

# Employment and Community First CHOICES Member Handbook Pages

## What is Employment and Community First CHOICES?

Employment and Community First CHOICES is a new TennCare program for individuals with intellectual and other developmental disabilities. This program is designed to provide the support you need in your own home or in the community. These are called **Home and Community Based Services** or **HCBS**.

Services in Employment and Community First CHOICES will help you plan for and get a job, and live as independently as possible in the community. They will help you do things in the community that you want to do—to help you build relationships and reach your goals. If you live at home with your family, they will also help your family support you in planning for and reaching your goals.

<MCO> is your TennCare health plan. We're sometimes called your **Managed Care Organization** or **MCO**. We will help you get the services you need in Employment and Community First CHOICES. We will also help you with your physical or behavioral health care (mental health, alcohol and drug abuse services).

## Your Support Coordinator

In Employment and Community First CHOICES, you will have a Support Coordinator. You should know who your Support Coordinator is and how to contact them. They will help you get the health, mental health and support services you need most to live in the community and help you reach your goals.

**Not sure who your Support Coordinator is or how to contact them?** You can call us at <MCO\_phone>.

If you want to pick a new Support Coordinator, call us at <MCO\_phone>. This doesn't mean you can pick whoever you want to be your Support Coordinator. <MCO NAME> must meet the needs of everyone in the program and assign staff in a way that allows us to do that. If you call, tell us why you want to change Support Coordinators. If we can't give you a new Support Coordinator, we'll tell you why. And, we'll address any problems or concerns you have with your Support Coordinator.

There may be times when <MCO NAME> will have to change your Support Coordinator. This may happen if your Support Coordinator is no longer with <MCO NAME>, is off work for awhile, or has too many members to give them the attention they need. If this happens, <MCO NAME> will send you a letter that says who your new Support Coordinator will be and how to contact them.

You can contact your Support Coordinator anytime you have a question or concern about your services and supports. You do not need to wait until they visit or call you. You should contact your Support Coordinator anytime you have a change in your health condition or other things that may affect the kind or amount of support you need. What if you need help after regular business hours that won't wait until the next day? You can call <MCO NAME> at <MCO\_phone>.

## Member Advocate for Employment and Community First CHOICES

In addition to your Support Coordinator, there is another person at <MCO NAME> to help you. This person is the Member Advocate for Employment and Community First CHOICES. Your Member Advocate is available to:

- Provide information and answer questions about Employment and Community First CHOICES.
- Help solve problems with your services and supports.
- Help you file a complaint, ask to change Support Coordinators or get the services and supports you need.
- Help you talk to the right <MCO NAME> staff.

To reach the <MCO NAME> Member Advocate for Employment and Community First CHOICES, call <MCO NAME> at <MCO\_phone>. Ask to speak with the Member Advocate for Employment and Community First CHOICES.

## Your Person-Centered Support Plan

In Employment and Community First CHOICES, you must have a **Person-Centered Support Plan (PCSP)** or “support plan” for short). This is your plan that helps guide the services and supports you will receive. Your support plan tells the people who will support you:

- **what is important to you**—the things that really matter to you
- **what is important for you**—the supports you need to stay healthy and safe, and achieve your goals, and
- **how to support you** to have those things in your life.

Your support plan must include:

- your strengths and needs
- the goals you want to reach
- the services and supports (paid and unpaid) you will receive to help you meet your goals
- how often you will receive those service and supports
- who will provide them, and
- the settings (or places) they will be provided.

Your Support Coordinator helps develop your support plan.

Your Support Coordinator will help you to:

- identify the services and supports you need
- explore employment options and ways to be part of your community and build relationships
- decide what services and supports you will need to meet your needs and reach your goals
- develop and access other services and unpaid supports to help too
- understand all of the services, providers and settings you can choose from
- choose the services you will receive, your provider for each service, and settings (places) where you will receive those services
- write your support plan based on your choices, preferences, and support needs, and
- make sure you get the services in your support plan.

Your support plan is very important. Employment and Community First CHOICES can only pay for covered services that are part of an approved support plan.

How your support plan is developed is also very important. Your support plan should be developed in a way that makes sure:

- You get to lead the planning process.
- You receive the help you need to lead the planning process.
- You get to make choices and to have the information you need to make those choices.
- You have help from family, friends, advocates or anyone else you choose.
- You get to speak for yourself.
- You can have someone to speak for you and choose that person.
- You have and use an interpreter if the language you speak or understand is not English.

Your support plan should also be developed in a way that makes sure:

- You get to talk with your Support Coordinator *before* the planning meeting if you want to.
- You get to pick who to invite to the meeting (and decide if you don't want someone there).
- The planning meeting is set at times and places that work best for you.
- You get to help choose service providers before services begin, and at any time during the year if you want to change providers. <MCO> will try to give you the providers you want. (The provider must be contracted with your MCO and willing and able to provide your services.)
- You can choose to direct (or stop directing) some or all of the services that are part of Consumer Direction at any time.
- You sign your support plan.
- And, everyone who will provide services and supports (paid and unpaid) signs your support plan saying they are committed to implement your plan as written.

Your support plan is usually in effect for a year. But you can ask to change your support plan anytime during the year if your needs change or your situation changes.

## What services are covered in Employment and Community First CHOICES?

The services you can receive in Employment and Community First CHOICES depend on which benefit group you're in. There are **three benefit groups**:

1. **Essential Family Supports** or “Family Support services” for short. (This is sometimes called “CHOICES Group 4.”) Family Support services are **only** for people who live at home with their family. They will help you plan for and get a job, and live as independently as possible in the community. They will help you do things in the community that you want to do—to help you build relationships and reach your goals. They will also help your family support you in planning for and reaching your goals.

The total cost of Family Support services you get can't be more than \$15,000 each year. This is your yearly limit or “cost cap.” It starts on January 1<sup>st</sup> each year and ends on December 31<sup>st</sup> each year. Only in Essential Family Supports, your cost cap does not include the cost of any Minor Home Modifications. We also won't count the cost of Family-to-Family Support. To find out more about these and other services, read the chart at the end of these handbook pages.

2. **Essential Supports for Employment and Independent Living** or “Essential Support services” for short. (This is sometimes called “CHOICES Group 5.”) These services are **only** for adults age 21 and older. They will help you get or keep a job and live as independently as possible in the community. They will help you do things in the community that you want to do—to help you build relationships and reach your goals.

The total cost of Essential Support services you get can't be more than \$30,000 each year. This is your yearly limit or “cost cap.” It starts on January 1<sup>st</sup> each year and ends on December 31<sup>st</sup> each year. What if you have an emergency and need more services to stay in the community? You may be able to get more Essential Support services for that year. But they can't cost more than \$6,000.

No one can get more than \$36,000 of Essential Support services per calendar year.

3. **Comprehensive Supports for Employment and Community Living** “Comprehensive Support services” for short. (This is sometimes called “CHOICES Group 6.”) These services are **only** for adults age 21 and older who would qualify to get care in a nursing home. (But these services are provided **in the community**.) They will help you get or keep a job and live as independently as possible in the community. They will help you do things in the community that you want to do—to help you build relationships and reach your goals.

You will have a limit (or “cost cap”) on the total cost of Comprehensive Support services you can get each year. Your yearly cost cap is based on an assessment of your “level of need”. Your “level of need” tell us how much support you need. Everyone in the Comprehensive Support services group (CHOICES Group 6) will have an assessed “level of need.” The assessment is not done by TennCare or your health plan.

- If you're assessed to have a **low or moderate** level of need:  
You will have a cost cap of **\$45,000** each year.
- If you're assessed to have a **high** level of need:  
You will have a cost cap of **\$60,000** each year.
- **Only if you're assessed to have exceptional medical and/or behavioral needs:**  
you will have a higher cost cap. The amount is based on the average yearly cost of care in an institution you would qualify to receive.
  - If you have an **intellectual disability**: Your cost cap is based on the average yearly cost of services in a private ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities).
  - If you have a **developmental disability**: Your cost cap is based on the average yearly cost of nursing home care **plus** the average cost of special services a person with a developmental disability would need in a nursing home.

These average yearly costs change every year.

This **doesn't** mean you will get services in an ICF/IID or nursing home. Employment and Community First CHOICES provides services **in the community**. These amounts are used to set the yearly limit on the total cost of support services you can receive in the community—your cost cap (but **only** when you have exceptional medical or behavioral needs).

**If** your cost cap is based on the cost of care in an ICF/IID or nursing home, any home health or private duty nursing TennCare pays for **will** also **count** against your cap. This is the only time other TennCare services count against your cost cap. **Except** for home health and private duty nursing for people with exceptional medical or behavioral needs, other TennCare services don't count against your cost cap.

TennCare will get your assessment and tell you how much your cost cap will be. If you have questions, ask your Support Coordinator.

For the first year that you're in Employment and Community First CHOICES, your cost cap will be "pro-rated." This means your yearly cost cap will be divided by the 365 days in a year and then multiplied by the number of days you will actually be in the program that year.

No matter how much your cost cap is, it **doesn't** mean that you will get services up to the cost cap amount. Employment and Community First CHOICES will only pay for services you must have to meet your needs at home or in your community. This includes services you need to work, live as independently as possible, be part of your community, and reach your goals. We'll help you use or develop "natural supports" when you can. These are people who can help provide the support you need without being paid—like family, friends and co-workers. Using natural supports can help you build relationships and be part of your community.

Services you get in Employment and Community First CHOICES will not take the place of support you get from family and friends or services you already receive. If you get help from community programs, services paid for by Medicare or other insurance, or have a family member that helps support you, we don't want to replace those with paid services through Employment and Community First CHOICES. Instead, your services in Employment and Community First CHOICES will work together with the support you already get to help you meet your employment and community living goals. We want to provide services as cost-effectively as possible. This will allow more people who need support to get help. This is how the program was designed based on input from people who need services and their families.

**What if your needs change and you need more support?** Tell your Support Coordinator. Your Support Coordinator will help you take a look at your support plan. You may get different services based on how your needs have changed.

What if you need services that cost more than your yearly limit or think you should qualify for a higher cost cap? You can ask for a new assessment. If the assessment shows that your needs have changed, your cost cap could change too. But you won't be able to get services that cost more than your assessment says you need.

## **Requesting a TennCare Review**

If you're in any Employment and Community First CHOICES group, you can ask TennCare to review your needs assessment or support plan if you think you're not getting the services you need. TennCare will review the assessment or support plan and the information gathered by your Support Coordinator. If TennCare thinks you're right, they'll work with <MCO NAME> to fix the problem. If TennCare thinks you are getting the services you need, they'll send you a letter that says why. To request an objective review of your needs assessment or support plan, you can mail a written request to:

TennCare Division of Long Term Services and Supports  
c/o Employment and Community First CHOICES Review  
310 Great Circle Road  
Nashville, TN 37243

**Keep a copy** of your request. Write down the date that you sent it to TennCare.

Or, **fax** your request to **(615)-532-9140**. **Keep the page** that shows your fax went through.

**You also have the right to file an appeal.** Here are some of your appeal rights:

- You can appeal if you think an assessment doesn't really match your needs and you think you should get more and/or different services.
- You can appeal if you don't agree with the services in your support plan.

- You can appeal if a covered service that you want and need isn't in your support plan.
- You can appeal if your request to have your support plan changed is denied, or your support plan is not changed enough to meet your needs.
- And, you can appeal if a service is in your approved support plan, but you don't receive it, or there is a delay in getting it.

If you file an appeal, it doesn't mean that you will get the services you want. But, TennCare will take another look at what you're asking for. If TennCare agrees that the service is covered **and** that you need it, you will get the service.

What if TennCare decides the service isn't covered or that you don't need it? You may get a fair hearing. To get a fair hearing, the service(s) you want must be covered in the Employment and Community First benefit group you're in. That includes any limits on the service(s) and on the total cost of services you can receive—your yearly cost cap.

TennCare can only pay for services that are covered in the Employment and Community First benefit group you're in. If a service isn't covered, or if you want more of a service than is covered, TennCare can't pay for it.

If you file an appeal to keep a service you've been getting, you *may* be able to keep it during the appeal. To keep getting a service during your appeal, it must be a covered benefit. And, you must have an approved support plan. TennCare can only pay for services that are part of an approved support plan.

You can't get a service during your appeal:

- If the service isn't covered.
- You don't have an approved support plan that includes the service.
- Or, you want to start getting a new service.

### **There are 3 ways to file an appeal.**

- 1. Mail.** You can mail an appeal page or a letter about your problem to:

**TennCare Solutions  
P.O. Box 000593  
Nashville, TN 37202-0593**

You can get an appeal page from our website. Go to **tn.gov/tenncare**. Click "For Members/Applicants" then click on "How to file a medical appeal". Or, to have TennCare mail you an appeal page, call them for free at **1-800-878-3192**.

- 2. Fax.** You can fax your appeal page or letter for free to **1-888-345-5575**.

**Call.** You can call TennCare Solutions for free at **1-800-878-3192**.

Unless you have an emergency, please call during business hours. Business hours are Monday through Friday from 8:00 a.m. until 4:30 p.m. Central Time. If you have an emergency, you can call anytime.



## Services in Employment and Community First CHOICES

The kinds of support services covered in Employment and Community First CHOICES are listed in a chart at the end of these handbook pages. Some of these services have limits. This means that TennCare will only pay for a certain amount of these services. The chart tells you how each service can help you, what benefit groups cover it, and the limits on that service. If you have questions about a service, ask your Support Coordinator.

### Employment Supports

There are many different kinds of services to help you get and keep a job. They will help you:

- Decide if you want to work and the kinds of jobs you might like and be really good at.
- Try out certain jobs to see what they're like and what you need to do to get ready for those jobs.
- Write a plan to get a job (or start your own business) and carry out that plan.
- Have a job coach to support you when you start your job until you can do the job by yourself or with help from co-workers.
- Get a better job, earning more money.
- Understand how the money you earn from working will impact other benefits you get, including Social Security and TennCare.

Employment services are available to individuals of working age in all three benefit groups. In Tennessee, the working age starts at 16.

The goal in this program is “individual, integrated, competitive employment.” Here is what that means.

“Individual” means that you are employed by yourself and not as part of a small group of people with disabilities. This doesn't mean you can't work with other people or be part of a team on your job. You could also be “self-employed.” This means you have a business and work for yourself.

“Integrated” means your work (or your business if you're self-employed) is in the community. You work with (or provide services to) people who don't have disabilities.

“Competitive” means the wage you earn for your work (or from your business, after expenses) is *at least* the minimum wage. And it should be the same wage that is paid to people who don't have disabilities that do the same work.

For some people, a job may be “customized.” This means that your employment provider helps find or develop a job that's just for you. They match the kinds of things you like and are good at with the needs of an employer. There will be a special agreement between you and your employer to make sure both of your needs are met. The employer may agree to change things about the job to make it work for you. You may only do parts of a job, share parts of the job with someone else, or do things that no one else does. The agreement may also cover things like:



- Where you work
- The hours you work
- The supports you need
- How much you're paid

If you have greater support needs, “customized employment” may help find a job that’s right for you.

**What if you don’t think you want to work?** Before you make up your mind, we want to help you explore the kinds of jobs you might like and be good at. We want to help you understand the benefits of work and answer any questions you have. This is called **Employment Informed Choice**. It means you have the facts you need to make a good decision about working.

There are 2 services you can get to help you make an informed choice about employment:

- **Exploration** – Helps you decide if you want to work and the kinds of jobs you might like and be really good at by visiting job sites that match your skills and interests. Also helps you (and your family) understand the benefits of working and helps answer your questions about work.
- **Peer-to-Peer Self-Direction, Employment and Community Support and Navigation** – Guidance and support from another person with disabilities who has experience and training to help you and answer your questions. Includes support to help you:
  - Direct your support plan.
  - Direct your services (hire and supervise your own staff in Consumer Direction).
  - **Think about and try employment** or community living options.

**Are you between the ages of 16 and 62?** You must complete the Employment Informed Choice process **before** you can get certain other kinds of Independent Community Living Supports. These include:

- **Community Integration Support Services** – Helps you do things in the community that you want to do. Take a class, join a club, volunteer, get or stay healthy, do something fun, build relationships, and reach your goals.
- **Independent Living Skills Training** – Helps you learn new things so you can live more independently. These skills can help you take care of yourself, your home, or your money.

To complete the Employment Informed Choice process, you must receive *at least* the Exploration service. You can also *choose* to receive the Peer-to-Peer Support service.

**What if you get *at least* the Exploration service and still don’t want to work right now?**

Then you must sign a page that says you’ve gotten all of the facts and still don’t want to work. Then, if you need Community Integration Support Services or Independent Living Skills Training, you can get them. But they will be limited to no more than 20 hours a week **combined**. You can only get these services if you **don’t** get residential services like Community Living Supports (including Family Model). If you get Community Living Supports, help to do these things are part of the residential service you receive.

## Consumer Direction

Consumer Direction is a way of getting some of the kinds of supports you need in Employment and Community First CHOICES. Consumer Direction gives you more choice and control over WHO gives your support and HOW your support is given.

In Consumer Direction, you actually employ the people who give some of your support services—they work for you (instead of a provider). This means that you must do the things an employer would do – like hire, train, schedule, supervise, and even fire workers. You also have to be able to manage the services you need within your approved budget for each service.

**What if you can't do some or all of these things?** Then you can choose a family member, friend, or someone close to you to do these things for you. It's called a "Representative for Consumer Direction." If you decide to join Consumer Direction and need a Representative, your Support Coordinator will tell you who qualifies to be a Representative. The person you pick can't be paid to give any of your support services in Consumer Direction. It's important that you pick someone who knows you very well that you can depend on.

The services you can Consumer Direct are:

- **Personal Assistance**
- **Supportive Home Care**
- **Respite**
- **Community Transportation**

To get these services in Consumer Direction, they must be in your support plan. The kind and amount of services you'll get depends on what you need to support you and help you reach your goals.

You will have a budget for each service you choose to receive through Consumer Direction. The budget will be based on how much of that service your support plan says you need.

Most services will have a monthly budget. This includes Personal Assistance or Supportive Home Care. You will schedule your workers to give you the supports you need. You can only pay workers up to the amount of your monthly budget for that service. Be sure you don't ask them to (or let them) provide more. If you use all of your monthly budget for a service in the first part of the month, you can't get more services approved for the rest of the month. If you can't manage your services within your monthly budget, you may not be able to stay in Consumer Direction.

Community Transportation also has a monthly budget. You can decide how to use your monthly transportation budget to pay for the help you need to go where you want to go.

If you get respite through consumer direction, it will have a yearly budget (January 1st through December 31st of each year). You can pay workers to provide up to a total of 216 hours **or** 30 days each year (you have to pick **one**).

## Can you pay a family member or friend to provide support in Consumer Direction?

Yes. The workers you hire can be people you know, including family members or friends. But TennCare won't pay family members or others to provide support they would have given for free. TennCare only pays for support to meet needs that **can't** be met by family members or others who help you. AND, you **can't** pay anyone who lives in the home with you to provide Personal Assistance, Supportive Home Care, or Respite.

You can decide if you want to join Consumer Direction or use providers contracted with <MCO Name> to give your services. You can change your mind any time.

If you enroll in ECF CHOICES and decide **not** to join Consumer Direction, you will get the services you need from providers contracted with <MCO Name>.

## Paying for your services in Employment and Community First CHOICES

You may have to pay part of the cost of the services you get in Employment and Community First CHOICES. It's called "**patient liability.**" The amount you pay depends on your income. You will only have patient liability if you had to set up a **Qualifying Income Trust (QIT)** to qualify for Medicaid. Sometimes a QIT is called a Miller trust. If you owe patient liability, you **must** pay your patient liability in Employment and Community First CHOICES.

You'll pay your patient liability to your health plan, unless you get Community Living Supports. Your health plan will tell you how much you owe and how to pay.

## What if you DON'T pay the patient liability you owe? 4 things could happen:

1. Your providers could decide not to give you services in Employment and Community First CHOICES anymore.
2. And if you won't pay your patient liability, <MCO\_NAME> could decide not to provide your services in Employment and Community First CHOICES anymore. They can't meet your needs if they can't find any providers willing to give you services. They must send you a letter that says why they can't provide these services anymore. If you think they're wrong, you can appeal. Their letter will say how to appeal.
3. And if you won't pay your patient liability, other TennCare health plans may not be willing to provide your services in Employment and Community First CHOICES. If that happens, you may not be able to stay in Employment and Community First CHOICES. If you can't stay in Employment and Community First CHOICES, TennCare will send you a letter that says why. If you think we're wrong, you can appeal. That letter will say how to appeal.
4. And if you can't stay in Employment and Community First CHOICES, you may

not qualify for TennCare anymore. If the only way you qualify for TennCare is because you get services in Employment and Community First CHOICES, you could lose your TennCare too. Before your TennCare ends, you will get a letter that says how to appeal if you think we're wrong.

**Do you have medical bills for care you got before your TennCare started?** This includes care in a nursing home, or Medicare co-pays or deductibles.

**Or, do you have medical bills for care you got after TennCare started that TennCare doesn't cover?** This includes eye glasses, hearing aids, and dental care for adults.

We may be able to subtract those bills from the patient liability you owe each month. This means your patient liability will be less. (It can even be zero.) We'll keep subtracting those bills until the total cost of your medical bills has been subtracted.

The bills must be for care you got in the 3 months before the month you applied to TennCare. For example, if you apply for TennCare in April, the bills must be for January, February and March.

These can be bills you've already paid. Or they can be bills you haven't paid yet. But you must be expected to pay them. (You don't have other insurance to pay for them.) What if a family member or someone else paid these bills? Send them only if they expect you to pay them back.

If you have medical bills like this, send them to TennCare. There are 2 ways to get them to us.

By mail: Tennessee Health Connection  
P.O. Box 305240  
Nashville, TN 37230-5240

By fax: 1-855-315-0669

On each page you send, be sure to write "for patient liability" and include your name and social security number.

**Do you have Medicare or other insurance** that helps pay for long-term care? If you do, that insurance must pay **first**. TennCare can't pay for care that's covered by Medicare or other insurance.

Do you have long-term care insurance that pays **you**? Then you must pay the amount you get to help cover the cost of your services in Employment and Community First CHOICES. This **won't** lower the amount of any patient liability you owe. You must pay any long-term care insurance you get **and** any patient liability you owe.

## **Paying TennCare back for the services you get in Employment and Community First CHOICES: Estate Recovery**

### **What is Estate Recovery and what does it mean for you?**

Your “**estate**” is made up of the things you own that you leave behind when you die. It includes your money, your home, other property, or other things you own.

**Estate recovery** is using the value of things you leave behind when you die to pay TennCare back for care you received while you were living.

### **Why you have to pay TennCare back for your care**

TennCare services are paid for by the State and federal government. If TennCare pays for certain kinds of care, TennCare is required by federal law to try to get paid back for that care after your death.

### **Who has to pay TennCare back for their care**

TennCare **must** ask to be repaid for money it spent on your care if you are:

- Any age and got nursing home care if you weren’t expected to return home (this includes care in an intermediate care facility for individuals with intellectual disabilities or ICF/IID)
- Or age 55 and older and got care in a nursing home or ICF/IID, home care—called home and community based services or HCBS, home health or private duty nursing

### **What kinds of care must be paid back to TennCare**

TennCare **must** ask to be repaid for:

- Care in a nursing home or ICF/IID
- Home care or HCBS (as well as home health or private duty nursing)
- Hospital care and prescription drugs you got while you’re getting long-term services and supports.

TennCare can also ask to be paid back for the cost of **any other care** we paid for.

### **How much your estate will have to pay TennCare back for your care**

TennCare is a managed care program. This means that TennCare contracts with health plans to provide the services you need. This includes health and mental health services and some long-term services and supports (like care in a nursing home or some kinds of home care).

TennCare pays your health plan a monthly payment for care they are contracted to provide. The payment is based on the kinds of services you are expected to receive from your health plan. It takes into account things like your age, if you have a disability, and if you receive long-term services and supports. Part of that payment is for the kinds of care that must be paid back to TennCare.

The payment made to your health plan is the same each month, no matter what services you actually receive that month. The monthly payment to a health plan may exceed \$5,000 per month for people who receive long-term services and supports. It can also vary depending on which health plan you have and the part of the state you live in.

Federal rules say that the amount of money TennCare must be paid back for care you got from your health plan is the amount TennCare paid your health plan for those services. This may be different than the cost of services you actually received.

A few services are not part of managed care. They include care in an ICF/IID or home care for people with intellectual disabilities through an HCBS waiver program operated by the Department of Intellectual and Developmental Disabilities. But TennCare still has to be paid back for that care too.

TennCare can't ask for the money back until **after** your death. TennCare can't ask for more money back than we paid for your care. (This includes payments to your health plan and the actual cost of services that aren't part of managed care.) And TennCare can't ask your family to pay for your care out of their own pockets.

### **TennCare may not have to get the money back from your estate if:**

- You leave very little money or property when you die
- Your care did not cost much
- The things you left can't be used to pay people you owe through probate court.  
An example is life insurance money.

But these times do not happen by themselves. The person handling your things after you die **must get a "Release" from TennCare**. It says you don't owe TennCare money. If your things have to go through Probate court, the Release must be filed there.

### **Sometimes TennCare must let your money or property stay in the family longer.**

These times are if you leave your money or property to:

- Your surviving husband or wife
- Your child who is under age 21 when you die
- Or your child of any age who is blind or permanently and totally disabled.

TennCare won't try to get repaid until this family member dies or the child turns age 21. But the person who handles your things **must** file the TennCare Release in Probate Court.

### **Sometimes TennCare must let just your HOME stay in the family longer.**

This happens when one of these family members lives in the home when you die:

- Your surviving husband or wife
- Your child who is under age 21 when you die
- Your child of any age who is blind or permanently and totally disabled
- Your child who lived in the home and took care of you if this care kept you out of a nursing home or home care for 2 years

- Or your brother or sister who helped make the house payments if they lived there for a year before you got nursing home or home care.

By law, TennCare should not take the house until these family members die or the child turns 21. But the person who handles your things **must** file the TennCare Release in Probate Court.

### **TennCare may leave your money and property in the family because of undue hardship.**

But the State does not do this very often. The family must prove that losing the money or property in your estate will cause an undue hardship. For example, if your property is a family farm and the family's only income, then the person handling your things can ask the State not to take the property. The State may or may not agree.

### **How will your family find out if your estate owes money to TennCare?**

After you die, the law says that your estate must be used first to pay the debts you owe. What's left after your debts are paid is given to the people who should have it. This is called "probate."

Your debts include any amount you must pay TennCare for care you received while you were living. The probate court cannot close your estate until your lawyer or executor of your estate gets a Release from TennCare. A Release says your estate doesn't owe TennCare any money.

To get a Release, the person must complete a Request for Release Form and send it to TennCare. It must include all of the proof that's asked for.

TennCare will send a Release if:

- Your estate doesn't owe TennCare any money,
- OR, if you don't have to pay TennCare any money from your estate right now.

**What if you do have to pay TennCare money from your estate?** TennCare will file a claim against your estate. It will say the amount your estate must pay TennCare for care you received. That money must be paid by your estate **before** TennCare will provide a Release.

### **How to ask for a Release from TennCare**

**The person handling your things after you die may apply for a Release in one of three ways:**

1. Get the Release online at [www.tn.gov/tenncare/forms/releaseform.pdf](http://www.tn.gov/tenncare/forms/releaseform.pdf)
2. Get the Release from the Probate Court Clerk's office by asking for a "Request for Release from Estate Recovery".
3. Get the Release from TennCare by sending a letter or fax to:

Bureau of TennCare  
Estate Recovery Unit



310 Great Circle Road  
Nashville, TN 37243  
FAX: (615) 413-1941

All of the information asked for in the Release must be included. And they must provide any other information TennCare requests to decide if the Release will be given.

### **Do you have questions or need help with estate recovery?**

- You can **call** TennCare for free at 1-866-389-8444.
- OR, you can **fax** TennCare at (615) 413-1941.
- OR, you can **mail** TennCare at:

Bureau of TennCare  
Estate Recovery Unit  
310 Great Circle Road  
Nashville, TN 37243

### **Abuse, Neglect and Exploitation**

TennCare members in Employment and Community First CHOICES have the right to be free from abuse, neglect and exploitation. It's important that you understand **how to identify** and **how to report** abuse, neglect and exploitation

**Abuse** can be...

- Physical abuse;
- Sexual abuse; or
- Emotional or psychological abuse.

It includes injury, unreasonable confinement, intimidation, or punishment that results in physical harm, pain or mental anguish.

Abuse of all forms is a “knowing” or “willful” act.

**Neglect** is the failure to provide services and supports that are necessary to avoid physical harm, mental anguish or mental illness and that results in injury or probable risk of serious harm.

Neglect may or may not be intended.

**Exploitation** means that someone's money or belongings are intentionally taken, misplaced or misused. Even if they are only taken for a short time or the person gave their consent, it may still be exploitation.

**Exploitation** can include...

- Fraud or coercion;
- Forgery; or
- Unauthorized use of cash, bank accounts or credit cards.

If you think you're a victim of abuse, neglect or exploitation or that any other ECF CHOICES member is a victim of abuse, neglect or exploitation, please tell your Support Coordinator.

Support Coordinators and providers must report any suspected case of abuse, neglect or exploitation to the Department of Intellectual and Developmental Disabilities (DIDD).

**You, your family, people who support you or any private citizen may report suspected abuse, neglect or exploitation directly to the DIDD Investigations Unit 24 hours a day.**

The number to call depends on where you live. The toll free numbers for each region are:

East Tennessee     **1-800-579-0023**

Middle Tennessee   **1-888-633-1313**

West Tennessee     **1-888-632-4490**

You don't have to tell them who you are when you report. DIDD will work with law enforcement as needed, and with Adult Protective Services and Child Protective Services.

**We do not allow unfair treatment in TennCare.** No one is treated in a different way because of race, color birthplace, disability, religion, language, sex, age, or disability. Read more about your right to fair treatment in your TennCare Member Handbook. Do you think you've been treated unfairly? Do you have more questions? Do you need more help? You can make a **free call** to the **Tennessee Health Connection** at **1-855-259-0701**.

### Need help in another language?

You can call <MCO NAME> for language assistance at <MCO PHONE NUMBER> or the numbers below. Interpretation and translation services are free to TennCare members.

<b>Foreign Language Lines</b>	
call if you need help and need to speak with someone in one of these languages:	
العربية (Arabic)	<b>1-800-758-1638</b>
Bosanski (Bosnian)	<b>1-800-758-1638</b>
كوردی – بادینانی (Kurdish-Badinani)	<b>1-800-758-1638</b>
كوردی – سورانی (Kurdish-Sorani)	<b>1-800-758-1638</b>
Soomaali (Somali)	<b>1-800-758-1638</b>
Espanol (Spanish)	<b>1-800-758-1638</b>
Người Việt (Vietnamese)	<b>1-800-758-1638</b>

**Do you need help with this information?** Is it because you have a health, mental health, or learning problem or a disability? Or, do you need help in another language? If so, you have a right to get help, and we can help you. Call <MCO NAME> at <MCO PHONE NUMBER> for more information.

Do you have a **mental illness and need help with this information?** The TennCare Partners Advocacy Line can help you. Call them for free at **1-800-758-1638**.

If you have a hearing or speech problem you can call us on a TTY/TDD machine. Our **TTY/TDD** number is **1-800-855-2880**.

Hay una línea telefónica en español para los consumidores hispanos de TennCare. Llame a los servicios al cliente **1-800-690-1606** para más información.

**No permitimos el tratamiento injusto en TennCare.** Nadie recibe un trato diferente debido a su raza, color de la piel, lugar de nacimiento, idioma, sexo, edad, discapacidad o religión. ¿Cree que lo han tratado injustamente? ¿Tiene más preguntas? ¿Necesita más ayuda? Usted puede llamar gratis al Centro de Servicio para Asistencia Familiar al **1-866-311-4290**. En Nashville, llame al **743-2001**.