

# PARTNERS

BlueCare Tennessee Managed Long-Term Services and Supports Program

News and tips to support MLTSS partners and enhanced care for our members

## INSIDE THIS ISSUE

Quality Corner: Dignity of Risk

Reporting a Member Death in Reportable Event Management

Improving Electronic Visit Verification (EVV) Compliance Scores

Translation Devices to Support Workforce Recruitment

Pre-Admission Screening and Resident Review (PASRR) Reminders

Enabling Technology and Remote Supports Promote Independence in CLS Homes

Bridging the Direct Support Professional (DSP) Employment Gap in West Tennessee

Providers: Tennesseans Need You!

Provider Reportable Event Review Team

Coming Soon: Changes Expected from Amendment 19

Committed to Service

How Are We Doing?



# Quality Corner: Dignity of Risk

Imagine having an interest in hiking, sporting events or walks in the park. Now, imagine being told you can't explore these activities because "you might get hurt" or the activity is "too risky." Although situations like these are common, they're more prevalent among our members with an intellectual and developmental disability (I/DD). Providers, caregivers, families and legal guardians want to protect and decrease risks for our vulnerable members. Despite best intentions, these protections can limit choices and impact Dignity of Risk.

The Centers for Medicare and Medicaid Services (CMS) defines Dignity of Risk as, "the idea that self-determination and the right to take reasonable risks are essential for dignity and self-esteem and so should not be impeded by caregivers concerned about their responsibility to ensure health and welfare." The Division of TennCare defines Dignity of Choice as, "The right of a person to make an informed decision to engage in experiences of [their] own choosing, which are necessary for personal growth and development. Supporting Dignity of Choice means honoring a person's right to make choices and engage in activities that may involve risk associated with these types of choices and activities, and committing to assist the person to identify, consider, and implement strategies to mitigate the identified potential negative consequences of these choices."

TennCare developed a protocol to help providers with the development of policies and procedures to address Dignity of Risk. Policies and procedures are only one part of the process. Implementation requires a collaborative approach with the member and their entire support team.

Risks and choices chosen by the member could result in a reportable event. The Reportable Event Management (REM) system recognizes even when a staff member, provider or managed care organization (MCO) have interventions in place, events may happen. This doesn't mean the supports and interventions in place failed to keep the member safe.

While there's no one-size-fits-all approach to supporting Dignity of Risk, there are some interventions that have shown positive outcomes. These include:

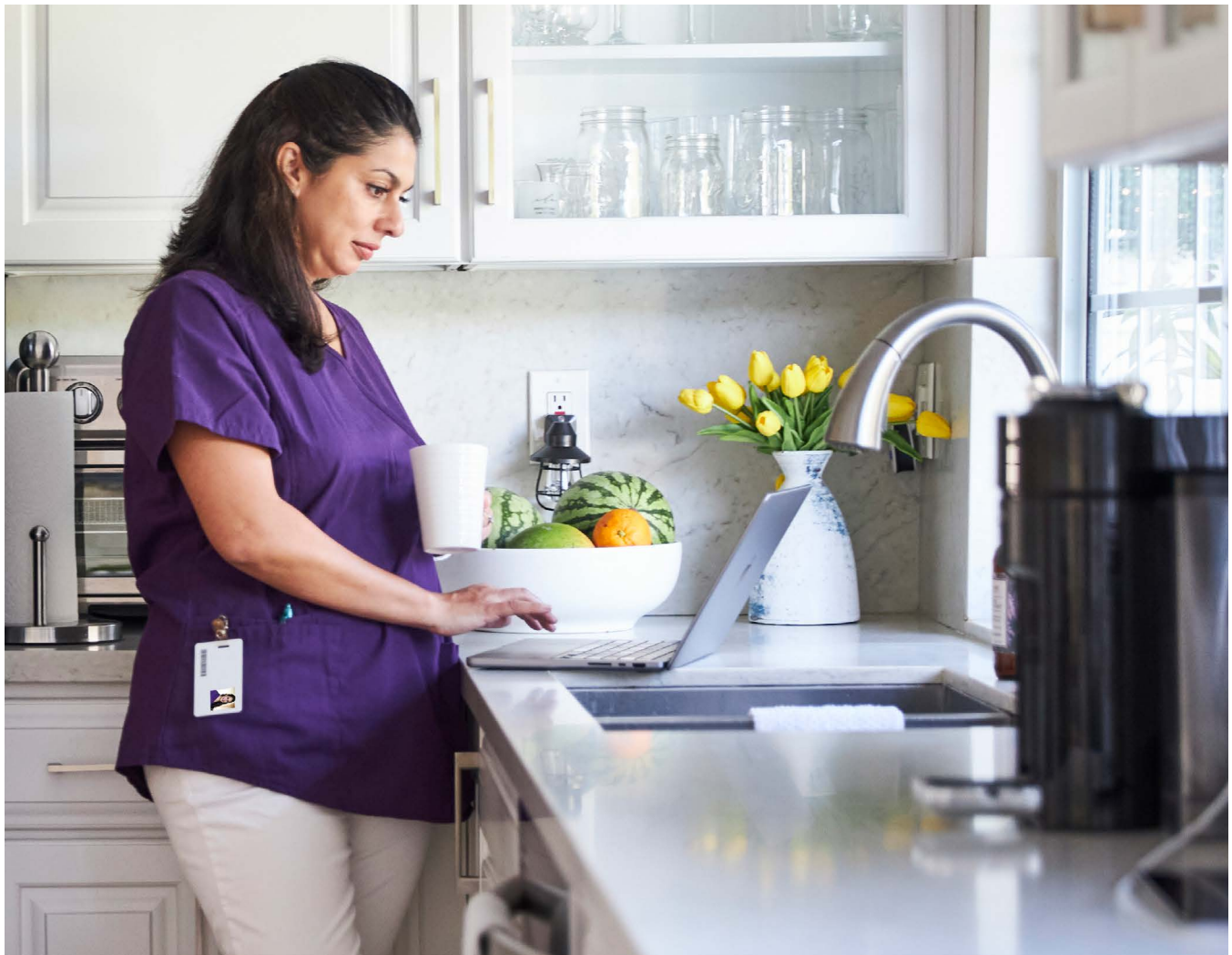
- **Focusing** on the member's strengths, skills and abilities. It's important to note these may change over time. As a result, some risks may no longer be applicable, or new risks may arise.
- **Respecting** the member's capacity to make decisions. The member can participate in the decision-making process as much as they're able, even if they have a legal guardian or court appointed conservator.
- **Promoting** Supported Decision-Making. When a member has an advocate who's able to effectively communicate for them and with them, members can make better informed choices and decisions about risks.
- **Educating** the support team about the member's desires and preferences can lead to better understanding of potential negative outcomes, and interventions can be implemented to mitigate risks.
- **Developing** policies, procedures and documentation that focus on Dignity of Risk and ensuring staff training on these processes.

The Provider Reportable Event Review Team (PRERT) tracks and trends reportable and nonreportable events. During monthly (or more frequent) meetings, the PRERT reviews these events to determine how to reduce future risks based on identified trends and events. The PRERT recommendations provide additional insight into chosen risks made by members and the outcomes of these choices.

Through a person-centered team approach, we can turn **risks** into **supported opportunities** that provide personal growth and development for our members.

## Sources:

- [DignityOfChoiceProtocol.pdf \(tn.gov\)](#)
- <https://www.tn.gov/didd/divisions/reportable-event-management/rem-resources.html>
- <https://www.tn.gov/didd/divisions/quality-management/quality-assurance.html>
- [https://ncapps.acl.gov/docs/Webinars/2023/march/NCAPPS\\_Webinar\\_Slides\\_Final\\_230323.pdf](https://ncapps.acl.gov/docs/Webinars/2023/march/NCAPPS_Webinar_Slides_Final_230323.pdf)
- [Home | Tennessee Center for Decision-Making Support \(tndecisionmaking.org\)](#)
- <https://www.cil.org/tools-resources/learning-about-dignity-of-risk>



## Reporting a Member Death in Reportable Event Management

Any death of a member receiving home and community-based services (HCBS) is a reportable event, even if the death occurred outside the delivery of services.

The reporting method varies based on the circumstances of the death.

- If the death is unexpected/unexplained or involves suspected/alleged wrongful conduct by a paid caregiver, or the cause is unknown or unclear (including suicide):
  - As soon as possible, but no more than four hours after witness or discovery of the death:
    - Call in a report to the Department of Intellectual and Developmental Disabilities (DIDD) Abuse Hotline at **1-888-633-1313**
    - Report the death to Adult Protective Services, Child Protective Services and/or law enforcement, if applicable
  - Within one business day of witness or discovery of the death:
    - Submit a corresponding electronic Reportable Event Form reporting the death as a Tier 1 event to DIDD
- If the death is expected/explained, such as the result of a known cause or condition; the member is receiving palliative or hospice care; and/or doesn't involve suspected/alleged wrongful conduct:
  - Within one business day of occurrence or discovery of the death:
    - Submit a corresponding electronic Reportable Event Form reporting the death as a Reportable Medical Event to DIDD

# Improving Electronic Visit Verification (EVV) Compliance Scores

EVV compliance is based on five measurements:

- Late visits
- Missed visits
- EVV clock ins
- EVV clock outs
- Manual confirmations

We've expanded on each of these measurements below to help our providers improve their EVV compliance scores.

## Late and missed visits

You can identify late/missed visits by the icon in the first column in Santrax Maintenance.



Late Visit



Missed Visit

Late/missed visits still requiring the **Reason Code** section have a warning yellow triangle.



All agencies are responsible for resolving their late and missed visits in the **Santrax Maintenance** system. To resolve late and missed visits, open each late and missed visit schedule, navigate to the **Late/Missed Visit Handling** tab, and complete the **Reason Codes** section by choosing the most appropriate **Late/Missed Reason** and entering a **Resolution Status**. These steps must be completed for all late and missed visits and not just the schedules on a billing timesheet.

The screenshot shows the 'Schedule Detail' interface in Santrax Maintenance. The 'Late/Missed Visit Handling' tab is selected and highlighted with a red box. Below it, the 'Reason Codes' section is also highlighted with a red box, showing dropdown menus for 'Late/Missed Reason' and 'Resolution Status'. Other tabs include General, Documents:0, Call Log:0, Tasks:0, Authorizations, and Transfer Notifications.

There are certain Late/Missed Reasons that are removed from compliance scores, but if they aren't resolved and a Late/Missed Reason isn't entered, they'll continue to be counted. Each month, agencies should be receiving a **Late/Missed Visit Report**, showing the schedules still needing to be resolved. These should be completed and returned to us.

## EVV clock ins/outs

Your staff can clock in or out of EVV visits by using these methods in the order listed:

- **Tablet GPS device in the member's home**
  - Mobile Visit Verification (MVV)
  - Please ensure each member has a tablet. If they need a tablet, please send an email to [CHOICES\\_EVV\\_Device@bcbst.com](mailto:CHOICES_EVV_Device@bcbst.com) and request one for that member.
  - The number of tablets each member can receive is limited, so if a tablet isn't available, use the next method for clocking in/out.
- **Bring Your Own Device (BYOD)**
  - Sandata's Mobile Connect (SMC) app should be loaded on the Direct Support Professional's (DSP) smartphone.
  - Each DSP should be trained to use the app.
- **Interactive Voice Response (IVR)**
  - EVV telephony process
  - This method should only be used if the two previous options aren't available.

## Manual confirmations

Manual confirmations are the main reasons agencies score low on their compliance scores. Merging incorrectly logged IVR clock ins and IVR clock outs is the main cause for high numbers of manual confirmations. When an agency merges a clock in or clock out, the schedule isn't counted, which affects the measure of the compliance score. These schedules are also counted as a manual confirmation because they require approval from the MCOs. So, when an agency merges clock ins/outs, they count against the agency in two of the five measures for compliance.

When a clock in or clock out is merged to the member's schedule, the agency should determine why and work to resolve the issue in the future.

- For clock ins/outs appearing with a phone number in the **Client** field, **determine whose phone number is showing.**
  - If the phone number is the client's, send us an email to have the client's phone number updated.
  - If the phone number is the DSP's, let them know they must use the client's phone number on file in Sandata to clock in and out.
- For clock ins/outs appearing with a number in the Staff field, review the assigned Santrax ID for the DSP to ensure accuracy and make updates if needed.
  - Let the DSP know they must use the correct Santrax ID.

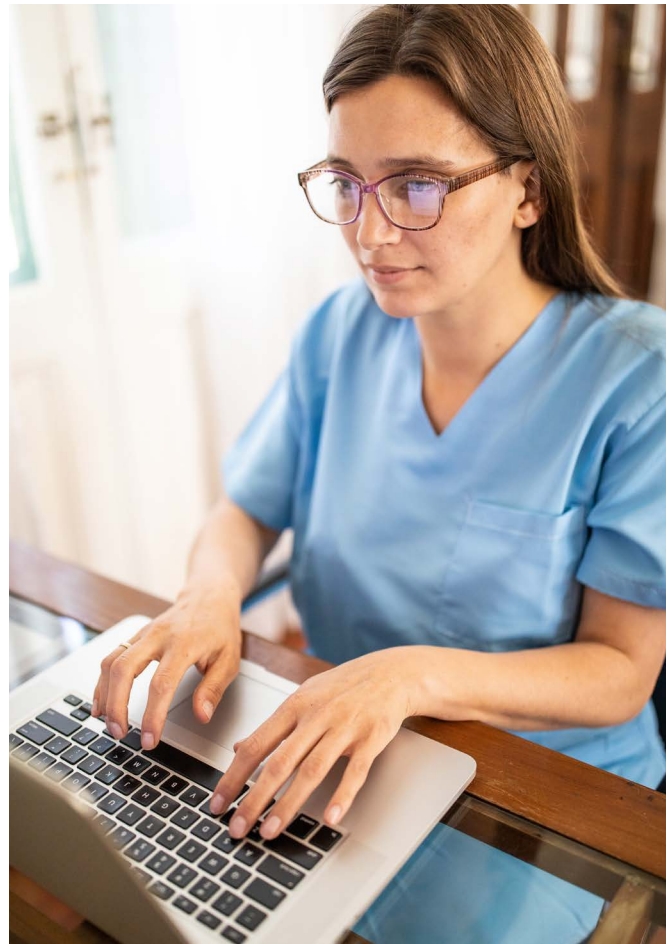
Enforcing MVV clock ins/outs using a tablet or the BYOD method would eliminate most of these issues completely. If your agency isn't at 90% in the Manual Confirmation category, please follow the steps below to see if merged clock ins/outs are an issue for your agency. You'll need to take the necessary steps to resolve this issue.

**Step 1:** Review the EVV Compliance Dashboard from your homepage.

| Total Visits | # Late Visits | Late Visits % | # Missed Visits | Missed Visits % | # EVV Check Ins | EVV Check Ins % | # EVV Check Outs | EVV Check Outs % | # Manual Confirmations | Manual Confirmations % |
|--------------|---------------|---------------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------------|------------------------|
| 1508         | 23            | 28%           | 80              | 35%             | 1353            | 30%             | 1310             | 82%              | 55                     | 53%                    |


**Step 2:** Click on the number of manual confirmations. This will take you to Santrax Maintenance with the necessary filters to show the schedules in the last 30 days counted as a manual confirmation. Any schedule showing the clock in/out in black was a schedule requiring a merged clock in/out, which caused a manual confirmation.

|     |       |       |   |      |       |       |      |      |      |       |   |   |                          |   |
|-----|-------|-------|---|------|-------|-------|------|------|------|-------|---|---|--------------------------|---|
| HHA | 12:00 | 18:00 | C | 5.00 | 10:57 | 16:52 | 5.92 | 6.00 | 6.00 | 24.00 | U | 3 | <input type="checkbox"/> | 0 |
| HHA | 13:00 | 19:00 | C | 5.00 | 12:43 | 22:23 | 9.67 | 6.00 | 6.00 | 24.00 | U | 4 | <input type="checkbox"/> | 0 |
| HHA | 13:00 | 19:00 | C | 5.00 | 12:08 | 18:58 | 6.83 | 6.00 | 6.00 | 24.00 | U | 3 | <input type="checkbox"/> | 0 |
| HHA | 12:00 | 18:00 | C | 5.00 | 11:54 | 16:55 | 5.02 | 5.00 | 5.00 | 24.00 | U | 2 | <input type="checkbox"/> | 0 |
| HHA | 12:00 | 18:00 | C | 5.00 | 11:56 | 16:55 | 4.98 | 5.00 | 5.00 | 24.00 | U | 2 | <input type="checkbox"/> | 0 |
| HHA | 12:00 | 18:00 | C | 5.00 | 11:53 | 17:07 | 5.23 | 5.25 | 5.25 | 24.00 | U | 2 | <input type="checkbox"/> | 0 |
| HHA | 12:00 | 18:00 | C | 5.00 | 11:52 | 16:56 | 5.07 | 5.00 | 5.00 | 24.00 | U | 2 | <input type="checkbox"/> | 0 |
| HHA | 12:00 | 18:00 | C | 5.00 | 11:54 | 16:55 | 5.02 | 5.00 | 5.00 | 24.00 | U | 3 | <input type="checkbox"/> | 0 |




**Step 3:** Look for patterns with merged calls. If every schedule for a particular member shows a merged call, it's possible the phone number in Santrax needs to be updated.

In addition to merged calls, GPS exceptions also cause a high number of manual confirmations.

The silver cell phone icon indicates that no GPS coordinates were picked up. 

If this happens, let the DSP know their **location must be on** while using the Sandata Mobile Connect app. Ensure the location accuracy is set to **High**.

The red cell phone icon indicates a clock in/out was logged outside the required distance from the member's home. 

Remind the DSP to clock in/out from the member's home.

## Translation Devices to Support Workforce Recruitment

According to the United States Census Bureau, in 2022, more than 16% of households in Davidson County, Tennessee, spoke a language other than English at home. Cultural and linguistic diversity is rapidly increasing in Tennessee, particularly in metropolitan areas where provider agencies often experience staffing challenges. To address staffing challenges and improve cultural competency, consider tapping into the New American workforce. This rapidly growing workforce brings unique skills, perspectives and language abilities. By recruiting from this pool of talent, provider agencies can better serve Tennessee's diverse population.

To best support candidates from the New American workforce, agencies should consider a variety of strategies like hiring bilingual staff, offering cultural competency training, connecting with community resources and using translation supports. Our Workforce Development team recently attended two multilingual job fairs and were able to test a translation device powered by artificial intelligence (AI). The device was effective and easy to use, translating more than 138 languages and incorporating different dialects.

To learn more about translation devices supported by AI, please contact our Workforce Development team.



According to the United States Census Bureau, in 2022, more than 16% of households in Davidson County, Tennessee, spoke a language other than English at home.

## Pre-Admission Screening and Resident Review (PASRR) Reminders

Federal regulations require every person entering a Medicaid-Certified Nursing Facility (NF) to have a completed Level I PASRR prior to admission regardless of payer source. The assessment is used to determine if the NF is the appropriate placement for individuals with mental illness, intellectual disabilities, developmental disabilities or related conditions. Maximus tracks compliance with regulations and reports findings to TennCare. Without an appropriate PASRR, an NF risks losing Medicaid certification and the recoupment of admissions funds.



### Who can submit a PASRR?

- A hospital, NF, social worker, medical doctor, licensed practical nurse, registered nurse, MCO or Area Agency on Aging and Disability (AAAD)
- If the individual is in the hospital and will be admitted to an NF or specialized nursing facility, the hospital is responsible for submitting the PASRR and level of care (if requested)
- If the individual is entering an NF from home or the community, the AAAD (if applying for Medicaid) or MCO will submit the PASRR

The individual entering the NF must have an appropriate PASRR, and the NF is responsible for ensuring an appropriate PASRR is available before admission. If the PASRR has an end date (30-60 day categorical), but the individual will be in the NF longer, the NF must submit a new PASRR 10 business days before expiration.

## Types of appropriate PASRR

The PASRR must apply to one of the following categories:

- Negative – without a subsequent determination that the PASRR should be positive
- Positive – with a determination the NF placement is appropriate
- If a short-term stay is approved, the determination will have an end date
- Positive – with a determination that a dementia diagnosis overrides a mental illness or intellectual disability diagnosis
- Positive – with an appropriate exemption requested and accepted

All PASRR Level I screenings must be submitted to Maximus for review and will be designated as negative or positive. Maximus may request a Level of Care pre-admission evaluation (PAE) from the submitter. If the Level I screen is positive, it will indicate either a presence or suspicion of severe mental illness, intellectual disability, developmental delay or related condition. Then, Maximus will perform a Level II evaluation to determine if the individual has a PASRR condition requiring specialized services and if an NF is appropriate.

If the individual has a sole or primary dementia diagnosis, a Level II evaluation isn't required. However, the reviewer may request a Level II evaluation if the diagnosis is questionable. Substantiating documentation such as neurocognitive testing, a neuropsychiatric evaluation or scans must be submitted to validate the dementia diagnosis.

## Level of Care

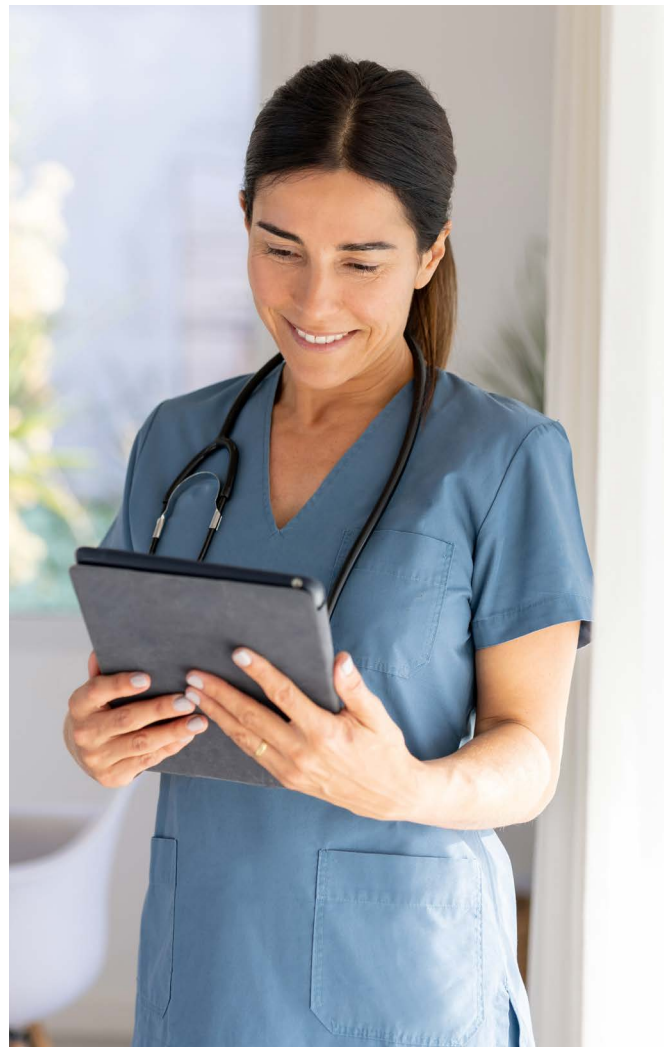
The following is required for Level of Care:

- Assessment of an individual's physical functioning (same criteria and parameters used for the PAE)
- Must be in every Level II evaluation
- For Medicaid/Medicaid-pending, the level of acuity must be 9 or higher based on the safety determination
- If Medicare is the payer, only one functional deficit is required

## Documentation requirements

PASRR documentation must include:

- The patient's medical history and a physical within one year of the PASRR being submitted with the PASRR condition listed
- A list of medications
- The Practitioner Certification form
- Seven days of nursing notes
- Activities of daily living flow sheets
- Respiratory care notes (if appropriate)
- 30 days of therapy notes
- A minimum data set (MDS) with sections D, E and G completed
- Psychiatric notes





## New PASRR

A new PASRR is **required** when:

- An individual is admitted to the NF from a hospital or community setting that requires a PASRR to be completed before admission. The Medicaid Only Payer Date (MOPD) must be entered in PathTracker for the individual to be enrolled in CHOICES Group 1.
- An individual is admitted to a psychiatric hospital and returns to an NF. The psychiatric hospital is responsible for submitting the Level I PASRR and Level of Care as requested.
- An individual discharges from an NF to a community setting (even for one day).

A new **PASRR** isn't required if:

- An individual transfers from NF to NF without discharging to a community setting. NF providers must update discharges, transfers and admissions in PathTracker.
- An individual residing in an NF admits to the hospital for a medical reason and returns to the NF.
- An individual transfers from NF to NF with hospitalization in between when there's no significant change in mental status.

## PASRR outcomes

The following PASRR outcomes can be automatically approved online or approved by the reviewer:

- Negative screen – No PASRR condition identified. The individual can admit to the NF without additional screening within 60 days of determination.
- Exempted Hospital Discharge (EHD) – An individual currently admitted to the hospital who's admitting to an NF for treatment post-hospitalization. A physician must certify the NF stay will be 30 days or less.
- Convalescent care – An individual currently admitted to the hospital who's admitting to an NF for treatment post-hospitalization. A physician must certify the NF stay will be 60 days or less.
- Respite – An individual residing in a community setting requires a brief NF admission to provide respite to in-home caregivers.
- Terminal illness – Life expectancy of six months or less. A physician certification is required.
- Severe physical illness – An individual with one or more of the following conditions: comatose state, ventilator dependent, functioning at brain stem level, chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, Lou Gehrig's disease (ALS) or congestive heart failure.
- Dementia exemption – The individual has a primary diagnosis of dementia, which will be the focus of primary care.
- Dementia and intellectual disability – Physician certification required.
- Refer for Level II – An individual has a known or suspected PASRR condition and requires a Level II assessment and determination.
- Level II positive, no status change – The individual has a PASRR condition, but no change in status has occurred.
- Canceled – Maximus cancels referral screens if the requested information and documentation isn't received within 14 calendar days. A new screen is required if the individual is admitted to an NF.
- Long-term approval – The individual has a medical necessity for an NF level of care for an unspecified timeframe. If a change in status occurs, a new PAE must be submitted.
- Short-term approval – The individual has a medical necessity for an NF level of care for a specified timeframe (30-60 days).
- Denial – The individual doesn't meet specific criteria or demonstrate medical necessity for an NF Level of Care. Please review the nurse reviewer's denial comments. You may request reconsideration by calling Maximus.

The NF is responsible for notifying Maximus about any change in status. Complete a new Level I assessment and mark it as a status change when submitting to Maximus.

## Payer source tips

You may find the following tips useful for working with health plans:

- If a PASRR is submitted with Medicare or another payer source and is in the PASRR population, the level of care must be submitted to Maximus.
- If the applicant becomes Medicaid-eligible and the payer source should be Medicaid, you must submit a PAE using PERLSS.
- If the individual isn't in the PASRR population, Maximus won't evaluate the level of care.
- If a PASRR is submitted with Medicare or another payer source and isn't in the PASRR population, a level of care submission to Maximus isn't required.
- If a PASRR is submitted with Medicaid/Medicaid-pending as the payer source and isn't in the PASRR population, a PAE must be submitted using PERLSS.
- For Medicare/private pay Level of Care:
  - TennCare determines the Level of Care regardless of the payer source.
  - Only one significant functional deficit (at-risk Level of Care) is required.
  - All PASRRs with an end date needing an extension or converted to long-term care must be submitted 10 business days prior to the expiration date.

## Contact information

For questions, contact:

- Maximus help desk: **1-833-617-2777**
- AAAD: **1-866-836-6678**
- BlueCare Tennessee: **1-888-747-8955**

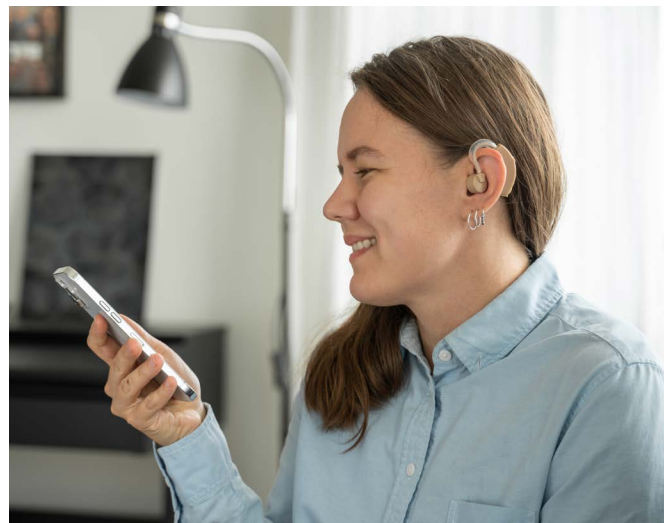
References:

- <https://ascendami.com/usermanagement/>
- <https://maximusclinicalservices.com/svcs/tennessee>
- [tn.gov/behavioral-health/mental-health-services/adults/pasrr.html](https://tn.gov/behavioral-health/mental-health-services/adults/pasrr.html)
- <https://www.tn.gov/didd/>
- [tn.gov/tenncare/long-term-services-supports.html](https://tn.gov/tenncare/long-term-services-supports.html)

## Enabling Technology and Remote Supports Promote Independence in CLS Homes

In previous issues, we discussed our commitment to Tennessee's vision of becoming a "Technology First" state. To build on this discussion, we shared more about what becoming "Technology First" means during our LTSS Provider Relations Town Hall Meetings, which took place across the state in June 2023 (read more about the events [here](#)).

In this issue, we're highlighting how shifting perspective about technology use as a natural support offers self-advocates the dignity of risk and opportunities to become stakeholders in their own lives. Many of our members currently live in Community Living Support (CLS) homes. While intensive caregiver support is necessary for some, many others could benefit from technology to help decrease the need for direct support and meet their goals for independence. When members are more independently engaged in their homes, community and work, CLS providers can staff strategically and expand services in new ways.



## Enabling technology and remote support use

Remote support providers use wireless technology or phone lines to link a member's home to off-site 24/7 support and remote sensor technology to send "real-time" data to remote staff, CLS staff or family members who can assess and offer support according to the member's person-centered support plan (PCSP). Our members can have scheduled live or on-demand access to a dedicated remote support team who:

- Offers reminders about daily schedules, activities and medication
- Checks in when the sensor technology is triggered
- Can initiate a back-up plan to caregivers when needed

Along with enabling technology, assistive technology and adaptive equipment and supplies can also help members living in CLS homes improve, maintain or decrease functional limitations and increase independence and access. A member can use assistive technology and adaptive equipment and supplies to:

- Effectively and functionally communicate their wants, needs and ideas
- Improve and maintain safety and access
- Improve and maintain independence when performing activities and tasks

If you'd like to learn more about technology support in CLS homes, please contact **Kathryn Walters**, LTSS Technology Champion, or **Evy Boyer**, ECF CHOICES Housing and Transition Manager. You can find their contact information at the end of this newsletter.

## Bridging the Direct Support Professional (DSP) Employment Gap in West Tennessee

In today's era of technology, digital communication, social media and online networking platforms have undeniably altered the way we do business. Many employers have started to rely on digital platforms as recruiting and hiring tools. However, in-person events like job fairs still play a significant role in developing relationships, promoting collaboration and valuable experiences. Face-to-face interactions provide a unique opportunity for candid and authentic connections to be made with job candidates, which are often harder to achieve in virtual settings.

All three MCOs are partnering with the Workforce Investment Network and the Memphis Area American Job Centers to host a series of job fairs at Memphis public libraries. To learn more about upcoming events, contact Tonya Starks, West Region Workforce Development Specialist. You can find her contact information at the end of this newsletter.

## Providers: Tennesseans Need You!

Opportunity for business growth and increased resources for your agency are available in the Employment and Community First (ECF) CHOICES program.

Members in ECF CHOICES need services desperately, including, but not limited to:

- Independent Living Skills Training
- Personal Assistance
- Community Integration Support Services
- Community Transportation and Employment Services

While the greatest needs exist in larger counties, help is needed across the state. If you have questions about policies, procedures, application processes, licensure requirements or needs in your area, please contact your assigned **Provider Network Manager**. You can also email us at [ChoicesProviderRelations@bcbst.com](mailto:ChoicesProviderRelations@bcbst.com). Please be sure to include in the subject line "Interested in Providing ECF Services" and include the name of your agency and contact information in the body of the email.

Since the pandemic, we understand staffing is an issue nationwide. We've put together a Workforce Development team to help with your recruitment needs. They're also available to listen to your suggestions as we navigate the current staffing crisis. If you have questions about Workforce Development, please contact **Christian Ceccotti**. You can find his contact information at the end of this newsletter.

# Provider Reportable Event Review Team

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The Provider Reportable Event Review Team (PRERT) represents a comprehensive approach to reviewing reportable events. This team consists of critical Reportable Events Management staff, as well as a trained Provider Investigator (PI). The assigned PI must complete the DIDD-certified Investigative training to officially take on this role. They can be an active member of your staff or a sub-contracted employee from another agency. We'll request a copy of this agreement when necessary.

Duties of the PRERT include, but aren't limited to:

- Regular meetings occurring monthly at minimum
- Documented meetings reflecting the discussion and follow-up actions concerning reported events and investigations, their causes, actions taken, and recommendations made by the review team
- Reviewing reportable and non-reportable event trends and reports presented by the PI
- Reviewing agency policies and procedures annually to reflect process improvements
- Revising recommendations based on the evaluation of actions taken
- Contributing to fostering a culture of learning and refraining from punitive actions when reportable events occur

We, along with DIDD, will continue to monitor provider oversight for reportable and non-reportable events during annual quality assurance surveys and recredentialing periods.

## Coming Soon: Changes Expected from Amendment 19

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Program changes and eligibility requirements for CHOICES, 1915(c) waiver benefits, Employment services and additional background checks for Direct Support Professionals are among the upcoming updates associated with Amendment 19.

Specifically:

- Attendant Care will be removed from eligible CHOICES services, replacing it with Personal Care
- CHOICES members enrolled in Group 2 or 3 may be eligible to receive ongoing employment services
- New policies and registry changes, including additional background checks, will be required for all workers including volunteers
- Have a policy in place to address any discrimination complaints received about TennCare services or activities within two days of receipt to TennCare's Office of Civil Rights Compliance (OCRC) by emailing [HCFA.Fairment@tn.gov](mailto:HCFA.Fairment@tn.gov).
  - Providers agree to cooperate with OCRC and other federal and state authorities during discrimination complaint investigations.
  - Providers agree to help individuals get information about how to report a complaint or receive help for a disability-related need involving TennCare's services or activities by contacting OCRC, calling TennCare Connect at **1-855-259-0701**, or referring to the member's MCO.
- Have a policy and procedure in place to conduct criminal background checks on all prospective employees (and monthly after hiring) who will deliver CHOICES HCBS.
  - Background checks must be documented in the worker's employment record and include checks of the Tennessee Abuse Registry, National and Tennessee Sexual Offender Registry, Tennessee Felony list, Tennessee Terminated Provider list, SAMS, Tennessee/Out-of-state Probation and Parole Registry and List of Excluded Individuals/Entities (LEIE).

Providers will need to:

- Have a policy in place to provide and document initial (within 30 days of hiring) and ongoing education/training for employees on Cultural Competency.
  - The policy must include a plan to deliver services in a nondiscriminatory and culturally competent manner; complaint procedures; a process to obtain free language assistance for those with limited English proficiency (LEP); a process for providing free effective communication services (auxiliary aids or services) to those with disabilities; and a process for providing reasonable accommodations for individuals with disabilities.

- Have a policy and procedure in place for conducting an individualized assessment for workers whose criminal background, registry or exclusion check reveals past criminal conduct. The policy must include a plan to address exception requests for workers who fail a criminal background check, registry or exclusion check.
- Pass criminal background checks as required by TennCare for the ECF CHOICES program. Providers can't be listed on the TNDOH Abuse Registry or TN Sexual Offender Registry.
  - If driving is involved in job duties, a valid driver's license and auto liability insurance is required. If a personal vehicle is used to transport members during job duties, appropriate insurance coverage must be in place.
  - Provider agencies may contribute toward the cost of insurance coverage.

## What's next?

We'll notify providers when implementation is complete and send new authorizations to those impacted by this change. Please maintain communication with your Provider Network Managers, Care Coordination and Support Coordinators to prepare for this change. We'll continue to support our providers throughout the process with training and addressing any questions that may arise.

If you have questions, please follow these steps:

- Email your question to [ChoicesProviderRelations@bcbst.com](mailto:ChoicesProviderRelations@bcbst.com)
- Include in the subject line "Questions About 01/01/2024 Updates – [Your Business Name] – [Your BlueCare Provider ID]"
- Ask your question in the body of the email

## Committed to Service

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As your partner in serving our CHOICES and ECF CHOICES members, we're committed to providing you unmatched service and support. Stay current with the most current news and program guidance. Visit us at [bluecare.bcbst.com](http://bluecare.bcbst.com) to find resources, updates and the most recent version of the CHOICES newsletter.

## How Are We Doing?

As a valued BlueCare Tennessee provider, we welcome your feedback and want to hear from you. If you have questions and/or concerns about a process, or if there's an individual that you'd like to point out for good service, please email us at: [CHOICESProviderRelations@bcbst.com](mailto:CHOICESProviderRelations@bcbst.com). We look forward to hearing from you.

## Provider Network Manager and Workforce Development Contacts

| Manager   | Region    | Phone          | Email  |
|---|-----------|----------------|--|
| Britney Douglas, Provider Relations Supervisor                    | Statewide | (615) 427-3782 | <a href="mailto:britney_douglas@bcbst.com">britney_douglas@bcbst.com</a>       |
| Phyllis White, Director, MLTSS                                    | Middle    | (615) 295-9680 | <a href="mailto:phyllis_white@bcbst.com">phyllis_white@bcbst.com</a>           |
| Recie Gunartt, Provider Network Manager                           | West      | (901) 201-7786 | <a href="mailto:recie_gunartt@bcbst.com">recie_gunartt@bcbst.com</a>           |
| Anitra Rogers, Provider Network Manager                           | West      | (901) 355-3124 | <a href="mailto:anitra_rogers@bcbst.com">anitra_rogers@bcbst.com</a>           |
| Marilyn Turner, Provider Network Manager                          | West      | (901) 573-2607 | <a href="mailto:marilyn_turner@bcbst.com">marilyn_turner@bcbst.com</a>         |
| Tanya Glover, Provider Network Manager                            | Middle    | (615) 393-9117 | <a href="mailto:tanya_glover@bcbst.com">tanya_glover@bcbst.com</a>             |
| Marea Sweeney, Provider Network Manager                           | Middle    | (615) 946-3101 | <a href="mailto:marea_sweeney@bcbst.com">marea_sweeney@bcbst.com</a>           |
| Mark Watson, Provider Network Manager                             | Middle    | (615) 598-2816 | <a href="mailto:mark_watson@bcbst.com">mark_watson@bcbst.com</a>               |
| Marquita Wilson, Provider Network Manager                         | Middle    | (423) 413-5384 | <a href="mailto:marquita_wilson@bcbst.com">marquita_wilson@bcbst.com</a>       |
| Kevin Brooks, Provider Network Manager                            | East      | (423) 290-8768 | <a href="mailto:kevin_brooks@bcbst.com">kevin_brooks@bcbst.com</a>             |
| Rainey Johnson, Provider Network Manager                          | East      | (865) 712-5980 | <a href="mailto:rainey_johnson@bcbst.com">rainey_johnson@bcbst.com</a>         |
| Naveh Eldar, Director of I/DD Programs                            | Statewide | (615) 524-1517 | <a href="mailto:naveh_eldar@bcbst.com">naveh_eldar@bcbst.com</a>               |
| Christian Ceccotti, Workforce Development Manager                 | Statewide | (423) 290-9284 | <a href="mailto:christian_ceccotti@bcbst.com">christian_ceccotti@bcbst.com</a> |
| Tonya Starks, Workforce Development Specialist                    | West      | (901) 713-9602 | <a href="mailto:tonya_starks@bcbst.com">tonya_starks@bcbst.com</a>             |
| Kylie Hennie, Workforce Development Specialist                    | Middle    | (615) 924-3424 | <a href="mailto:kylie_hennie@bcbst.com">kylie_hennie@bcbst.com</a>             |
| Patrick Hampton, Workforce Development Specialist                 | East      | (423) 509-3791 | <a href="mailto:patrick_hampton@bcbst.com">patrick_hampton@bcbst.com</a>       |
| Brittney Cook, Claims Liaison                                     | East      | (423) 637-0734 | <a href="mailto:brittney_cook@bcbst.com">brittney_cook@bcbst.com</a>           |
| Corey Vance, Claims Liaison                                       | East      | (615) 761-8732 | <a href="mailto:corey_vance@bcbst.com">corey_vance@bcbst.com</a>               |
| Nichole Phillips-Brock, Employment Services & Supports Specialist | Statewide | (615) 651-9076 | <a href="mailto:nichole_phillips@bcbst.com">nichole_phillips@bcbst.com</a>     |
| Aimee Rogers, Employment Services & Supports Specialist           | Statewide | (423) 362-2562 | <a href="mailto:aimee_rogers@bcbst.com">aimee_rogers@bcbst.com</a>             |
| Kathryn Walters, Technology Champion                              | Statewide | (865) 340-1363 | <a href="mailto:kathryn_walters@bcbst.com">kathryn_walters@bcbst.com</a>       |
| Evy Boyer, Housing and Transition Manager                         | Statewide | (615) 218-2642 | <a href="mailto:evelyn_boyer@bcbst.com">evelyn_boyer@bcbst.com</a>             |

## Where to Turn for Help

| Your Service Need   | Operational Area  | Contact   |
|---|---|---|
| Eligibility Services, Claims, Inquiries   | BlueCare Provider Services/<br>Eligibility Service Line | 1-888-747-8955  |
| General Contracting/<br>Credentialing Questions   | Provider Network Services/<br>Credentialing             | 1-800-924-7141, ext. 5775<br>(Provider Network Services)<br>1-800-357-0395 (Credentialing)                                |
| Member Related Questions/Supports, Member<br>Emergencies (After Hours/Weekends Only)<br>During Regular Hours Contact Coordinator Directly | Support/Care Coordination                               | 1-800-262-2873  |
| Sandata/EVV Tech Support  | Sandata Client Relations (EVV)                          | 1-855-389-4843  |
| Availity Claim Submission Tech Support  | Availity  | 1-800-282-4548  |
| CHOICES Web Portal Claims Tech Support  | e-Business  | (423) 535-5717, select option 2   |
| Provider Education, General Provider Support,<br>Assistance with Contracting/Credentialing  | CHOICES/ECF Provider Relations                          | <a href="mailto:CHOICESProviderRelations@bcbst.com">CHOICESProviderRelations@bcbst.com</a>                                |
| Authorizations Support,<br>General Billing – Release of Units   | Provider Inquiry Specialist Team                        | <a href="mailto:ProviderAuthIssues@bcbst.com">ProviderAuthIssues@bcbst.com</a><br>OR call 1-888-747-8955, select option 2 |
| Change of Ownership Notifications,<br>Questions/Concerns  | Provider Relations                                      | <a href="mailto:Provider_CHOW@bcbst.com">Provider_CHOW@bcbst.com</a>  |
| GPS Tablet Replacement, Tablet Exceptions   | Provider Specialist Team                                | <a href="mailto:CHOICES_EVV_Device@bcbst.com">CHOICES_EVV_Device@bcbst.com</a>  |