A FAMILY GUIDE TO MEDICAID WAIVER SERVICES

What is the Medicaid Waiver?

The Medicaid Waiver is a way states can use Medicaid dollars for services for people with mental retardation. It lets the state pay for services in the community, not an institution.

There are over 25 Medicaid Waiver Services

Everyone in the waiver must have a service called **Support Coordination**. The person and family choose the Support Coordination agency.

A Support Coordinator will help the person and family. They will plan, find and make sure the person gets the things needed to live in the community.

Other services are based on what each person needs. They are:

**Supported Living**: A home that the person owns, rents or leases. The person lives there and has control of the home. Staff help with things people need to do every day. These are things like bathing, dressing, and paying bills. It can also be going to places like the bank or grocery store. No more than three people can live together in supported living.

**Residential Habilitation**: A group home where a provider owns or leases the home. Staff help teach skills for daily living. These are skills such as bathing, dressing, and making their bed.

**Family Based Living**: A family home setting with a family other than relatives.

**Community Participation**: A day service with activities to help people be a part of their communities. These are activities like finding work or joining clubs. These activities must help people meet their goals in life.

**Supported Employment**: A service to help people find and keep a job.

**Day Habilitation**: A day service that helps people learn how to do both daily living and social skills.

**Respite**: 24-hour care for a short time for people living at home. This care helps the family take a break or take care of emergencies.

**Personal Assistance**: Someone to help a few hours a day. They can help with things like bathing, dressing, eating, shopping and other everyday activities. People can get this service who live alone or with family members.

**Transportation**: Public or private transportation to and from waiver services.

**Behavior Support**: Helps people learn new ways of showing how they feel. It can also help those around them learn new ways of responding. This service helps people who have behavior problems to live in their community.

**Family Education**: Helps families learn how to give special kinds of help to their family member.

**Specialized Equipment, Supplies, Assistive Technology**: Helps to buy special items that people need because of their disability. The waiver may cover these items when other insurance or programs do not cover them.

**Environmental Accessibility Adaptations**: Helps to pay for minor changes to a home. These are changes like adding a ramp or making doors wider for wheelchairs.

**PERS (Personal Emergency Response Systems)**: A way for people who live alone to call for help.

Other services are:

- **Nursing**
- **Physical Therapy**
- **Occupational Therapy**
- **Speech, Hearing and Language services**
- **(some) Dental services**
- **Nutrition services**
Who provides the services?

There are people and agencies approved by the state to provide these waiver services. The person and family may choose any approved provider who is willing to offer services.

The Support Coordinator can talk about the providers in your area. The person and family can change providers at any time with the Support Coordinator’s help.

A person and family may choose any Support Coordination agency. A person may not be able to choose the actual Support Coordinator. It depends on the number of people that Support Coordinator already has.

How do people get waiver services?

To get waiver services, a person must:

- live in Tennessee;
- not have more money than the amount allowed to get on Medicaid (The local DHS [Food Stamp] office will look at the money the person has and decide if they can get Medicaid);
- need the same care that a person would need if they were living in an institution (This is care at a state Developmental Center or a private institution);
- be able to get services and supports that will keep the person safe in the community.

What do families need to do to keep getting waiver services?

People getting services and their families must do certain things to be able to keep getting Medicaid Waiver services. These things are done to protect the person. They are done so people get good services and are safe in the community.

**Circle of Support**: Each person has a Circle of Support made up of family members and others who know the person well and can help in planning services and supports.

The services and supports a person needs to live in the community are listed in the Individual Support Plan. The people getting services and their family members are important members of the Circle. They help the Support Coordinator write the Individual Support Plan. This helps the person get the right services and supports.

**Home Visits**: Support Coordinators must make visits to a person’s home several times a year. The person, family, and Support Coordinator will choose the times for the visits. To keep getting waiver services, the home visits must be done.

**Physical exam**: Everyone in the waiver must have a physical exam every one to three years. The times for a physical depend on the person’s age and medical needs.

The physical must be done on time to keep getting waiver services. The Support Coordinator will tell when it is due each year. They will make sure the appointments are scheduled on time.

**Annual Reevaluation**: Each year everyone must have a form signed by a Qualified Mental Retardation Professional (QMRP). A QMRP might be a nurse, social worker or other person trained to work with people with mental retardation.

The form says that the person still needs services. If the person lives at home, the family must get this form signed. The Support Coordinator can give a copy of the form to the family. It must be signed on time every year to keep getting waiver services.

**Financial Information**: People must show that they do not have more money than allowed to get on Medicaid and to get waiver services.

Families will be asked to answer questions about the person’s income. They also will be asked to provide proof of the person’s income. This must be done every year for a person to keep getting waiver services.

The local DHS (Food Stamp) office will look at the amount of money the person has. They will decide if the person can get Medicaid. Their phone numbers are listed on the last page of this brochure.
A Family Guide to Medicaid Waiver Services

What if there is a problem?

If a person or the family is unhappy about services or the way someone has been treated, there are things that can be done. The Support Coordinator can help. If they cannot help, the person or family can file a complaint. A call can even be made if the person or family is unhappy with a state staff person.

A complaint can be filed at anytime at:
- the DMRS Regional Office,
- the DMRS Central Office, or
- at TennCare.

How do people make a complaint?

Each Regional Office has a phone number to take calls when there is a problem. There is a person there who is in charge of complaints. They will answer if called anytime Monday through Friday between 8 a.m. and 4:30 p.m. If the office is closed, a machine will answer. A message can be left. They will call back as soon as the office is open.

The numbers to call depend on what region the person lives in the state. There are 3 regions: West, Middle, and East. The phone calls are free. Here are the numbers:

- East Tennessee 1-888-310-4613
- Middle Tennessee 1-800-654-4839
- West Tennessee 1-800-308-2586

There are also people in these offices to take calls about problems. The phone calls are also free. Here are the numbers:

- DMRS Central Office 1-800-535-9725
- TennCare DLTC 1-877-224-0219

Staff will go over what is reported. If the call is about suspected abuse, neglect or mistreatment, an investigator will be called.

If a call does not have to do with services from DMRS, it will be given to staff who work for the state agency who can resolve that kind of problem.

All calls will be logged. A letter will be sent within 5 days to show that the complaint was received. The letter will tell about the information given. Families can call the person who sent the letter if the information is different than what was said on the phone.

Medicaid Waiver Appeals

If a person has a complaint about services through the MR Waiver, an MCO, BHO, or pharmacy, an appeal can be filed. This can be done if services are denied, delayed, changed in some way, or some event impacts their quality, timeliness, or availability. When this happens, the state will send a letter telling that they have the right to appeal. It will also tell how to appeal and how long the person has to do it.

If the person thinks services have changed but did not get a letter, an appeal can still be filed.

Please see the Notice of Hearing Rights for more about how to file an appeal. This form is given to people every year when a new support plan is written.

To file an appeal, you must call the Bureau of TennCare Solutions Unit at:

1-800-878-3192

If You Suspect Abuse, Neglect Or Mistreatment

Preventing and reporting abuse, neglect and mistreatment is everyone’s job.

If you see or believe a person has been harmed or abused, tell a state investigator. Your call is free. Call the office in your region.

East 1-800-579-0023
Middle 1-888-633-1313
West 1-888-632-4479
# Contacts

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<th>The Division of Mental Retardation Services</th>
<th>The TennCare Division of Long Term Care</th>
<th>DHS Counselors</th>
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<tr>
<td>Cordell Hull Building 5th Floor North, 425 Fifth Avenue North</td>
<td>729 Church Street</td>
<td>For East Tennessee and Shelby County:</td>
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<tr>
<td>Nashville, TN 37243</td>
<td>Nashville, TN 37247</td>
<td>Janet Larson</td>
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<tr>
<td>PHONE: 1-800-535-9725 or (615) 532-6530</td>
<td>PHONE: 1-877-224-0219 or (615) 532-7355</td>
<td>(865) 584-4179</td>
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<tr>
<td>FAX: (615) 532-9940</td>
<td>FAX: (615) 532-9140</td>
<td>For Middle Tennessee and the rest of West Tennessee:</td>
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<td><a href="http://www.state.tn.us/tenncare/longtermcare">http://www.state.tn.us/tenncare/longtermcare</a></td>
<td>(615) 231-5025</td>
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The Tennessee Department of Mental Health and Developmental Disabilities is committed to the principles of equal opportunity, equal access, and affirmative action. Contact the department’s EEO/AA Coordinator at (615) 532-6580, the Title VI coordinator at (615) 532-6700 or the ADA Coordinator at (615) 532-6700 for further information. Persons with hearing impairments call (615) 532-6612. Tennessee Department of Mental Health and Developmental Disabilities, Authorization Number 339414, 10,000 copies March 2002. This public document was promulgated at a cost of $.10 per copy.