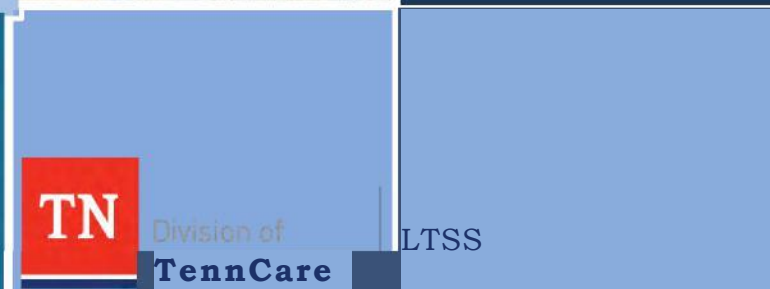
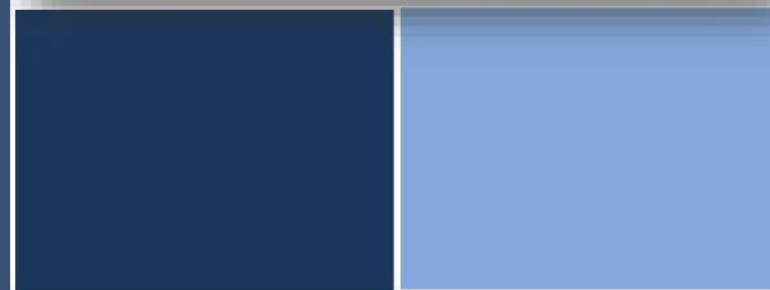


# Long Term Services & Supports

**Safety Determination, Skilled Services  
and Enhanced Respiratory Care**



Division of  
**TennCare**

LTSS

# CHOICES Eligibility Overview

- **To qualify for CHOICES the individual must meet the following criteria :**
  - The individual must meet **medical eligibility** criteria i.e.,
    - Have an approved PAE (Pre-Admission Evaluation) **OR**
    - Have LOC approved as part of the PASRR Level II evaluation per Maximus.
  - The individual **must qualify for Medicaid**
    - meet financial eligibility criteria (**determined by TennCare Member Services**)

# Safety Determination



# Safety Determination

## **What is a safety determination according to Rule 1200-13-01-.05(6)?**

A decision made by the Bureau in accordance with the process and requirements described in Rule 1200-13-01-.05(6) regarding whether an Applicant would qualify to enroll in CHOICES Group 3 (including Interim CHOICES Group 3) or if there is sufficient evidence, as required and determined by TennCare, to demonstrate that the necessary intervention and supervision needed by the Applicant cannot be safely provided within the array of services and supports that would be available if the Applicant was enrolled in CHOICES Group 3, including CHOICES HCBS up to the Expenditure Cap of \$18,000, non-CHOICES HCBS available through TennCare (e.g., home health), cost-effective alternative services (as applicable), services available through Medicare, private insurance or other funding sources, and natural supports provided by family members or other caregivers who are willing and able to provide such care, and which may impact the Applicant's NF LOC eligibility (see Rule 1200-13-01-.1-(4)(b)2.(i)(II) and 1200-13-01-.10(4)(b)2.(ii)(II)).

# Safety Determination Request

- If the applicant cannot be safely served in CHOICES Group 3 within the expenditure cap, using natural supports and all other services available, a safety determination review may be submitted to TennCare with the PAE application.
- The submitter must *show* TennCare why the person would be unsafe if enrolled in CHOICES Group 3.



# Safety Determination Request

When should a Safety Determination Review be requested?





# When to Request a Safety Determination

- When the PAE is submitted/revise with a score of less than 9 and the submitter believes the individuals needs can not be safely met in CHOICES Group 3 or
- At the request of the Applicant or the Applicant's Representative

## *Keep in mind....*

- To meet NF LOC the applicant **must** have an approved score of 9 or above on the acuity scale  
**or**
- Be approved through a safety determination meaning it is determined the person's needs cannot be safely met in the community with the array of services and supports that would be available within the expenditure cap if the applicant was enrolled in CHOICES Group 3.





# Safety Review

How does TennCare review for safety?

# Review of Information

**Each safety determination shall include review of information submitted to TennCare as part of the Safety Determination request, including, but not limited to:**

1. Diagnosed complex acute or chronic medical conditions which require frequent, ongoing skilled and/or rehabilitative interventions and treatment by licensed professional staff;
2. A pattern of recent falls resulting in injury or with significant potential for injury;
3. An established pattern of recent emergent hospital admissions or emergency department utilization for emergent conditions;
4. Recent nursing facility admissions, including precipitating factors and length of stay;
5. An established pattern of self-neglect that increases risk to personal health, safety and/or welfare requiring involvement by law enforcement or Adult Protective Services;
6. A determination by a community-based residential alternative provider that the Applicant's needs can no longer be safely met in a community setting; and
7. The need for and availability of regular, reliable natural supports, including changes in the physical or behavioral health or functional status of family or unpaid caregivers.

# Benefits

In addition to all required documentation, the PAE assessor must know and understand all the Group 3 and TennCare benefits to determine whether the applicant can be safely served in Group 3.

- Members enrolled in Group 3 not only receive Group 3 benefits, they are also eligible to receive TennCare benefits (non CHOICES HCBS), including home health services. TennCare benefits, and CHOICES minor home modifications do not count against the expenditure cap.
- Cost-Effective alternatives (CEA) may also be utilized to safely serve a member in the community. CEAs are approved at the MCO's discretion.

# Group 3 Benefits

**The total cost of these kinds of care can't be more than \$18,000 per calendar year, not counting home modifications.**

- Adult Day Care: Up to 2,080 hours per calendar year, a place that provides supervised care and activities during the day
- Assistive Technology: Up to \$900 per calendar year, certain low-cost items or devices that help the member do things easier or safer in their home like grabbers to reach things
- Attendant Care: Up to 1,080 hours per calendar year
- Personal Care Visits: Up to 2 visits per day, lasting no more than 4 hours per visit; there must be at least 4 hours between each visit
- Home-Delivered Meals: Up to 1 meal per day

# Group 3 Benefits

- In-Home Respite Care: Up to 216 hours per calendar year, someone to come and stay with the member in their home for a short time so their caregiver can get some rest
- Inpatient Respite Care: Up to 9 days per calendar year, a short stay in a nursing home or assisted care living facility so the member's caregiver can get some rest
- Personal Emergency Response System: A call button so the member can get help in an emergency when their caregiver is not around
- Pest Control: Up to 9 units per calendar year, spraying the member's home for bugs or mice
- Minor Home Modifications: Up to \$6,000 per project; \$10,000 per calendar year; and \$20,000 per lifetime, certain changes to the member's home that will help them get around easier and safer in their home like grab bars or a wheelchair ramp

# TennCare Benefits

*The need for one-time CHOICES HCBS is not sufficient to meet medical necessity of care for HCBS. If a member's ongoing need for assistance with activities of daily living and/or instrumental activities of daily living can be met, as determined through the needs assessment and care planning processes, through the provision of assistance by family members and/or other caregivers, or through the receipt of services available to the member through community resources (e.g., Meals on Wheels) or other payer sources (e.g., Medicare), the member does not require HCBS in order to continue living safely in the home and community-based setting and to prevent or delay placement in a nursing facility.*

Some of the TennCare benefits include:

- Home Health Services: Home health services for adults aged 21 and older are limited to 8 hours per day and 27 hours per week of nursing care, with a limit of 30 hours per week for enrollees who qualify for skilled nursing facility care. Home health aide and home health nursing services combined are limited to 8 hours per day and 35 hours per week, with a limit of 40 hours per week for enrollees who qualify for skilled nursing facility care.
- Occupational Therapy
- Physical Therapy Services
- Pharmacy Services
- Non-Emergency Transportation



What does TennCare Need for a  
Safety Determination Review?



# Documentation Requirements



## **Completed Safety Determination Form/E-Form**

- At a minimum one justification must be selected for review
- Supporting documentation may consist of, but is not limited to, narrative descriptions or explanations from submitter, caregivers, or family members; hospital notes, therapy notes, MD visits, ADL flow sheets, encounter notes from nurses, therapists, or physicians; and any other documents which would demonstrate the safety concern(s) for the applicant.
- The safety request is built into the safety accordion in PERLSS and the Safety Determination Request Form is no longer required to be uploaded within PERLSS.



## **Comprehensive Needs Assessment**

- Assessment of the applicants physical, behavioral and psychosocial needs
- 6 month history of care, services and living arrangements
- Explanation of recent events which may have triggered a safety concern



## **Safety Explanation**



**Any other documentation that may show why the person's needs can't be met if enrolled in Group 3, even with all Group 3 and TennCare benefits**

# Safety Determination Request E- Form (IN PERLSS)

- The safety request is an electronic form that must be completed when requesting a safety justification on PAE submission. The supporting documentation is uploaded to the electronic record.
- When requesting a Safety Determination, at least ONE justification must be selected and the supporting documentation for this justification has to be submitted. There may be more than one option chosen, but a minimum of one (1) justification is required.
- The qualified assessor will be able to select justifications for the safety request and provide descriptions of why that justification was selected.
- The assessor does not have to complete the sections that were not checked.

# Safety Determination Justifications

- When submitting a safety determination request with your PAE, be sure to utilize the Safety Determination Request electronic form in PERLSS.
  - When submitting safety determination request in the PASRR system, please utilize the paper form.  
(the paper form of the Safety Determination Request Form is optional in PERLSS)
- In addition, be sure to attach accompanying medical documentation for each safety justification chosen.

# Safety Determination Justifications

One of the following justifications **MUST** be selected on the Safety Determination Form along with documentation to support the justification when submitting a safety determination request. Please enter in Comments as necessary per each justification:

1. The applicant has an approved **total acuity score of at least five (5) but no more than eight (8)** and safety concerns impacting the applicant's ability to be safely served in CHOICES Group 3 exist

2. The applicant has an individual acuity score of at least 3 for the mobility or transfer measures **and** the absence of frequent intermittent assistance for mobility or transfer needs would result in imminent and serious risk to the applicant's health and safety.

Describe how often mobility and/or transfer assistance is needed by the member and the availability of paid and unpaid caregivers to provide such assistance, including any recent changes in the applicant's needs and/or availability of caregivers to meet such needs.

3. The applicant has an individual acuity score of at least 2 for the toileting measure, **and** the absence of frequent intermittent assistance for toileting needs would result in imminent and serious risk to the applicant's health and safety

Describe how often toileting assistance is needed by the member and the availability of paid and unpaid caregivers to provide such assistance, including any recent changes in the applicant's needs and/or availability of caregivers to meet such needs

# Safety Determination Justifications

4. The applicant has an individual acuity score of at least 3 for the Orientation measure **and** the absence of frequent intermittent or continuous intervention and supervision would result in imminent and serious risk of harm to the applicant and/or others.

Provide a detailed description of how orientation deficits impact the applicant's safety, including information or examples that would support and describe the imminence and seriousness of risk.

**\*\*Example:** An individual who can no longer ambulate independently attempts to get up out of bed every morning without assistance, this individual is not oriented to event/situation and this disorientation could result in serious risk or harm.

5. The applicant has an individual acuity score of at least 2 for the Behavior measure **and** the absence of intervention and supervision for behaviors at the frequency specified in the PAE would result in imminent and serious risk of harm to the Applicant and/or others. Provide a detailed description of the specific behavior(s), the frequency of each behavior, and information and/ or examples which support and describe the imminence and seriousness of risk resulting from the behavior(s).

**\*\* Example:** If a person whose behaviors have led him or her to go outside with minimal clothing in the wintertime or to walk into the middle of a busy street, this could result in serious risk or harm.

6. The **applicant** has experienced a significant change in physical or behavioral health or functional needs.

# Safety Determination Justifications

7. Applicant's **primary caregiver** has experienced a significant change in physical or behavioral health or functional needs which impacts the availability of needed assistance for the applicant.
8. Applicant has a pattern of recent falls resulting in injury or with significant potential for injury or a recent fall under circumstances indicating a significant potential risk for further falls.
9. The Applicant has an established **pattern of recent emergent hospital admissions** or emergency department utilization for emergent conditions or a recent hospital or NF admission or episode of treatment in a hospital emergency department under circumstances sufficient to indicate that the person may not be capable of being safely maintained in the community (not every hospital or NF admission or ER episode will be sufficient to indicate such).
10. The applicant's behaviors or a pattern of self-neglect has created a risk to personal health, safety and/or welfare requiring involvement by law enforcement or Adult Protective Services.

# Safety Determination Justifications

10. The applicant has recently been **discharged from a community-based residential alternative setting** (or such discharge is pending) because the Applicant's needs can no longer be safely met in that setting.
11. The applicant has **diagnosed complex acute or chronic medical conditions** which require frequent, ongoing skilled and/or rehabilitative interventions and treatment by licensed professional staff.
12. The applicant requires post-acute inpatient treatment for a specified period of time to allow for stabilization, rehabilitation or intensive teaching in order to facilitate a safe transition into the community.

# Safety Determination Justifications

14. The applicant's MCO has determined, upon enrollment into Group 3 based on a PAE submitted by another entity, that the applicant's needs cannot be safely met within the array of services and supports available if enrolled in Group 3.

15. None of the criteria above have been met, but other safety concerns which impact the applicant being safely served in CHOICES Group 3 exist. Provide a detailed description of the safety concern and include sufficient evidence showing that the necessary intervention and supervision needed by the applicant cannot be safely provided within the array of services and supports that would be available if the applicant was enrolled in Choices Group 3.

16. The applicant is a current CHOICES Group 1 or 2 member or PACE member enrolled on or after 7/1/2012 and has been determined upon review to no longer meet NF LOC requirements based on a total acuity score of 9 or above, but because of specific safety concerns, still requires the level of care currently being provided. Safety justification and associated documentation must be represented in at least one of the areas listed above.



# Comprehensive Needs Assessment

- An assessment of the applicant's physical, behavioral, and psychosocial needs not reflected in the PAE; the specific tasks and functions for which assistance is needed by the applicant; the frequency with which such tasks must be performed; and the applicant's need for safety monitoring and supervision;
- The Applicant's living arrangements and the services and supports the Applicant has received during the six (6) months prior to submission of the Safety Determination request, including unpaid care provided by family members and other caregivers, paid services and supports the Applicant has been receiving regardless of payer (e.g., non-CHOICES HCBS available through TennCare such as home health and services available through Medicare, private insurance or other funding sources); and any anticipated change in the availability of such care or services from the current caregiver or payer; and
- A detailed explanation regarding any recent significant event(s) or circumstances that have impacted the Applicant's need for services and supports, including how such event(s) or circumstances impact the Applicant's ability to be safely supported within the array of covered services and supports that would be available if the Applicant were enrolled in CHOICES Group 3

# Plan of Care

- A person-centered plan of care developed by the MCO Care Coordinator, NF, or PACE Organization (i.e., the entity submitting the Safety Determination request).

Specifies the following:

- The tasks and functions for which assistance is needed by the Applicant,
- The frequency with which such tasks must be performed,
- The applicant's need for safety monitoring and supervision;
- The amount (e.g., minutes, hours, etc.) of paid assistance that would be necessary to provide such assistance; and that would be provided by such entity upon approval of the Safety Determination.

In the case of a Safety Determination request submitted by an MCO for a NF resident, the plan of care shall be developed in collaboration with the NF, as appropriate. To the extent that all of the required information is not specified in a NF Plan of Care, the NF should still attach the Plan of Care, along with additional documentation regarding tasks and functions, frequency, etc., that will help to describe why the person's needs cannot be safely met in CHOICES Group 3, and why the higher level of care is appropriate.

*\*A plan of care is not required for a Safety Determination submitted by the AAAD*

# Safety Explanation

- A detailed explanation regarding why the array of covered services and supports, including CHOICES HCBS up to the Expenditure **Cap of \$18,000** and non- CHOICES HCBS (e.g., home health), services available through Medicare, private insurance or other funding sources.
- This includes unpaid supports provided by family members and other caregivers that would not be sufficient to safely meet the applicant's needs in the community.

\*Please Note: The Expenditure Cap Effective March 2024 is \$19,764.

# Safety Submissions

- Please keep in mind, **TennCare rule 1200-13-01-.05(6)(f)4** states *The lack of availability of suitable community housing, the need for assistance with routine medication management, discharge from another service system (e.g., state custody or a mental health institute), or release from incarceration shall **not be sufficient** by itself to justify approval of a Safety Determination request.*

# Recap: What Documentation is Needed?

- Comprehensive Needs Assessment
- Plan of Care
  - Not required to be submitted by the AAAD
- Safety Explanation
- Any other documentation that may show why the person's needs can't be met if enrolled in Group 3, even with all Group 3 and TennCare benefits.

# Recap: Safety Justifications

- The documentation must support each justification that you select.
- Paint the picture of why a person cannot be safely supported, with all of the services and supports offered in Group 3.

A healthcare professional, a woman with dark hair tied back wearing blue scrubs, is leaning over a dining table. She is smiling and looking at an elderly woman with short grey hair who is seated and looking towards her. An elderly man with white hair is seated next to the woman, looking down at the table. On the table are white mugs, a glass of orange juice, and plates with food. A framed picture of flowers is on the wall in the background.

## **Skilled Services & Enhanced Respiratory Care (ERC)**



# Skilled Services The Process

**What happens if...**

**An applicant requires one or more specified skilled nursing or rehabilitative services?**

1. The submitter should complete the Skilled Services accordion/tab in PERLSS and attach documentation required.
1. For nursing facility requests information is used to determine medical **eligibility** for Skilled Services and/or **reimbursement** for Enhanced Respiratory Care.
1. For HCBS requests this information is used to determine the person's individual cost neutrality cap.



# Skilled Services

- Ventilator (Does not include vent weaning services)
- Nasopharyngeal suctioning
- Infrequent tracheal suctioning
- Total Parenteral Nutrition
- Complex wound care (e.g., infected wounds, dehisced wounds, 3 or more stage 3 and/or stage 4 wounds)
- Wound care for stage 3 or 4 decubitus
- Peritoneal Dialysis
- Tube feeding, enteral
- Intravenous fluid administration
- Injections, sliding scale

# Skilled Services

- Injections, other IV, IM
- Isolation precautions
- PCA pump
- Occupational therapy by OT or OT assistant
- Physical therapy by PT or PT assistant
- Teaching catheter/ ostomy care
- Teaching self injection

# Skilled Services/Enhanced Respiratory Care

Utilizing the answers that are provided on the PAE submission:

| SKILLED SERVICES                                                                                                                                                                                               | ASSOCIATED POINTS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Ventilator (does not include vent weaning services)                                                                                                                                                            | 5                 |
| Infrequent Tracheal Suctioning (Previously named: New Tracheostomy or Old Tracheostomy: Requiring Suctioning Through The Tracheostomy Multiple Times Per Day At Less Frequent Intervals, i.e. < every 4 hours) | 3                 |
| Total Parenteral Nutrition TPN                                                                                                                                                                                 | 3                 |
| Complex wound care (e.g., infected wounds, dehisced wounds, 3 or more stages and/or stage 4 wounds, unstageable wounds and deep tissue injury (as defined by NPUAP-National Pressure Ulcer Advisory Panel)     | 3                 |
| Wound care for stage 3 or 4 decubitus                                                                                                                                                                          | 2                 |
| Peritoneal Dialysis                                                                                                                                                                                            | 2                 |
| Tube feeding, enteral                                                                                                                                                                                          | 2                 |
| Intravenous Fluid Administration                                                                                                                                                                               | 1                 |
| Injections, sliding scale insulin                                                                                                                                                                              | 1                 |
| Injections, other IV,IM                                                                                                                                                                                        | 1                 |
| Isolation Precautions                                                                                                                                                                                          | 1                 |
| PCA Pump                                                                                                                                                                                                       | 1                 |
| Occupational therapy by OT or OT assistant                                                                                                                                                                     | 1                 |
| Physical therapy by PT or PT assistant                                                                                                                                                                         | 1                 |
| Teaching catheter/ ostomy care                                                                                                                                                                                 | 0                 |
| Teaching self-injection                                                                                                                                                                                        | 0                 |
| ENHANCE RESPIRATORY CARE SERVICE                                                                                                                                                                               | ASSOCIATED POINTS |
| Chronic Ventilator                                                                                                                                                                                             | 5                 |
| Secretion Management Tracheal Suctioning                                                                                                                                                                       | 4                 |
| <b>Maximum Possible Skilled Services/Enhance Respiratory Care Acuity Score</b>                                                                                                                                 | <b>5</b>          |

Only the one approved skilled service with the highest point value is added to the ADL total.

# Rehabilitative Services

TennCare does not approve reimbursement for the rehabilitative services if they have any of the following diagnoses:

- Chronic conditions
- Exacerbations of chronic conditions
- Weakness after hospitalization
- Rehabilitative services for maintenance of functional status (e.g., routine range of motion exercises, etc.) are not considered skilled level services.

# Enhanced Respiratory Care

## Secretion Management Tracheal Suctioning

- The applicant must have a functioning tracheostomy, have a copious volume of secretions (defined as 25-30cc per day). Secretion Management (invasive tracheal suctioning) is one of 2 options the use of mechanical airway clearance devices and/or heated high flow molecular humidification via the trach at a minimum of 3 times per day.

# Enhanced Respiratory Care

## Chronic Ventilator reimbursement

- The applicant must be ventilator dependent at least 12 hours per day or the use of a NIPPV to delay tracheostomy for progressive neurological disorders.

# Enhanced Respiratory Care Timelines

## **Secretion Management Tracheal Suctioning:**

Initial approval timeframe is 30 days

## **Chronic Ventilator Reimbursement:**

- Initial approval timeframe varies dependent on diagnosis
- Physicians Orders

## **ERC Extension Request:**

Cannot submit an ERC Request more than 8-10 before the end date prior approval of the ERC.

# PAE Submissions and Skilled Services

- If a PAE is approved *without* the acuity points associated with a skilled service, the PAE does not end (only the skilled service ends).
- If acuity points from a skilled service allow for the PAE approval, the PAE will end with the end date of the approved skilled service.



# PAE Submissions and Skilled Services

- If the PAE has an end date and there is a need to continue the NF care or HCBS, the PAE submitter would submit a new PAE through PERLSS.
- Skilled Services may be requested on the PAE for purposes of calculating the acuity score for level of care determinations.

# Keep In Mind

- Be sure to include the appropriate documentation that supports the request for skilled services.
- **Example: Wound care records must indicate the length, width, and depth of the wound(s)**
- **Reminder:**
  - Wound care for stage 3 or 4 decubitus and Complex Wound Care are different

# Keep In Mind

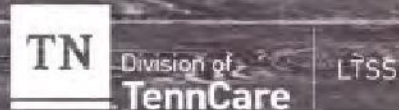
- Be sure to include the documentation service for ERC services (if requested).
- If ERC is approved originally by Maximus, in order to extend the ERC service, a PAE must be submitted via PERLSS.

# Reminder

Source of “Truth”

## **Rules of Tennessee Department of Finance and Administration Division of TennCare**

The rules can be found on the TennCare website



# Questions

A group of people are seated in a room with large windows, facing away from the camera towards a man standing at the front. Several people have their hands raised, indicating an interactive session or a Q&A period. The room is bright and modern, with large windows in the background.

TN

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**TennCare**



# PAE Questions?

## LTSS Help Desk

- 1-877-244-0219
- [LTC.Operations@tn.gov](mailto:LTC.Operations@tn.gov)



# Thank you



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