

Frequently Asked Questions Concerning CHOICES Long-Term Care Program

1. What is Long Term Care?

Home and Community Based Services or Nursing Facility Services

2. What is CHOICES?

CHOICES is the name of the new statewide long-term care program that covers Home and Community Based Services (HCBS) and nursing facilities (NF). It provides services for individuals who are unable to take care of themselves, primarily due to chronic illness, advanced age, or cognitive impairment.

3. How is this different from the long-term care programs or HCBS programs that were already in place?

CHOICES will help integrate long-term care (LTC) with existing managed care systems. This will help rebalance long-term care spending between institutional and community based care. It will provide a "Single Point of Entry" to help individuals who need long-term care and their families or caregivers learn about their options and how to access LTC services. Eligibility for the program will be streamlined as well. CHOICES will help expand home and community-based options allowing individuals to remain as independent as possible in their home or community.

4. When will CHOICES start?

In the Middle Grand Region, CHOICES will be implemented in March 2010. East and West Grand Regions are scheduled to begin in the summer of 2010.

5. Who can qualify for CHOICES?

Individuals must meet the following requirements:

- Live in Tennessee
- Be at least 65 years of age OR be an adult 21 years of age and older with a physical impairment
- Receive SSI payments or qualify for Medicaid through the local Department of Human Services office
- The individual's monthly income cannot exceed \$2,022 (unless the person qualifies for Medicaid by virtue of a qualified income trust) and their resources, excluding their home, cannot exceed \$2,000
- The person needs the level of care one would get in a nursing home, but wants to receive the care at home

- The person has a safe home where services can be provided

6. Is there a limit to the benefit?

The cost of the individual's care at home cannot be more than the cost of nursing home care.

7. Can people get paid to take care of their family members at home?

Family members may be compensated for the care of other family members, but the program will not pay someone for care that they have already been providing without pay. The goal of the program is to “wrap around” the existing support system to help sustain the individual without depending on more expensive institutional care.

8. Who will do an assessment of the individual's needs?

A care coordinator will visit the individual in their home to conduct a comprehensive needs assessment. They will address issues such as home safety, the individual's activities of daily living, (for example, ability to feed or dress himself/herself), medications, household chores, or meals.

9. What if the person does not qualify for Medicaid?

There is a state funded “Options” program to provide services such as home-delivered meals, personal care and homemaker services for people who do not qualify for Medicaid.

10. How does someone apply for these programs?

The single point of entry for assistance will be handled by local Area Agency on Aging and Disability offices throughout the state of Tennessee. Their phone number is 1-866-836-6678.

11. Is it true the program will pay for pest control?

Yes, one of the services that will allow someone to maintain residence in a “safe” home is the elimination of any pests such as roaches or mice.

12. Does the person providing the service have to be located in the same county as the individual in the CHOICES program?

No. The provider does not need to be located in the county of the member's residence, but must be willing and able to serve residents of that county.

13. Who is responsible for providing care if a HCBS provider cannot be there?

HCBS providers are responsible for providing their own back-up for their staff unable to fulfill their assignment for any reason, and to ensure that the back-up staff meet the qualifications for the authorized service.

14. Can a HCBS provider make the member get all of their care from them if they provide various services?

No. The HCBS provider cannot require a member to choose them as a provider of multiple services as a condition of providing any service to the member.

15. How will the services be tracked?

An Electronic Visit Verification (EVV) system will be used to track services for the individual.

16. How will the EVV system work?

Service providers will call in from the member's home (if phone is available) to verify their arrival, and again to verify the completion of the service. This will allow the member's Care Coordinator to track the services the member receives, update them if a scheduled service was not received, and allow for a quick resolution to any problems or situations that may arise.

17. Will the members have any input into who provides their care?

Yes, this program will focus on the rights of the individual to choose their care providers. They will be assigned a Care Coordinator who will work with the individual, their family, their providers, and their physician, as applicable, to ensure the person is getting the services he or she needs.

18. Exactly what kinds of services are available?

The kinds of Home and Community-Based Services (HCBS) will vary depending on the person. Some examples are below:

- Personal Care Services - Someone to help with activities of daily living such as baths, preparing and eating meals, toileting, and transfers.
- Attendant Care - Someone to help with activities of daily living for longer periods of time, and things like going with the person to doctor's visits or other appointments.

- Homemaker - Someone to help with household chores or errands like laundry, sweeping and mopping the floor, and shopping.
- Adult Day Care - A place where the person can go during the day to spend time with others.
- Home Delivered Meals - One healthy meal per day delivered to their home.
- In-Home Respite - Someone to come and stay with the person in their home for a short time so their caregiver can get some rest.
- Inpatient Respite - Short stay in a nursing home or assisted care living facility so their caregiver can get some rest.
- Assistive Technology - Certain devices that help the person with activities of daily living, such as eating utensils with special handles for older adults.
- Minor Home Modifications - Certain devices or changes to their home to make it easier and safer to be in their home. Some examples are wheelchair ramps or grab-bars.
- Personal Emergency Response System (PERS) - A call button the person wears that works with a telephone to call for help in an emergency.
- Pest Control - Someone to come to the home a few times a year to spray for bugs or rats.
- Community Based Residential Alternative (CBRA) - A place where the person can go live that will help with personal care services and taking care of their medications correctly. Medicaid cannot pay for this living situation.

19. What if we think the person is in an unsafe environment?

Any BCBST staff or any HCBS provider's staff must report, respond to and document critical incidents including but not limited to:

- Unexpected death of a CHOICES member;
 - Suspected physical or mental abuse of a CHOICES member;
 - Theft or financial exploitation of a CHOICES member;
 - Severe injury sustained by a CHOICES member;
 - Medication error involving a CHOICES member;
 - Sexual abuse and/or suspected sexual abuse of a CHOICES member;
- and

- Abuse and neglect, and/or suspected abuse and neglect of a CHOICES member.

20. Do the members have the right to change their Managed Care Option (MCO)?

Yes, with some restrictions. For most members, they can request to change MCO's if they have not requested a change in the last 12 months. Beginning with March 2010, enrollees will only have a one month change period each year, depending on their region. (March in West TN, May in Middle TN, and July in East TN). Outside of their designated month, changes will only be permitted if specified "hardship" criteria are met.

21. How does the member know which MCO they will have under CHOICES?

The MCO who is currently handling the member's Medicaid benefits will assume responsibility for LTC, as well as physical and behavioral health services for a current member who is eligible for CHOICES.

22. What happens if a CHOICES member has to go to a nursing home?

The member may be admitted to a nursing facility (NF) for a short-term stay without being required to disenroll from HCBS if the person plans to return to the community and resume their HCBS services upon discharge.

* For more detailed information regarding additional guidelines, refer to the site: {
HYPERLINK "<http://www.tn.gov/tenncare/long-transformation.html>" }

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