

# PARTNERS

BlueCare Tennessee Managed Long-Term Services and Supports Program

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

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# Quality Corner: The Importance of Colon Cancer Screenings

Colorectal cancer is common, but screenings can help prevent it. Screenings can often find cancer early or stop it before it starts. That's why it's important to encourage our members to get their recommended screenings.

In 2021, the U.S. Preventive Services Task Force lowered the starting age for colorectal cancer screening. Now, adults should start getting screenings at age 45 and up to age 75.

## Barriers for LTSS Members

Adults served in LTSS programs may face extra challenges. Many members have mobility limits, chronic illness, trouble with transportation or low health literacy. These barriers can make screenings harder to complete.

But there are ways we can help members overcome these challenges.

- Members at low risk can talk with their health care provider about which screening option fits them best.
- At-home screening options may help members with mobility challenges.
- Reminders by text, phone call or mail can support follow-through.
- Caregivers can help members who have memory or cognitive limits.
- System reminders can flag when screening is due or past due.
- Care Coordinators can explain options, help plan next steps and support follow-up if more testing is needed.

The most effective screening tool is one the member can use easily. Many screening options exist, and flexibility can improve access.

Early screening lowers the risk of developing colorectal cancer and reduces deaths from the disease. Removing barriers helps LTSS members stay healthier and supports better long-term outcomes.

### Sources

- [cdc.gov/colorectal-cancer/screening](https://cdc.gov/colorectal-cancer/screening)
- [uspreventiveservicestaskforce.org](https://uspreventiveservicestaskforce.org)
- [cancer.gov/types/colorectal/patient/colorectal-prevention-pdq](https://cancer.gov/types/colorectal/patient/colorectal-prevention-pdq)

## Medical Record Requests

We sometimes ask providers for medical records to help support continuity of care, ongoing care coordination, annual reviews or reviews of applicants seeking potential enrollment in an LTSS program.

If you get a request from us, please submit these records as quickly as possible. Timely record submission is essential to meeting TennCare Contractor Risk Agreement timeline requirements.

The Provider Administrative Manual (PAM) outlines that providers must:

- Maintain medical records that are current, detailed and well organized.
- Support effective and confidential patient care.
- Allow for quality review, administrative review and any civil or criminal investigations, as applicable.
- Maintain records at or readily available from the location where services are provided for each enrollee.



As stated in the PAM, we don't reimburse providers for photocopying or medical record production expenses. Please don't invoice us for the requested records. If you use a third-party vendor to manage medical record distribution, make sure the vendor doesn't invoice us for these records either.



## Medication Safety in Home Health: Preventing Common Errors

Medication safety is important in home health care. Many reported incidents involve medication errors, but many of these mistakes can be prevented. Common medication errors include:

- Missed or omitted doses
  - A missed medication means a dose wasn't given. This isn't always an error if there is a valid, documented reason, like the member refused medication.
  - A medication omission is when a dose wasn't given but should've been, and there is no valid reason or documentation. Medication omissions are medication errors.
  - The key difference is all medication omissions are missed doses, but not all missed doses are medication omissions.
- Confusion after medication changes, such as starting a new medication or stopping a medication
- Incorrect medication use, such as giving the wrong dose, at the wrong time, in the wrong way or at the wrong speed
- Caregivers not sharing clear information, causing members to get duplicate doses or miss medications
- Not writing down what medication was given, or why it wasn't given, leading to errors and safety concerns

### How You Can Help

Here are some tips to help reduce or eliminate medication errors.

- **Check medications at each visit.** Medication checks help make sure the medications in the home match the care plan and records.
- **Ask about recent care changes.** Talk about recent doctor visits or hospital stays to help catch medication changes early.
- **Use simple tracking tools.** Medication lists and medication records help caregivers stay organized and avoid mistakes.
- **Follow the "5 Rights".** Safe medication use includes the right patient, right medication, right dose, right time and right route.

Medication errors can harm a member's health and may lead to emergency room visits or hospital stays. Clear communication, good records and safe routines help protect members and support quality home health care.

### Sources

[cdc.gov/medicationsafety](https://cdc.gov/medicationsafety)

# Improving Respiratory Care at Home

Some members need advanced breathing support at home. These needs can include ventilators, tracheostomy care or other complex respiratory therapies. The Home Enhanced Respiratory Care (Home ERC) program helps these members stay safer and supported at home. We partner with Eventa to provide these services.

More members are now relying on invasive or noninvasive ventilation and other advanced respiratory care than in the past. Many of these members visit the emergency room or have hospital stays often. They may also face gaps in care once they leave inpatient settings.

Common challenges include:

- Limited clinical support at home
- Issues with equipment or supplies
- Caregivers who need more training or confidence

Home ERC helps close these gaps through education, monitoring and care coordination.



## How the Program Works

The program begins with a full assessment. Based on clinical need, members receive one of two levels of support.

### Home Enhanced Respiratory Care (Home ERC): A Four-Month Intensive Program

This option provides strong clinical and caregiver support, including:

- 24/7 access to an on-call respiratory therapist
- Monthly assessments, with at least two in-home visits
- Telehealth monitoring and education
- Caregiver skills assessment and coaching
- Review of equipment and supply needs
- A personalized care plan with follow up
- Care coordination with providers and care teams
- Help with transportation, food access, medications and behavioral health resources

After four months, members may move to preventive care or continue in Home ERC based on their needs.

### Home Preventive Care: Ongoing Support

This option includes:

- Continued 24/7 access to an on-call respiratory therapist
- Quarterly remote check ins
- A return to Home ERC if risk levels rise

## Who's Eligible

Members using invasive ventilation, noninvasive ventilation or tracheostomy care are enrolled for assessment unless they opt out. Members leaving acute or long-term acute care hospitals with ventilators or tracheostomies are referred before discharge. This helps make sure equipment and caregiver training are in place.

In 2025, 483 members enrolled in Home ERC. The program led to:

- A 60% drop in emergency room visits
- A 67% drop in hospital admissions
- Better use of respiratory devices

Home Enhanced Respiratory Care supports earlier intervention, improves stability and builds caregiver confidence. Most importantly, it helps members remain safely at home with the care they need.

# Introducing the Direct Support Worker Advisory Council

Direct Support Professionals (DSPs) have an important role in Home and Community-Based Services. Every day, they help people live independently, reach personal goals and enjoy meaningful lives.

However, the industry has a major workforce shortage. Many groups are working to address this issue, but real progress starts with listening to DSPs and caregivers. They know the work best. And their experience and ideas can guide real change.

**That's why the MCO Workforce Development Teams have created the Direct Support Worker Advisory Council.**

This council aims to give DSPs and caregivers a clear voice where they can share what works, what doesn't, and what changes would improve their daily work and the future of the field. The council launched in March and meets every quarter. It brings these professionals together to focus on solutions and collaboration. The goal is to make sure the workforce helps shape the programs and initiatives that affect them.

We encourage provider agencies to share this opportunity with DSPs and caregivers who show leadership, passion and a desire to improve the field. Their input helps build strategies that reflect real needs.

If you know a DSP or caregiver who'd like to participate, contact the Statewide Workforce Development Manager, Christian Ceccotti, at [Christian\\_Ceccotti@bcbst.com](mailto:Christian_Ceccotti@bcbst.com).

## Tips for Recruiters Supporting the DSP Workforce

Spring is a time for growth and new opportunities. That makes it a great time to look at refreshing your strategies for recruiting and retaining DSPs. Recruiters can strengthen DSP hiring efforts by focusing on a few areas of improvement.

- **Update employer branding and DSP job descriptions.** Clearly describe the purpose, impact and rewards of DSP work. Use plain language to show how this role supports independence and improves lives. Modern job postings should highlight meaning, flexibility and opportunities to grow.
- **Strong messaging matters.** Emphasize training, career development, supportive supervision and inclusive workplaces. These factors attract candidates who value respect, teamwork and making a difference for people with disabilities.
- **Building a talent pipeline to support long-term success.** Connect with students, community partners and emerging professionals before positions open. Early outreach builds awareness and interest in DSP careers.

Clear messaging, updated recruitment tools and early engagement can help your organization attract and retain dedicated talent.



# Reportable Event Management Transition to PERLSS

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As of **March 16, 2026**, the reportable event management (REM) system has been integrated into the Preadmission Evaluation and Referrals for Long-Term Services and Supports (PERLSS) system. This integration allows for a more streamlined workflow from the submission of reportable event forms (REFs) through the investigation and follow-up activities.

Providers with access to PERLSS are required to submit new REFs, start new investigations, and submit final reports, action plans and supporting documentation in the PERLSS system.

The Department of Disability and Aging (DDA) offers training regarding this new process to all HCBS providers. If you haven't received training or have questions about PERLSS access requests, training registration or general REM questions contact the DDA at [DDA.REMHelp@tn.gov](mailto:DDA.REMHelp@tn.gov).

**Providers with the required access may submit REFs in PERLSS, or submit REFs using the external link and directions below:**

1. Visit [perlss.tnncare.tn.gov/externalrem](http://perlss.tnncare.tn.gov/externalrem).
2. Review the information on the **Start** page, then select **Next** to proceed with submitting a REF.
  - Information on these pages is organized into accordions. Expand each one to view and enter information by either selecting **View Details** or using the arrows.
  - **Tool Tips**, which display as a red "i" icon after selecting questions or directions, are available to provide additional guidance. To display the guidance, hover your cursor over the icon.
  - Navigate through the pages using the **Next** and **Back** buttons at the bottom of each page.
3. Enter the required information on the **Person Supported Information** page for each individual involved in the event in their own accordion, then select **Next**. Fill out information about the event on the **Event Details** page, submitting information for all persons supported and involved in the event, then select **Next**.
4. Enter information about all persons supported and involved in the event on the **Reportable Events** page. Information should be entered for **Tier 1 Events, Tier 2 Events, Reportable Behavioral/Psychiatric Events, Reportable Medical Events** and **Other Reportable Events**, in accordance with requirements outlined in the REM protocol. Select **Next** when complete.
5. Complete the REF by entering your information on the **Submit Form** page. Then select **Submit**.
6. The system will generate an ID number for your reference. Save a copy for your records.

## Reportable Events and Interventions

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Your compassion while serving our members is invaluable to their experience, but so are your observations. Reportable Event Management (REM) is one important component of an overall approach for ensuring the health, safety, individual freedom and quality of life of members receiving home- and community-based services and intermediate care facilities for individuals with intellectual disabilities services.

When members are at risk, you're required to Report It Now. When you report these issues, they can be addressed, which helps keep the members you serve safe. Documenting the risk also helps protect you if there's ever a question in the future.

[Click here](#) to learn more about Report It Now and who to contact for a Reportable Event.

## Committed to Service

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As your partner in serving our CHOICES and Employment and Community First (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/providers](http://bluecare.bcbst.com/providers) 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>
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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/ Eligibility Service Line	1-888-747-8955
General Contracting/ Credentialing Questions	Provider Network Services/ Credentialing	1-800-924-7141, ext. 5775 (Provider Network Services) 1-800-357-0395 (Credentialing)
Member Related Questions/Supports, Member Emergencies (After Hours/Weekends Only) 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, Assistance with Contracting/Credentialing	CHOICES/ECF Provider Relations	<a href="mailto:CHOICESProviderRelations@bcbst.com">CHOICESProviderRelations@bcbst.com</a>
Authorizations Support, General Billing – Release of Units	Provider Inquiry Specialist Team	<a href="mailto:ProviderAuthIssues@bcbst.com">ProviderAuthIssues@bcbst.com</a> OR call 1-888-747-8955, select option 2
Change of Ownership Notifications, Questions/Concerns	Provider Relations	<a href="mailto:Provider_CHOW@bcbst.com">Provider_CHOW@bcbst.com</a>
EVV Exceptions	Provider Specialist Team	<a href="mailto:EVV_Exceptions@bcbst.com">EVV_Exceptions@bcbst.com</a>