document.
20240701.02	10	D.2. Corrected spelling of "Hab" to "Habilitation"
20240701.03	15	H.2. Added language for CLS FM Providers reflective of rent increases based on annual cost of living adjustments
20240701.04	15	H.3. Updated Wellpoint language and added contact email
20240701.05	16	I. 1. Added language for Patient Liability
20240701.06	16	J. Redetermination Assistance - added header and relative language.

Update 20240401

Correction	Page	Description
20240401.01	9	Updated to add language per TDCI 2 nd submission review
20240401.02	10	Updated to add language per TDCI 2 nd submission review
20240401.03	12	Deleted language- Source: ECF Choices Quality Monitoring Consultative Survey Tool 2019
20240401.04	13	Updated chronological order of 2 nd paragraph to match format of numbering per TDCI 2 nd submission review
20240401.05	14	Updated language from Amerigroup to Wellpoint in language and hyperlink attached
20240401.06	16	Updated language per TDCI 2 nd submission review
20240401.07	17	Updated to add language per TDCI 2 nd submission review

Update 20221001

Correction	Page	Description
20221001.01	4	Language removed/Reimbursement section added
20221001.02	5	Rates removed/Language removed
20221001.03	6	Rates removed/Language removed
20221001.04	7	Rates removed
20221001.05	8	Rates removed
20221001.06	9	Rates removed/Language removed
20221001.07	10	Rates removed/Language added to Licensure Requirements

Update 20220419

Correction	Page	Description
20220419.01	Entire Manual	Manual Created