

Medicaid and Medicaid Waivers for People with Intellectual and Developmental Disabilities

What is Medicaid?

Medicaid is a federal-state health program for eligible people with low incomes and resources. Jointly funded by the state and federal governments, the level of federal match varies state by state. In Tennessee, the federal government matches every state dollar with approximately two federal dollars.

Federal laws require that all states provide 14 mandatory services through their Medicaid programs, but each state may also choose other services to include in its state plan. The following chart identifies some of those mandatory and optional services.

	Mandatory Services	Optional Services
Primary Health Care Services	<ul style="list-style-type: none"> • Inpatient and outpatient hospital care • Physician's services • Laboratories and X-ray services • Prenatal care • Home health care services for persons over 21 who are eligible for skilled nursing home services • Screening, diagnosis and treatment for persons under age 21 (EPSDT) 	<ul style="list-style-type: none"> • Therapy services for adults • Prescription drugs • Dental services for adults • Optometrists' services and eyeglasses for adults • Assistive devices for adults such as speech devices or grab bars
Long-term Supports and Services	<ul style="list-style-type: none"> • Skilled nursing home services for persons over age 21 	<ul style="list-style-type: none"> • Intermediate care facilities for persons with intellectual disability or related conditions (ICF/IID) • Home and community-based services for persons with disabilities (HCBS) • Intermediate care facility services (non-skilled nursing home services)

Who administers the Medicaid program?

The federal Centers for Medicare and Medicaid Services (CMS) approve and monitor each state's Medicaid programs. Each state must manage its Medicaid program to comply with its CMS approved application. In Tennessee, **TennCare** administers the Medicaid program. **TennCare** then contracts with other state agencies or private organizations to operate some of the program components.

What does Medicaid cover for people with intellectual and developmental disabilities in addition to primary health care?

ICF/IID Services

In Tennessee, Medicaid funds are used to fund both institutional care and home and community-based services for people with intellectual disabilities. Institutional care is provided through community-based Intermediate Care Facilities for Individuals with Intellectual Disability (ICFs/IID) to 143 persons in smaller homes located in community settings. Private agencies also participate in the ICF/IID program and serve approximately 700 people across the state.

Home and Community-Based Services Waivers

States may be approved for Home and Community Based Services (HCBS) Waivers, typically called Medicaid Waivers, as an optional long-term care program through the Medicaid program.

What Medicaid Waiver programs are available in Tennessee for persons with intellectual and developmental disabilities?

The Department of Intellectual and Developmental Disabilities (DIDD) administers programs for people with intellectual and developmental disabilities in Tennessee. DIDD administers three Medicaid Waivers that provide services to individuals with intellectual disability. Through these Waivers, DIDD contracts with over 300 non-profit and for-profit agencies to provide home and community-based services to 8,265 individuals with intellectual disability. These waivers were closed to new enrollees on July 1, 2016, when the new Employment and Community First (ECF) CHOICES Program opened for enrollment through TennCare.

The three Medicaid Waiver programs administered by DIDD are as follows:

- **Statewide Waiver** – provides a comprehensive array of services, including residential services, employment and day services, personal assistance, health and therapy services, and other ancillary services.
- **Comprehensive Aggregate Cap (CAC) Waiver**– provides the services available through the Statewide Waiver plus some additional ancillary services; available only to class members and people needing services exceeding the cost neutrality cap in the Statewide Waiver.
- **Self-Determination Waiver** – provides a smaller array of services with an annual spending cap per person of \$30,000; has limited residential services

The three Medicaid (TennCare) Employment and Community First (ECF) CHOICES programs administered by the Managed Care Organizations (MCOs) are as follows:

ECF CHOICES Waiver Groups

Essential Family Supports Group 4	Essential Supports for Employment and Independent Living Group 5	Comprehensive Supports for Employment and Community Living Group 6
*Respite *Supportive Home Care *Assistive Technology, Adaptive Equipment and Supplies *Community Support *Conservatorship Counseling and Assistance	*Employment Services and Supports *Community Integration Support Service *Community Living Supports *Personal Assistance *Assistive Technology	*Employment Supports and Services *Community Integration Support Service *Community Living Supports *Personal Assistance *Assistive Technology *Home Health
\$15,000, not counting cost of minor home modifications	\$30,000 Exception for emergency needs up to \$6,000 in additional services per year	\$45,000 – low to moderate need \$60,000 – high need Exception up to applicable average cost of NF + specialized services for DD with exceptional medical/behavioral needs

Who is eligible for Medicaid Waivers administered by TennCare?

Eligibility criteria for the ECF CHOICES Program is NOT the same as other Medicaid programs. Eligibility for services does not imply receipt of services. Enrollment is dependent upon funding. To be eligible for any Medicaid Waiver, an individual must be eligible for institutional care through the ICF/IID program or meet Nursing Facility criteria and must:

- Be a Tennessee resident;
- Have an IQ score of 70 or below that was identified prior to age 18 or have a developmental disability identified before age 22; and
- Be financially eligible, having assets below \$2,000 and income that is less than 300% of the maximum SSI payment. The person may own a home that is his or her residence, a car, and a burial plot.

How does someone apply for Medicaid Waiver services?

Application for services is made through the Regional Offices of DIDD, through the MCOs, or by completing the online self-referral form:

<https://tcreq.tn.gov/tmtrack/ecf/index.htm>

If you have TennCare:

- Amerigroup **866-840-4991**
- BlueCare **888-747-8955**
- United Health Care Community Plan **800-690-1606**

If you do not have TennCare:

- East Tennessee Regional Office – 865-588-0508
- Middle Tennessee Regional Office – 615-231-5047
- West Tennessee Regional Office – 901-745-7200

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