



STATE OF TENNESSEE

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310 Great Circle Road
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In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced some changes to their rules. CMS is the federal agency that must approve each of the Medicaid waiver programs that provide home and community based services (HCBS) to people with intellectual disabilities in Tennessee. CMS pays for about 2/3 of the cost of HCBS provided in these waiver programs. To keep getting these federal funds, we have to follow their rules.

The new rule is often called the HCBS settings rule. The changes in the new rule may impact some of the services you receive from the Department of Intellectual and Developmental Disabilities (DIDD).

The goal of the HCBS settings rule is to make sure that you have the opportunity to work and spend time with other people in your community who do *not* have disabilities. The new rules apply to *all* of the places where you live and spend your day if you get services there that are paid for by Medicaid. This includes residential and day services, such as facility-based day programs and sheltered workshops. In addition, these rules should help ensure that your rights are protected.

Do you currently receive facility-based or in-home day services? Do you work in a sheltered workshop? If so, your day services may look different in the coming months and years because of the HCBS settings rule and other federal laws we must follow.

If you're currently working in a sheltered workshop, we want to help you find a job in your community where you can earn the same wages as other people (who don't have disabilities).

If you currently spend your day in a facility (building) owned and operated by your provider, we have to make sure these services do not isolate you from people in the community where you live. The new rule says that your day services must be provided in settings that are NOT just for people with disabilities. In addition, your day services cannot be provided in a setting that only includes other people with disabilities and paid staff.

Beginning in late 2014, every HCBS provider of residential and day services was required to conduct a self-assessment of their current way of providing services. If, based on the assessment, a provider's services didn't meet the new federal rule, the provider had to develop a transition plan explaining the changes they would make to comply with the new rule, along with timeframes for getting it done. Providers had to reach out to people they support, families and advocates for input about the assessments and plans. If you want to know more about your provider's assessment or plan, ask them to share that information with you and your family.

All of the assessments and plans completed by providers were reviewed by DIDD and by TennCare. After reviewing the assessments and plans, TennCare and DIDD have decided that we need to look closer at certain services and settings. These include:

- Facility Based Day programs (including Sheltered Workshops);
- Residential Habilitation settings where more than 4 people live;
- Residential homes (for people receiving waiver services) that are located close together; and
- Intensive Behavioral Residential Services.

This is because, based on federal guidance from CMS, these settings may be more likely to isolate people with disabilities for one or more of these reasons:

- The setting is designed specifically for people with disabilities, and often for people with a certain kind of disability—in this case, intellectual disabilities.
- The people in the setting are mostly (or only) people with disabilities and on-site staff who support them.
- The setting is designed to provide people with disabilities multiple kinds of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.
- People in the setting have limited, if any, interaction with the broader community.

This doesn't mean that any of these services are ending or that facility-based day programs or sheltered workshops will have to close down. But it does mean that some of the settings where day services are provided must change in order to keep receiving federal Medicaid funds. If your day service does change, it will be done using a person-centered process where you decide the things you want to do during the day in your community, focusing on real jobs with real wages, and building meaningful relationships with other people.

We will be working with each of these providers and with people they support, their families, and advocates to make sure that every setting in which waiver services are provided complies with the federal rule. We will have to submit evidence to CMS to show that each of these settings complies with the new rule. CMS will make the final decision.

All states have until March 17, 2019 to make sure all of their HCBS meet the requirements in the settings rule. This doesn't mean we can wait until 2019 to begin making changes, however, CMS expects that states are moving to comply with the new rules as quickly as they can.

These changes may not be easy for large providers that have delivered most of their services in sheltered workshops or facility-based programs. But, DIDD and TennCare will work with providers and with the people they support to help them meet the new rules. If a provider isn't able to meet the HCBS settings rule, we will help you choose a new provider whose services do meet the new requirements.

Some providers of day services, including providers in Tennessee, started making these changes years ago. Some states don't have sheltered workshops anymore. And some day services providers in Tennessee now provide all of their employment and other day services in the community. While change isn't easy, we believe it will lead to more opportunities and a better quality of life for you, while allowing us to keep getting federal funds that we need to provide these services.

We have included a page of frequently asked questions with this letter about how the changes may impact you and your services. We have also scheduled some conference calls/webinars to walk through this letter and answer your questions. These will be:

Wednesday, February 17, 10 a.m. – 12 p.m. CST

Wednesday, February 24, 10 a.m. – 12 p.m. CST

Thursday, February 25, 4:30p.m. - 6:30 p.m. CST

Friday, February 26, 1:30 p.m. - 3:30 p.m. CST

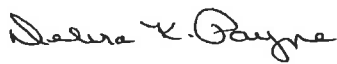
The call in number is toll free, 877-820-7831.

We also have a webinar available for anyone who may want to log in and view the presentation. It is not required that you log in to the webinar. You may call in only.

If you do want to log in to the webinar, the log in is:
<http://stateoftennessee.adobeconnect.com/r2bpadde4sa/>

We hope this information is helpful to you and that you will join one of these informational sessions if you have additional questions.

Sincerely,



Debra K. Payne
Commissioner, Tennessee Department of Intellectual and Developmental Disabilities



Patti Killingsworth
Assistant Commissioner, Chief of Long Term Services and Supports
Bureau of TennCare