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# **The long booklet on how CHOICES decides if it will pay for your care in a nursing home or in your home and community**

**(CHOICES is part of TennCare Medicaid)**



**Legal Aid Society**  
of Middle Tennessee and the Cumberland



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## Who pays for long-term care in Tennessee?

Nursing home costs reach \$6,000 a month or more in Tennessee. Few families can afford this for very long.

CHOICES is the major payer for nursing home care in Tennessee. CHOICES is part of TennCare Medicaid, the health care program paid for by the state and federal governments.

Many people expect that MediCARE will pay for nursing home care if they need it. MediCARE is the health insurance program for Americans who get Social Security payments. But MediCARE gives little coverage for skilled care in a nursing home.

It doesn't pay at all for the non-skilled care most people get in a nursing home. It doesn't pay at all for the care people need to stay at home either.

Tennesseans who need nursing home care need to know the rules for getting CHOICES here. Many people think they must sell their home before they can get CHOICES. They don't. Many think they will leave their husband or wife poor. That's not true either. The rules have important protections for husbands or wives. It also protects anyone else who is your dependent.

This booklet explains the CHOICES rules for getting long-term care.

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**WARNING:** This paper **is not meant to take the place of legal advice.** All cases are different and need individual advice.

Don't use just the information in this paper to plan for future medical needs. Need to know how these rules apply to you? Talk to a lawyer. If you need more information, contact your local Long-Term-Care Ombudsman (see page 26).

This booklet is only about TennCare Medicaid in Tennessee. Major changes were made in the TennCare program in July 2012. It is impossible to know when and how these rules will change again.

# CHOICES can help pay for 3 different kinds of services

CHOICES calls these “groups.”

1. **Group 1 is nursing home care.** To get these services, you must need help with many things you must do every day. How much help you need is called the **level of care**. You can get nursing home care at any age. To find out more, see “Who can get CHOICES Group 1 nursing home care?” on this page.
2. **Group 2 is care in your home or community that doesn’t cost more than a nursing home.** To get it, you must be 65 or older **OR** be 21 or older **AND** have a physical disability. You must need help with a lot of things you must do every day. These are the same **level-of-care rules** as Group 1. To find out more, see pages 2 and 3.
3. **Group 3 is care in your home or community that costs no more than \$15,000 a year.** Group 3 does **NOT** pay for care 24 hours a day. To get Group 3 care, you must be 65 or older **OR** be 21 or older **AND** have a physical disability. You don’t have to need as much care as a nursing home gives. But you must need help with everyday life activities to stay healthy and safe. To find out more, see page 3. Starting July 1, 2015, the **ONLY** people who can get Group 3 care are those who get SSI payments. SSI means Supplemental Security Income from Social Security.

To get care in Group 1 or 2, you must meet income and property rules. This is also true for Group 3 care until July 1, 2015. To find out more, see page 13.



## Who can get CHOICES Group 1 nursing home care?

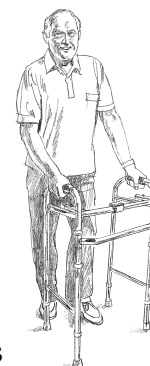
To have CHOICES pay for your nursing home care:

1. You must be living in or going to live in a nursing home that takes Medicaid payments.
2. You must live in Tennessee.
3. You must meet CHOICES money and property rules. See more about this starting on page 13.
4. You must meet one set of the **new level of care rules**. “Level of care” means how much care you need. There are 2 sets of level of care rules. If you meet the rules of **either** set, you meet the medical rules for that care group. See more about this starting on page 6.

**Are all 4 things true for you?** Then CHOICES can help pay for your nursing home care.

One set of the new level of care rules is called the **acuity scale or rules**. Acuity means how serious or bad your health problems are. For the acuity rules, TennCare looks at:

- How likely you are to need nursing home care
  - How serious your problems are
  - How much and what kind of help you need with medical care
  - How much help you need with activities of daily living, like walking, eating, going to the bathroom, etc.
- See more about this starting on page 6.



The other set of level of care rules is called the **Safety Determination**. To

meet these safety rules, you must have proof that you and others around you cannot be safe if the only help you have is:

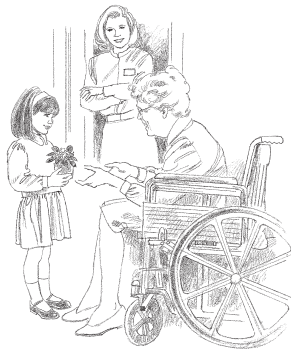
- CHOICES Group 3 services (about 20 hours a week of services in your home or in your community)
- And/or Medicare skilled nursing care at home for a short time
- And/or care paid for with private insurance
- And/or care by family and friends who are willing and able to take care of you.

See more about this starting on page 11.

### Who can get CHOICES Group 2 home and community-based services?

To have CHOICES pay for care in your home and/or community:

1. You must want to get this care in your home - not in a nursing home.
2. You must live in Tennessee.
3. You must be age 65 or older. **OR** be 21 or older **AND** have a physical disability. CHOICES says the physical disability must keep you from using part of your body. You must need help with things like moving around. Or you must need help moving from bed to chair or toilet or bathtub.
4. You must have family or a friend who cares for you or checks on you. They



don't have to live with you. But they must at least call to make sure you are OK. They must be someone you can count on.

5. You must live in a place that is safe for you to live in. It must be a safe place for you to get help.
6. The place where you live must also be safe for paid helpers to work in.
7. You must meet CHOICES money and property rules. See more about this starting on page 7.
8. Your care at home can't cost CHOICES more than nursing home care. This is not just the cost of your home and community-based services. It is also the cost of home health or private duty nursing TennCare pays for. Home health care that Medicare pays for doesn't count.
9. You must meet one of the sets of level of care rules for Group 1 nursing home care. See "Who can get CHOICES Group 1 nursing home care?" on page 2.



### Are all 9 things true for you?

Then CHOICES can help pay for your home and community-based services. The services can be:

- Adult day care
- Assistive technology - machines or equipment that help people do things. Examples: hearing aids, computers
- Attendant care - Having someone help with your care. Examples: helping

with bathing, taking medicine, using machines or equipment

- Companion care - Having someone who does light housekeeping, fixing meals, shopping, errands, etc.
- Home-delivered meals
- In-home respite care - Someone who comes in to care for you, to give your regular care-giver a break
- Inpatient respite care - a short nursing home stay to give your regular care-giver a break
- Small changes to your home, such as a ramp or grab bar in the bathroom
- Personal care visits - Having someone come to help with dressing, brushing teeth, bathing, laundry, fixing one meal, changing sheets, etc.
- Personal emergency response system like Life Alert
- Pest control - to get rid of insects or mice
- Short nursing home stays



### Who can get CHOICES Group 3 home and community-based services?

To have CHOICES pay for your home and community-based care:

1. Before July 1, 2015, you must meet certain rules for how much income and property you can have.
2. Starting July 1, 2015, you must be on SSI (Supplemental Security Income) from Social Security.
3. You must need help with at least one everyday life activity. This can be:
  - Feeding yourself

- Going to the bathroom
- Walking
- Getting out of bed
- Using a wheelchair
- Or other activities

4. A doctor must say that you need this.
5. You must want to get this care in your home - not in a nursing home.
6. You must live in Tennessee.
7. You must be age 65 or older.  
**OR** be 21 or older **AND** have a physical disability. CHOICES says the physical disability must keep you from using part of your body. You must need help with things like moving around. Or you must need help moving from bed to chair or toilet or bathtub.
8. You must live in a place that is safe for you to live in. It must be a safe place for you to get help.
9. The place where you live must also be safe for paid helpers to work in.



### Are all 9 things true for you?

Then CHOICES can help pay for up to \$15,000 of home and community-based services for you. The services can be:

- Adult day care
- Assistive technology - machines or equipment that help people do things. Examples: hearing aids, computers
- Attendant care - Having someone help with your care. Examples: helping



with bathing, taking medicine, using machines or equipment

- Home-delivered meals
- In-home respite care - Someone who comes in to care for you, to give your regular care-giver a break
- Inpatient respite care - a short nursing home stay to give your regular care-giver a break
- Small changes to your home, such as a ramp or grab bar in the bathroom
- Personal care visits
  - Having someone come to help with dressing, brushing teeth, bathing, laundry, fixing one meal, changing sheets, etc.
- Personal emergency response system like Life Alert
- Pest control - to get rid of insects or mice
- Short nursing home stays



Group 3 does **NOT** pay for care 24 hours a day.

## How Do You Apply?

Already have TennCare? Then call your TennCare health plan (MCO) to apply for CHOICES. The number is on your TennCare card.

**Don't have TennCare?** The main place to apply is the Area Agency on Aging and Disability at **1-866-836-6678**. It's a free call.  
**Can't get CHOICES?** They can tell you about other programs that may help.

## What to expect when you apply

### The Care (Medical) Application for CHOICES

How does CHOICES decide if you need help? The Area Agency on Aging and Disability (where you applied) will ask your doctor for information about your health and needs. Then, they will fill out a paper called a PAE (Pre-Admission Evaluation). TennCare uses this information to decide if the care you need meets CHOICES' level-of-care rules.



Did you ask for nursing home Group 1 care? Then the Area Agency on Aging and Disability, the nursing home worker or the TennCare health plan case worker must also fill out a PASRR paper. **PASRR** stands for Pre-Admission Screening Resident Review. The PASRR shows if you need mental health help. Also, the PASRR shows if that help can or can't be given in a nursing home.

TennCare Medicaid will use your PAE and PASRR to see what level of care you need. **Level-of-care** means what kind of help and how often you need it.

### Want TennCare Medicaid to help pay for your care in a nursing home or in your home?

TennCare Medicaid will use your PAE and PASRR to see what level of care you need. **Level-of-care** means what kind of help and how often you need it. They will use your PAE and PASRR to see if you meet either the **Acuity Scale rules** or the **Safety Determination rules**.

### What if your problems get worse after your PAE or PASRR are filled out?

Then you may need to ask your TennCare health plan case worker for a new PAE or PASRR.



### Acuity scale

The first way you can qualify for either CHOICES Group 1 or 2 is by meeting the acuity scale rules. **Acuity** means how serious or bad your health problems are. TennCare counts how likely you are to need nursing home care. TennCare counts how serious your problems are. They go by how much and what kind of help you need with medical care. It also shows how much help you need with activities of daily living. **Activities of daily living** are things like walking, eating, going to the bathroom, etc. You can score from 0 to 4. 0 means you can always do it alone. 4 means you can never do it alone. You can only get a 5 if you are on a ventilator.

**Important!** The “Behavior” line on the scale is scored a different way. On it, a 3 means

you have always have behavior problems. 0 means you never have behavior problems. This **only** counts behavior that is caused by dementia. **Dementia** is a problem with your brain. It can be caused by many different things. Dementia makes it hard to think well enough to do things like walking or eating. It may make you lose your memory, get upset easily or see things that are not there.

The total is your “acuity score.”

- To meet the rules, your total score must be **at least 9**; or
- You must meet current at-risk level of care rules. **At-risk** means you or others may get hurt if you don’t get help. **AND** TennCare must say you don’t meet the rules for CHOICES Group 3. This part is hard to understand.

**Who fills out the Acuity Scales?** TennCare Medicaid will do that, using your PAE and PASRR papers. You and your family don’t need to do anything. What if your problems have gotten worse since your PAE or PASRR was filled out? Then you may need to ask for a new one.

**On the next page, you can see what the scales look like.**



## TennCare Nursing Facility Level of Care Acuity Scale

### Activities of Daily Living (ADL) or related deficiencies

Functional Measure	Condition	Weights				
		Always	Usually	Usually Not	Never	Max Individual Score
Transfer	Highest value of two measures	0	1	3	4	4
Mobility		0	1	2	3	
Eating	Highest value of three possible questions for the toileting measure	0	1	3	4	4
Toileting		0	0	1	2	
Incontinence care	Highest value of two possible questions for the communication measure	0	1	2	3	3
Catheter/ostomy care		0	1	2	3	
Orientation	Highest value of two possible questions for the communication measure	0	1	3	4	4
Expressive communication		0	0	0	1	
Receptive communication	First question only (excludes SS Insulin)	0	0	0	1	1
Self-administration of medication		0	0	1	2	
Behavior	Maximum Possible ADL (or related) Acuity Score	3	2	1	0	21

The more help you need, the higher your score. This is what the scale means in easy to read words:

Daily Things You Need Help With		Score					Highest Score for each area
What you need help with	Can always do it alone	Can do it alone most of the time	Need help most of the time	Can never do it alone	Most you can get for each is	How it is counted	
1. Moving from bed to chair, tub or toilet	0	1	3	4	4	Look at number 1 and 2. Use the highest score. →	4
2. Walking	0	1	2	3	3	→	
3. Eating	0	1	3	4	4	→	4
4. Going to Bathroom	0	0	1	2	2	Look at number 4, 5 and 6. Use the highest score. →	
5. Changing own diaper or cleaning up toileting accidents	0	1	2	3	3		3
6. Taking care of tubes/bags that you use to go to the bathroom (catheter/ostomy)	0	1	2	3	3		
7. Knowing people and where you are	0	1	3	4	4	→	4
8. Talking or letting people know what you want	0	0	0	1	1	Look at number 8 and 9. Use the highest score. →	
9. Understanding what people say to you	0	0	0	1	1	→	1
10. Taking medicine - don't count insulin.	0	0	1	2	2	→	
11. How you act (behavior caused by dementia)	3	2	1	0	3	→	3
12. Total	Add up all the highest scores and put the answer here.					→	

Behavior is scored a different way. A 3 means you have always have behavior problems. 0 means you never have behavior problems.

This is page 2 of the Acuity Scale.

Skilled Services	
Ventilator	5
Frequent tracheal suctioning	4
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 (i.e., infected or dehiscent wounds)	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
Other	0
<b>Maximum Possible Skilled Services Acuity Score</b>	<b>5</b>

This is what page 2 means in easy to read words:

### Care that you need a nurse or therapist to do

1. Breathing machine (ventilator)	5	Only the highest score counts. You cannot have a score higher than 5 for the whole chart.
2. Need tube in your throat cleaned out often	4	
3. New tube in your throat OR old hole in throat where tube used to be that needs to be cleaned out less often than every 4 hours	3	
4. Only get food through a needle in your arm	3	
5. Taking care of infected wounds or surgery cuts that opened back up	3	
6. Care for pressure sores where skin is gone or bone or muscle is showing	2	
7. Cleaning out your kidneys by putting in fluid and pouring out the waste	2	
8. Getting food through a feeding tube	2	
9. Getting fluid through a needle in your arm	1	
10. Getting insulin shots, not the same amount every time	1	
11. Shots in your body or into your IV bag	1	
12. Anyone who helps you must wear gowns, masks and gloves to avoid germs	1	
13. Hooking you up to a pump for pain medication that you control	1	
14. Therapy for small muscles or to take care of yourself - must be done by an Occupational Therapist or Assistant	1	
15. Therapy for big muscles (arms, legs, etc.) that must be done by a Physical Therapist or Assistant	1	
16. Being taught how to take care of tubes/bags that you use to go to the bathroom (catheter/ostomy)	0	
17. Being taught how to give yourself shots	0	
18. Other	0	
<b>Most you can get on this part</b>	<b>5</b>	

Then both of the scores are added together. This is the total acuity score.

<b>Maximum Possible ADL (or related) Acuity Score</b>	from page 1 of Scale	Ac	Put total from page 1 of scale here
<b>Maximum Possible Skilled Services Acuity Score</b>	from page 2 of Scale	Ac	Put total from page 2 of scale here
<b>Maximum Total NF LOC Acuity Score</b>		Ac	Add them together and put total score here.



Total two  
maximum  
acuity scores

At the back of this booklet, there is a blank scale. You can get your doctor to fill it out if you don't agree with TennCare's decision.

### This is not clear. How does it work?

Anna is 34 years old. She can "never" move from one place to another or walk on her own. She can "never" eat or go to the bathroom on her own. But she doesn't wear a diaper and doesn't have a catheter or ostomy. She can "never" take medicine on her own. She "always" knows who people are and where she is. She can "always" say what she wants and understand what others say to her. Anne "never" needs help because of behaviors caused by dementia.



Her ratings look like this:

<b>Activities of Daily Living (ADL) (or related) deficiencies</b>		<b>Weights</b>					
<b>Functional Measure</b>	<b>Condition</b>	<b>Always</b>	<b>Usually</b>	<b>Usually Not</b>	<b>Never</b>	<b>Anna's scores</b>	<b>Max Acuity score</b>
Transfer	Highest value of two measures	0	1	3	4	4	4
Mobility		0	1	2	3	3	
Eating	Highest value of three possible questions for the toileting measure		1	3	4	4	4
Toileting		0	0	1	2	2	2
Incontinence Care		0	1	2	3	0	
Catheter/ostomy care		0	1	2	3	0	
Orientation		0	1	3	4	0	0
Expressive Communication	Highest value of two possible questions for the communication measure	0	0	0	1	0	0
Receptive communication		0	0	0	1	0	0
Self-administration of medication	First question only (excludes sliding scale insulin)	0	0	1	2	2	2
Behavior		3	2	1	0	0	0
<b>Maximum Possible ADL (or related) Acuity Score</b>							<b>=12</b>

Because Anna can never transfer or move on her own, she gets a **4** for transfer and a **3** for mobility. TennCare only counts the highest of those two scores in her total. Because she always needs help to

go to the bathroom, she gets a **2** for that. That is the highest score in that group so TennCare counts that in her total. She also has to get medicine from an IV. She gets **1** point for that on the skilled services chart. All of her needs add up to **13 points**. This is higher than 9. She meets the new rules for getting home care or nursing home care.

**This is tricky! Here is another example.**

Betsy is 66 years old. The PAE paper says she can “always” move around, eat and use the bathroom by herself. She is “never” able to take medicine on her own. She is “never” sure who people are or where she is. She can “always” say what she wants and understand what others say to her. Betsy “always” needs help for behaviors caused by dementia. **Dementia** makes it hard to think well enough to do things like dressing or eating. It may make you lose your memory, get upset easily or see things that are not there.



Her chart looks like this:

Activities of Daily Living (ADL) (or related) deficiencies		Weights						
Functional Measure	Condition	Always	Usually	Usually Not	Never	Betsy's scores	Max Acuity score	
Transfer	Highest value of two measures	0	1	3	4	0	0	
Mobility		0	1	2	3	0		
Eating			1	3	4	0	0	
Toileting	Highest value of three possible questions for the toileting measure	0	0	1	2	0	0	
Incontinence Care		0	1	2	3	0		
Catheter/ostomy care		0	1	2	3	0		
Orientation		0	1	3	4	4	4	
Expressive Communication	Highest value of two possible questions for the communication measure	0	0	0	1	0	0	
Receptive communication		0	0	0	1	0	0	
Self-administration of medication	First question only (excludes sliding scale insulin)	0	0	1	2	2	2	
Behavior		3	2	1	0	3	3	
Maximum Possible ADL (or related) Acuity Score								=9

Betsy gets zero points for most needs. Because she is never oriented to person and place, she gets **4** points. She also gets **2** points for being unable to take her own medication and **3** points for requiring intervention for behaviors caused by dementia. She has no skilled nursing needs. All of her needs add up to **9 points**. She meets the new rules for getting home care or nursing home care.



**Important!** Your scores have to be backed up by the medical records and other papers. TennCare checks these scores and may or may not agree with the original scores.

## Safety determination

There is a 2nd way to qualify for either CHOICES Group 1 or 2. You can qualify by meeting the safety determination rules. You must have **good proof** showing you can't be safely served in the community with:

- CHOICES group 3 - This is \$15,000 a year which is about 20 hours of hands-on care a week.
- Services through Medicare - Most of the time this is only skilled nursing care for a short time.
- Private insurance
- Natural supports from family or other caregivers who are willing and able to give care.

Anyone can ask for a safety determination. Use the "Safety Determination Request Form" that starts on page 33 of this booklet.

**Only use it IF one of the following is true:**

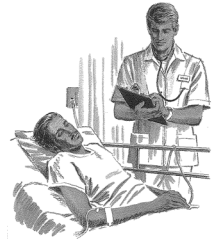
- You have an approved total acuity score of 5 or more **OR**
- You need help 4 or more days a week. You need this help because you don't know people or where you are (orientation). You need someone to watch you and help you with behaviors. If you don't get this help, it is dangerous for you or others. There must be examples and proof of this in the PAE. **OR**
- You need help 4 or more days a week because of dementia related behaviors. If you don't get this help, it is dangerous for you or others. There must be examples and proof of this in the PAE. **OR**



- You always need help:

- Moving from place to place or
- Getting in and out of the bed or wheelchair or
- With toileting or toileting accidents.

If you don't get this help, it could harm your health or safety. There must be proof of what help you need. There must be proof that you don't already have this help. **OR**



- You have had a big change in physical or mental health. **OR** your caregiver has had a big change in physical or mental health or what they can do. This keeps your caregiver from giving the help you need; **OR**
- You have had several recent falls where you were or could have been injured; **OR**
- You have had several recent visits to the emergency room. **OR** you were put in the hospital for emergencies. These show you may not be able to stay in the community safely; **OR**
- You don't take care of yourself and are risking your health, safety and or welfare. The police or Adult Protective Services had to check on you; **OR**
- You were put out of an assisted living facility or group home or are about to be. It is because your needs can no longer be met safely in that place; **OR**
- You are already in Group 1 or 2. **BUT** you no longer meet nursing facility level of care. This means you no longer have a total acuity scale score of 9 or above; **OR**

- You have complicated new or ongoing medical problems. A doctor diagnosed these problems. You must have ongoing skilled treatment often; **OR**
- You are in CHOICES Group 3. Someone other than your MCO did the PAE. Your MCO has decided Group 3 can't safely meet your needs. You need a higher level of care.

**IMPORTANT!** Not everything is on this list. What if you don't meet any of these rules? TennCare can still decide to do a safety determination. But you will have to list other safety concerns. **AND** show enough medical proof for TennCare to make a safety determination.

After you ask for a safety determination, TennCare decides who qualifies for CHOICES under this rule. TennCare looks at proof of:

- Difficult new or ongoing medical problems found by a doctor that need ongoing skilled treatment often
- Several recent falls where you were or could have been injured
- Several recent emergency room visits or hospital admissions for emergency problems
- Recent nursing home admissions, including why you were admitted and how long you stayed
- Times when you didn't take care of yourself that risked your health, safety and or welfare. The police or Adult Protective Services had to check on you.



- An assisted living facility or group home says that your needs can no longer be met in a community setting
- What kind of natural supports you need and can get from family or unpaid caregivers. These must be supports you can count on that happen regularly. This includes any changes in the physical or mental health of any family or unpaid caregivers.



All of this proof must be shown in medical records. **OR** it can be in statements from family or community members.

**What if TennCare says you don't meet either set of the new level of care rules? So they won't help pay for your care in a nursing home or at your home?**

Then you have 2 choices:

1. See if you meet the rules for CHOICES Group 3. It pays up to \$15,000 a year for home and community services. This is about 20 hours a week of care. The rules you must meet are:
  - Before July 1, 2015 you must meet TennCare's money and property rules. After July 1, 2015, you must be getting SSI (Supplemental Security Income from Social Security).
  - **AND** you must be 65 years of age or older
  - **OR** be 21 years of age or older **AND** have a physical disability
  - **AND** you must need the "at-risk" level of care but not the nursing home level of care. This means you need help:



- Eating **or**
- Walking **or**
- Going to the bathroom **or**
- Moving from place to place **or**
- Can't tell people what you want **or**
- Can't understand what people tell you **or**
- Don't always know who someone is or where you are **or**
- Can't give yourself medicine, not counting insulin, **or**
- Need a nurse or therapist for tube feeding, wound care, therapy or ventilator care **or**
- Have dementia

**Dementia** is a problem with your brain. It can be caused by many different things. Dementia makes it hard to think well enough to do things like walking or eating. It may make you lose your memory, get upset easily or see things that are not there.

2. **OR** you can appeal TennCare's decision if you think you **DO** meet the CHOICES rules. An appeal is a way to get mistakes fixed. The letter turning you down should say why you were turned down. It should also tell you how to appeal. You have **30 days** to appeal after you are turned down for CHOICES.



A family member or friend can appeal for you. If you need help with an appeal, you should call a lawyer. Or, you call the local legal aid or legal services office.

## The Money and Property Application for CHOICES

**For Groups 1 and 2, you have to meet the same income and property rules.**

Starting July 1, 2015, you can only be in **Group 3** if you are on SSI. Are you already on SSI? Then Social Security has already decided you meet the income and property rules.

**If you already have TennCare**, you don't have to do a money and property application.



What if you don't have TennCare? You or your family must answer the questions on the money and property application.

Did you start your CHOICES application at the Area Agency on Aging and Disability? Then they should help you get the paperwork together for this part. They will send your money and property application to TennCare.

What if you did not start your CHOICES application at the Area Agency on Aging and Disability? Ask the Area Agency on Aging and Disability or your TennCare case worker where to get help. They will give you a list.

Are you well enough to handle your own money and bills? Then you should take part in the money and property application. Are you not well enough to handle the paperwork? Then trusted family members or friends can apply for you. They don't need a power of attorney or other legal papers.

TennCare will contact you about a time to talk. The TennCare CHOICES worker will need to talk with you or the person applying

for you. They will go over your money and property papers by phone or in person.

The TennCare CHOICES worker looks at three parts of your money and property:

- Your income
- Your property, investments and savings (also called “resources” and “assets”)
- Your money or property sold, traded or given away during the 5 years before you applied. They call this a “transfer.”

The TennCare CHOICES worker will also look at property you own jointly with someone else. This includes any bank accounts with your name.


### **Papers you will need as proof for the money and property part of the application**

The Area Agency on Aging and Disability will help you get the papers you need. If you don’t want their help on this, tell them. You will need the kinds of proof listed below. If you are married, you will also need the same papers for your husband or wife. If you have children under 18, you will need these papers for them too.

You may not have all these papers together when you talk to the TennCare CHOICES case worker. But you have to turn them in during the next 45 days. If you don’t, TennCare must turn you down on the money and property application. You will need:

- **ID** that proves who you are. ID can be something like a driver’s license, insurance card, Medicare card, library card, voter card, etc. You can’t use a Social Security card as your ID.



- **Papers that prove that you (the person needing home care) are a US citizen.** But, if you’re on MediCARE, you don’t have to prove that you’re a citizen. Your family members who don’t need TennCare MediCAID do **not** have to be citizens.
  - **Proof of income**, except for Social Security payments. Does a family member who lives with you work? Then bring proof of their pay (before taxes are taken out) for the last two months.
  - **Your last 3 bank statements** for checking, savings and credit union accounts. Also statements of stocks, bonds, IRAs, trust funds, etc.
- 
- **All life insurance policies**
  - **Deeds** for all land and houses you own or are buying
  - **Title or registration** for all cars, trucks, SUVs, boats, etc., you own or are buying
  - **Deeds** for burial spaces
  - **Pre-Need burial plans**
  - **Proof of money you got as a gift or gave away** in the last 60 months (5 years)
  - Proof of anything you have **sold, transferred or given away** in the past 60 months (5 years)
  - **If you are married now**, proof of marriage and
  - Proof of **rent, utility bills, house note, property tax and homeowners insurance**

## How TennCare decides if your income meets the CHOICES guidelines

“How much income do you get each month?” This is one of the first questions they will ask. Some types of income count for getting CHOICES and some don’t.

### What income does TennCare count?

TennCare counts the other income that comes **in the name of the person** who needs care. The income they count includes Social Security payments, pensions, dividends, rental income, etc.

**To get CHOICES**, your income that counts must usually be **less than \$2,199** per month (2015 guidelines).

### TennCare does NOT count these types of income when you apply:

- The first \$20 a month of unearned income, such as Social Security or pension payments
- Veteran’s payments for someone in the household other than the patient
- VA payments for medical costs
- Tax refunds
- Energy assistance payments
- Payments from credit disability insurance policies

### What if you don’t have enough money to pay the nursing home without CHOICES?

**You may be able to get CHOICES anyway.** This is true even if your income is too high for CHOICES. But, some or all of your income



must go into a special kind of trust. It is called a **Qualifying Income Trust**. Income in the trust doesn’t keep you from getting CHOICES. But it goes to help pay the cost of your care.

To set up this trust, you need a lawyer trained in elder law. To get names of such lawyers, contact your local Ombudsman (see page 26). Or, call your Legal Aid or Legal Services office (see page 27). Or, go to the web site **www.naela.org** on the internet.

### What happens to my income after I am OK’d for CHOICES in a nursing home?



If you are in a nursing home, you get to keep \$50 per month for personal needs.

**Note:** Are SSI payments your only income? Then you can keep \$30 a month for personal needs. Do you get an improved Veterans pension? Then you will keep \$90 per month for personal needs.

This is what happens to the rest of your income:

- Part of it may go to your husband or wife if you are married
- Part of it goes to any dependent family members living with your husband or wife. **Dependent** means you pay their living costs.
- Part of it goes to pay your Medicare and health insurance payments
- Part is set aside to help pay certain medical costs not covered by health insurance, and
- The rest is paid to the nursing home. (They call this money the “patient liability.”)

The TennCare CHOICES case worker figures out how much of your income goes for what.

## What happens to my income after I am OK'd for CHOICES for home and community-based care?

If you are the person who needs help, is your income less than \$2,199 a month (as of July 1, 2015)? Then you can keep all of your income for your personal needs. CHOICES pays the full cost of your home and community-based care.

What if your income is more than \$2,199 a month? You get to keep the first \$2,199 of your income for your personal needs. This is what happens to the rest of your income:



- Part of it may go to your husband or wife if you are married
- Part of it goes to any dependent family members living with your husband or wife. **Dependent** means you pay their living costs.
- Part of it goes to pay your Medicare and health insurance payments
- Part is set aside to help pay certain medical costs not covered by health insurance

The TennCare CHOICES case worker figures out how much of your income goes for what.

## Income your husband or wife at home can keep after you are approved for CHOICES

CHOICES lets your husband or wife at home keep certain income. The person at home may keep the higher of:

1. All income paid in her name, **OR**
2. All income paid in her name plus some of the patient's income. She gets what it takes to **bring her income up to \$1,992** per month as of July 1, 2015.)
3. Are her monthly housing costs more than \$597.60 (30% of the \$1,992)? Then she can keep more of the patient's income. She can keep enough to bring her income up to \$2,980 (2015 amount). Housing costs include rent or house payment, taxes, insurance, lights, heat and water.
4. What if the patient has dependent family members living with her husband or wife? **Dependent** means you pay their living costs. If she is on CHOICES, she may also have more of her income paid to them.

## The Property Part of the Money and Property Application

### Tell TennCare about ALL of your property (assets)

Was any sold or given away in the last 5 years? Be sure to tell your TennCare CHOICES worker. You can be charged with a crime if you know but:

- You don't tell CHOICES about your property (asset) or
- You don't tell CHOICES about something that was given, sold or traded away or
- You hide important facts about what you own

### Property that CHOICES doesn't count when you apply:

The home does not count if:



- A husband or wife, dependent child or disabled child lives there. In this case, the value of the house and the property around it don't count. **OR**
- The **equity** is under \$828,000 (2015 amount) and the patient wishes to go home. It doesn't matter if there is no real chance of going home. What if the person who needs care is too sick to say this? A family member or other person can say it for her.

**Does the patient have more than \$828,000 equity (2015 number) in her home?** Then talk to a lawyer who knows this area of the law. Ask if it is a good idea to take out a home equity loan. This could cut her equity down below \$828,000.

**“Non-liquid, income-producing property,”** such as rental property, doesn't count when you apply. Again, this is true no matter how much it is worth. BUT, the income from the property **does** count.

### Property that cannot be sold

CHOICES does not count property if it is “unavailable” because it can't be sold.



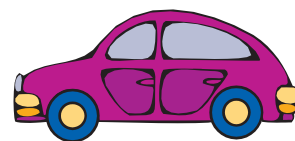
It may, for example, be “unavailable” because of a problem with the **title**.

Does the person who owns the property have a mental disability? If they don't know what they are doing, the property may be “unavailable.” An owner who doesn't know what they are doing can't legally sell their property. But, what if the owner has a conservator or guardian? What if she gave someone “durable power of attorney” that lets them sell the property? Then the property may be “available” and CHOICES may count it.

What if there is **no conservator**? The CHOICES worker may ask family members to become the conservator. This would make the property “available” to be counted by CHOICES. **No one has to become a conservator.**

Real estate becomes “unavailable” if it **hasn't sold** after several months on the market. This property won't count as long as you keep trying to sell it. If the property does sell, the money from the sale will count. It may cause you to lose CHOICES for awhile. After enough of the money is spent, you can get CHOICES again.

**A car** - One car doesn't count, no matter how much it is worth.



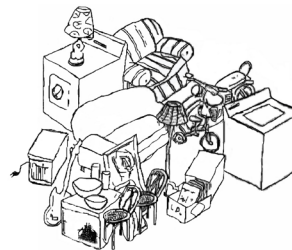
**Burial funds and spaces** - A burial plot and headstone don't count.

**An irrevocable trust** set up to pay for burial and funeral expenses doesn't count. Did the person applying for CHOICES set it up? Then the irrevocable burial trust must be \$6,000 or less. What if a funeral home set it up? Then the burial trust can be any fair market value.

In some cases, CHOICES doesn't count \$1,500 in a cash burial fund. The money must be in a separate account clearly marked for burial costs. Also, CHOICES doesn't count up to \$1,500 for a spouse's burial fund.

### Household goods

**and personal items** - Generally, CHOICES doesn't count personal belongings. But, CHOICES may count some things that have great value, such as coin collections.





**Life insurance policies** - If the face value is \$1,500 or less, they don't count.

**Note:** CHOICES does not count the types of property listed above **when you apply. But, they may take the property after you and your husband or wife die.** This pays CHOICES back for the money spent on the patient's nursing home or community care. (See "The state may take the patient's property after her death" on page 22.)

## Jointly-owned savings, property and trusts

**Joint bank account** – CHOICES usually **counts** all money in a joint bank account or other jointly-held funds. A joint account has more than one person's name on it.

**Jointly-owned real estate** won't count if:

- It can't be divided easily, or
- One of the joint owners needs the property for a home.

**Trusts** - Sometimes families put money in a trust to take care of a disabled person. Or the trust may be set up by a legal guardian or court. What happens if the disabled person applies for CHOICES? Then CHOICES may count the money in the trust and the income from the trust. But, CHOICES may not count certain trusts. Need to make a trust that CHOICES doesn't count? Then see a lawyer who knows about CHOICES and trusts.

## Get expert legal advice about property

CHOICES rules about property and other assets are confusing. Contact a



lawyer who knows a lot about this area of the law. That's the best way to find out if CHOICES counts investments and trusts. Also ask about joint savings, annuities, financial notes and other assets.

## How CHOICES Treats The Property It Does Count

**CHOICES counts property that belong to either spouse**

Is the person who wants CHOICES married? Then CHOICES counts property that belongs to both the husband and wife. It doesn't matter which spouse owns what. It doesn't matter if property is owned jointly or separately.

### How much the patient can have in property that counts

Is the person who wants CHOICES not married? Then to get CHOICES, she can have no more than \$2,000 in property that counts.

To get CHOICES, a married patient can have \$2,000 in countable assets for herself. Her spouse can have much more property (see "Property the Husband or Wife At Home Can Keep" on page 18). What if both husband and wife are in a nursing home? Then each of them can have up to \$2,000 in countable property. These amounts apply only to property that is available and that CHOICES counts.



### What if you have too much in property that counts for CHOICES?

If you have too much property for CHOICES, you can **spend** the property as you wish.



But, giving away or selling property for less than a fair price can cause problems. (See “Important CHOICES Rules about Transferring Savings or Property” on page 20.)

Applying for CHOICES? The CHOICES worker needs to know how much a countable property is worth. This must be how much it is worth on the day you apply for CHOICES. This number is called the “snapshot assessment.”

The TennCare CHOICES worker does the snapshot assessment. **AND** looks at what has happened to your property and money since you went into the nursing home.

It pays to get the snapshot assessment when you first go into the nursing home. The snapshot tells you which property will count. It also tells how much must be spent before you can get CHOICES. The snapshot will also tell you how much the husband or wife at home can keep.

If you think there is a mistake in the snapshot assessment, you can appeal.

## Property and Savings The Husband or Wife At Home Can Keep

Are you married and applying for CHOICES in a nursing home? Then your husband or wife at home can keep:

- **Any property that CHOICES does not count,** and
- The **highest** of the following amounts:
  - Is this property that brings in income? For example, is it



a house you rent to someone? The at-home husband or wife can keep enough to bring their income up to \$1,992 per month (as of July 1, 2015). In some cases, your husband or wife could keep more. Many times, this rule lets your husband or wife at home keep all of the property.

- **OR** \$23,844 (2015 amount)
- **OR** half of the total property and savings in the “snapshot assessment,” up to \$119,220 (2015 amount)
- **OR** an amount set by a court or administrative law judge. Does the husband or wife have special needs, like high medical expenses? In these cases, judges may set a higher amount.

## What the nursing home patient can keep

You must spend your share of the countable property down to \$2,000. Then you can get CHOICES.



### Examples:

1. Mr. A enters the nursing home. On that day, he and his wife have a home, car and \$60,000 in savings. Mrs. A can keep the home and the car because they don't count. She can keep \$30,000 as her half of the savings. Mr. A must spend \$28,000 of his \$30,000 before he can get CHOICES.

What if Mr. and Mrs. A's income together are less than \$1,992 per month? She should ask to keep all of the property. She may need all \$60,000 to produce at least \$1,992 in monthly income. But, she must have a fair hearing before CHOICES will let her keep this much.

2. Mr. and Mrs. B have \$30,000 in savings when Mrs. B enters the nursing home. Mr. B will keep \$23,844, leaving Mrs. B with \$6,156. She becomes asset-eligible for CHOICES when she has spent her \$6,156 down to \$2,000.

## Important CHOICES Rules About Selling or Giving Away Savings or Property

Giving away income, countable savings or property or a home can cause problems. So can selling or buying property, in some cases. This is called a “transfer.”

If your countable property or savings are transferred, you can be kept off CHOICES for awhile. This can happen **if**:



1. The transfer was made during the 5 years before you applied for CHOICES, **and if**
2. You got less than fair market value, **and if**
3. You can't prove that getting CHOICES was **NOT** the reason you made the transfer.

Usually, these rules apply to transfers **made by either the patient or their husband or wife**. What if the at-home husband or wife gives away property? Then the nursing home patient may lose CHOICES for a while.

**Examples of transfers of assets that may make the nursing home patient lose CHOICES for a time:**

- A patient has money in a joint bank account. The other owner of the account takes the money.
- A patient's husband gave the couple's granddaughter \$12,000 three years ago.
- A patient gave her son her home a month before entering a nursing home.

## Penalties

How long the patient can't have CHOICES is called the “penalty period.” The CHOICES worker sets the length of the penalty time like this. First he takes the value of the property that was transferred. He subtracts any payment you got for it. Then he divides by the average private pay rate for nursing home care (\$5,472 per month and \$182.42 per day as of March 1, 2015). If there is any left over, he divides it by the daily rate. The answer is the number of months you can't have CHOICES. There is no upper limit to how long the penalty period can be.

There may be a good argument that TennCare should have used a higher number for the average private pay rate of nursing home care.

## Penalty rules for money or property transferred



### Example:

Mr. J gives \$15,000 to his son in August 2012. He goes into a nursing home in October 2012. The penalty period will be 2 months and 22 days (\$15,000 divided by \$5,472). What is left is divided by the daily rate of \$182.42. The penalty period doesn't start until:

- Mr. J is in a nursing home (or getting Home and Community-Based Services)
- **AND** he has less than \$2,000 left in money and property that CHOICES counts.

Then he starts 2 months and 22 days of nursing home care that CHOICES **won't** pay for.

#### There is **NO** penalty if:

- The property was sold for a fair price (fair market value) **OR**
- The property was transferred to the husband or wife. This is because all assets of married couples are counted, no matter who owns them **OR**
- The property was transferred to your child of any age who is blind or disabled **OR**
- The property was transferred more than **5 years before you applied and met the rules** for CHOICES. This is also true for money transferred to or from a trust. **OR**
- The property was transferred to a special trust for a disabled person under age 65 **OR**
- Qualifying for CHOICES was **NOT** the reason for the transfer. This can be hard to prove. **OR**
- The penalty would cause “undue hardship” for the nursing home patient. This is hard to prove.



#### What if you made a transfer that could cause problems?

You can try to get the property back. If you get the property back, there will be no penalty period.

Is it property CHOICES counts? Then you must sell it for a fair price. You must also spend any money above the \$2,000 money and property guideline for getting CHOICES.

#### Special Rules About Transferring The Home



There is **NO** penalty if your home is transferred to:

- Your husband or wife
- **OR** your child **IF**:
  - The child lived in the home
  - **AND** gave care that kept you out of a nursing home
  - **AND** this happened the last 2 years before you went into the nursing home
- **OR** your child who is under 21, or blind, or permanently and totally disabled
- **OR** your brother or sister who
  - 1) has equity in the home and
  - 2) lived there the whole year before you went into the nursing home.

Making these OK transfers can keep the State from taking the property for a while longer after you die. (See “The State May Take the Patient’s Property After Her Death,” on page 21.)

**IMPORTANT:** Always get the advice of a lawyer. Do this before you transfer money or property that might affect if you can get CHOICES. And don’t get just any lawyer.

The lawyer needs to know this area of the law well.

### **If they turn you down on the care application or the money and property application, you can appeal**

An appeal is a way to get mistakes fixed. The letter turning you down should say why. It should also tell you how to appeal. You have **30 days** to appeal the decision. A family member or friend can appeal for you. If you need help with an appeal, you should call a lawyer. Or, you can contact the local legal aid or legal services office (see page 27).

### **The State May Take the Patient's Property After Her Death**

Most of the time, the State tries to get paid back from money and property you leave when you die. They try to get back the cost of CHOICES care you got after age 54. They also try to get back the cost of nursing home care the State paid for. But they can only do this after you die. It's the law. This law is called Estate Recovery.

Sometimes the law lets your money and property stay in your family awhile longer after you die. But the people you leave things to must do the right paperwork. If they don't, the State will take your money and property anyway. Make sure the people you leave things to know to contact TennCare Medicaid when you die. They must get a Release paper from TennCare Medicaid. To find out more about this, keep reading.



### **When the State should NOT try to get paid back when you die**

The State can't take things you leave that don't have to go through probate court. An example would be life insurance money. But the person in charge of your things must get a Release paper from TennCare Medicaid. Only then can they give your things to the people you left them to.

What if the things you leave DO have to go through Probate Court? The State still may not try to get paid back if:

- You leave very little money or property when you die.
- Or your care didn't cost TennCare Medicaid much money.

But the person in charge of your things **must get a Release paper** from TennCare Medicaid. Only then can they give your things to the people you left them to.



### **Your things can stay in the family longer if you can leave them to certain relatives**

By law, the relatives listed below can have your money or property when you die. The State won't try to get paid back until they die or the child reaches age 18. The law calls these people "exempt" family members:

- Your husband or wife
- Or a child of yours of any age **IF** they were blind or disabled before age 21
- Or your child under age 18

Remember: The family member still must get a Release paper from TennCare Medicaid after you die.

## Special rules sometimes let your HOME stay in your family longer

Giving your home to certain family members lets it stay in your family longer. The State will not come after the home when you die. But this is true only if the family member gets a Release paper from TennCare Medicaid. The State won't take the home until the family member dies or the child reaches age 21.



Your home is protected longer like this if you give it to your husband or wife.

In a few cases, you can give your home to your child or brother or sister. Here's when giving your home to your child or brother or sister keeps it in the family longer:

- **IF** you give it to your child who lived in the house with you and gave you care that kept you out of a nursing home. This had to be for the 2 years before you needed home or community-based care or nursing home care.
- **OR** if you give it to your child who is under 21, or blind, or permanently and totally disabled.
- **OR** if you give it to your brother or sister who:
  - Made payments on the home (they have equity)
  - And lived there the whole year before you started getting home and community-based care or nursing home care.



**Important:** Before giving your home to them, see a lawyer who knows Medicaid transfer law. If this isn't done right, it can cause tax and other problems for your family.

You might be able to keep other property for your family longer by making transfers that don't cause a waiting time (penalty). See page 20 in this booklet. **BUT**, this may cause your family to have to pay higher taxes. Or, it could cause other serious problems. See a lawyer before you make these transfers too.

## What if you leave things to someone who isn't one of the relatives listed above?

The State will try to get paid back, unless it would cause an undue hardship. Would it be an undue hardship for people you leave things to if they didn't get your things? If they prove an undue hardship, then the State won't take your money or property.

Here's an example. You own a family farm. You plan to leave it to your grown child. The child makes a living running the farm. If the State takes the farm, your child will lose his main income.



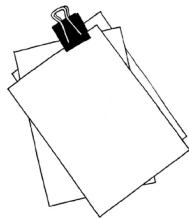
To find out more about proving undue hardship, contact the TennCare Estate Recovery office. Their free phone number is **1-866-389-8444**.

What if your family needs help proving that TennCare Medicaid should not take your money or property? **OR** if someone says your child can only have your savings and property if he was disabled before age 18, not age 21? State law says age 18, and Federal law says age 21. If Federal and State laws are different, Federal law wins. Talk to a private lawyer. Or ask Legal Aid or Legal Services if their lawyers can help you for free. Their phone numbers are on page 27.



## Make sure your family members know to get a Release from TennCare Medicaid

Are you leaving things to someone the law lets keep your money and property until they die or reach 21? Make sure they know to fill out a **TennCare Request for Release** paper. They can get it from the probate court or from the internet at: <http://www.state.tn.us/tenncare/forms/releaseform.pdf>. A copy of the form is at the end of this booklet. They must send it in with proof that they are someone who has the right to your money and property. If the State agrees, they will get a paper called a Release. Then the State won't try to get paid back right after you die.



## How the State gets paid back

Most of the time, the State tries to get paid back from money and property you leave when you die.

The probate court can tell the State to take money from your bank accounts. The judge can order your property to be sold through the court. The judge may also give your family a chance to buy your home first, for a fair price.



The State must tell your family if they plan to take your money or property through probate court. Your family can appeal if they think the State shouldn't get the property.

The State can only get back as much as TennCare Medicaid spent for your Home and Community-Based Services and nursing home care. What if the property sale brings in

more money than TennCare Medicaid spent? The rest of the money goes to anyone you owe money to or left money to.

## Will my family have to pay if I don't leave enough property to pay the State back?

**NO.** Your family does **NOT** have to pay out of their own pockets. But, your family may get collection letters saying money is owed. It would be smart to show these letters to a private lawyer who knows estate law or Medicaid law.

## How Medicare and CHOICES work together

If you have both MediCARE and CHOICES, you can see your usual Medicare doctor. The doctor does not have to be signed up for the your TennCare insurance plan.

With CHOICES, patients don't have to pay Medicare co-pays and deductibles. Medicare and CHOICES pay the patient's doctor and hospital bills. CHOICES pays the patient's nursing home bills that Medicare does not pay. The patient should pay nothing.

CHOICES won't pay for medicine for patients with MediCARE. They must sign up for a Medicare Part D drug plan. This is true unless they have "creditable" coverage from another insurance plan that pays for drugs.





## How can you pay health care expenses that Medicare and CHOICES don't cover?

**Tell the TennCare CHOICES worker about medical expenses that CHOICES does not cover**



Some medical expenses are never paid by CHOICES or other insurance. Common examples are hearing aids, false teeth and most eyeglasses. When you have this kind of medical cost,

tell the TennCare CHOICES worker. They can cut how much of your income goes to the nursing home. That leaves some of your income to help pay for these expenses. CHOICES rules call these expenses “**Item D**” expenses.

**Important Note:** Nursing home patients on CHOICES should **not** pay for basic supplies and over-the-counter drugs, like aspirin or vitamins. These are called “cost items.” They are already paid for by the CHOICES payment to the nursing home.

**Important Note:** What if you are in a nursing home but **only** have CHOICES, but not Medicare. You **can't be charged for your prescription drugs**.

What if CHOICES won't pay for a prescription and the doctor cannot prescribe a drug they usually cover? You should file a CHOICES medical appeal. To appeal, call TennCare Solutions at **1-800-878-3192**. They can start the appeal for you. They can also ask the drug store to give the patient a 3-day supply of the prescribed drug.



Nursing home patients with MediCARE may need some drugs that Medicare Part D doesn't cover. Ask your doctor to help you file an “exception” to get your medicine covered. You can get help with Medicare Part D problems from the State Health Insurance Program (SHIP) by calling **1-877-801-0044**.

**Free calls to an ombudsman for information on care in  
nursing homes, assisted living and homes for the aged  
1-866-836-6678**

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Tel: 423-755-2877  
Fax: 423-755-2755  
Email: tmott@partnershipfca.com

Marie C Ferran  
Aging Services for the Upper Cumberland  
1225 South Willow Avenue  
Cookeville, TN 38506-4194  
Tel: 931-432-4210  
Fax: 931-432-6010  
Email: eldlaw@twlakes.net

Patti Bedwell / Richard Robinson  
Mid-Cumberland Human Resource Agency  
600 Small Street, Suite 125B  
Gallatin, TN 37066-2254  
Office: 615-452-5259 or 615-452-1687  
Fax: 615-834-8906  
Email: pbedwell@mchra.com  
Email: rrobinson@mchra.com

Rick Lucas  
South Central Tennessee AAAD  
101 Sam Watkins Blvd.  
Mt. Pleasant, TN 38474-4024  
Phone: (931) 379-2926  
Fax: (931) 379-2685  
Email: rlucas@sctdd.org

Marchell Gardner / Gwen Hopkins  
Northwest TN Human Resource Agency  
124 Weldon Drive 38237-1308  
PO Box 963  
Martin, TN 38237-0963  
Tel: 731-587-4213 ext. 239  
Fax: 731-587-6823  
Email: marchell.gardner@nwthra.org

Dayle A. Mathis  
Southwest TN Area Agency on Aging & Disability  
102 East College St.  
Jackson, TN 38301-6202  
Tel: 731-668-6411  
Fax: 731-668-6421  
Email: dmathis@swtdd.org

Zev Samuels  
Metropolitan Inter-Faith Assoc.  
910 Vance Avenue (38126-2911)  
PO Box 3130  
Memphis, TN 38173-0130  
Tel: 901-529-4565 ext. 215  
Fax: 901-523-1266  
Email: zsamuels@mifa.org

Laura Brown  
Tennessee Commission on Aging and Disability  
502 Deaderick Street, 9th Floor  
Nashville, TN 37243-0860  
Tel: 615-253-4392  
Fax: 615-741-3309  
Toll Free: 877-236-0013  
TDD: 615-532-3893  
Email: laura.brown@tn.gov

## **For help with TennCare or CHOICES problems**

Call the Tennessee Community Services Agency or your local Legal Services or Legal Aid office. They may be able to help you. Their help is free.

### **Free Legal Help**

Some of these programs give free help with TennCare and CHOICES problems. None of these programs can help with every case. But many of them sometimes help with appeals or tell you where else you can get help.

#### **Legal Aid of East Tennessee**

Knoxville	(865) 637-0484
Johnson City	1-800-821-1312
Cleveland	1-800-445-3219

#### **Legal Aid Society of Middle Tennessee and the Cumberland**

1-800-238-1443 (free call)

Offices in: Clarksville, Columbia, Cookeville, Gallatin, Nashville, Oak Ridge, Murfreesboro and Tullahoma

Visit us on the internet: [www.las.org](http://www.las.org)

#### **Memphis Area Legal Services**

Memphis (901) 523-8822

#### **West Tennessee Legal Services**

Jackson (731) 423-0616  
Toll-free 1-800-372-8346

**Aging Services for the Upper Cumberland** 931-432-4210

## Patient Assessment Form

TennCare decides whether a person is eligible for care in a nursing home or at home based on the scores on the form that is on the last two pages of this form. In order to qualify for nursing home care or care in the home up to the cost of nursing home care a person must score a 9 or above on the matrix. TennCare is supposed to pay special attention to the opinions of treating physicians which are supported by objective medical evidence. It would be very helpful for your patient if you could complete the form.

**Instructions:** On the Pre-Admission Evaluation for the nursing facility level of care, there are currently 4 possible responses to each question.

Except for behavior, “**Always**” means that the patient is always independent with that ADL or related activity.

“**Usually**” means that the patient is usually independent (requiring assistance fewer than 4 days per week).

“**Usually not**” means that the patient is usually not independent (requiring assistance 4 or more days per week).

“**Never**” means that the patient is never independent with that ADL or related activity.

With respect to **behavior**, the responses are reversed.

“**Always**” means that the patient always requires intervention for dementia-related behaviors.

“**Usually**” means that the patient requires intervention for dementia-related behaviors 4 or more days per week.

“**Usually not**” means that the patient requires intervention for dementia-related behaviors, but fewer than 4 days per week.

“**Never**” means that the patient does not have dementia-related behaviors that require intervention.

**\*\*Please attach all records and documentation that support your scoring of your patient.\*\***

Activities of Daily Living (or related)	Acuity Score for this Group of Conditions	Always	Usually	Usually Not	Never	Maximum Individual Acuity Score	Your estimate for your patient	Highest Score for your patient in this Measure Group
<b>Transfer</b> Patient can move to and from bed, chair, or toilet without physical help from another person.	Highest Value of two measures	0	1	3	4	4		
<b>Mobility</b> With or without mobility aids, the patient can walk or move around without the physical help from another person. Mobility aids include such items as a walker, crutch, cane, or wheelchair. The need for a wheelchair, walker, crutch, cane, or other mobility aid does not by itself satisfy this requirement.		0	1	2	3	3		
<b>Notes:</b>								
<b>Eating</b> Patient can eat or drink without gastrostomy tubes or physical help from another person to place food/drink into the mouth and without constant one-on-one observation and verbal assistance (reminding, encouraging)		0	1	3	4	4		
<b>Notes:</b>								
<b>Toileting</b> Patient can use the toilet without physical help from another person.	Highest value of three questions for the toileting measure	0	0	1	2	2		
<b>Incontinence Care</b> Patient can perform incontinence care without physical help from another person.		0	1	2	3	3		
<b>Catheter/Ostomy Care</b> Patient can perform ostomy care, or indwelling catheter care without physical help from another person.		0	1	2	3	3		
<b>Notes:</b>								

<b>Orientation</b> Patient is oriented to person, place, and event/situation (e.g., is aware of current circumstances in order to make decisions that prevent risk of harm)		0	1	3	4	4	
<b>Notes:</b>							
<b>Expressive Communication</b> Patient can reliably communicate basic needs and wants (e.g., need for assistance with toileting; presence of pain) using verbal or written language.	Highest value of two questions for the communication measure	0	0	0	1	1	
<b>Receptive communication</b> Patient can understand and follow very simple instructions and commands (e.g., how to perform or complete basic activities of daily living such as dressing or bathing) without continual staff intervention.		0	0	0	1	1	
<b>Notes:</b>							
<b>Self-administration of medication</b> Patient is mentally or physically capable of self-administering prescribed medications with the availability of limited assistance from another person. Limited assistance includes, but is not limited to, reminding when to take medications, encouragement to take, reading medication labels, opening bottles, handing to individual, and reassurance of the correct dose.	First question only; excludes sliding scale insulin	0	0	1	2	2	
<b>Behavior</b> Patient requires persistent staff intervention due to an established and persistent pattern of behavioral problems not primarily related to a mental health condition or substance abuse disorder in order to keep the patient and/or others safe		3	2	1	0	3	
<b>Notes:</b>							<b>Total</b>



<b>Skilled Services</b>	<b>Score for skilled nursing need</b>	<b>Score for patient in this category</b>
Ventilator	5	
Frequent tracheal suctioning	4	
New tracheotomy or old tracheotomy requiring suctioning through the tracheotomy multiple times per day at less frequent intervals, i.e., < every 4 hours	3	
Total Parenteral Nutrition (TPN)	3	
Complex wound care (i.e., infected or dehiscent wounds)	3	
Wound care for stage 3 or 4 decubitus	2	
Peritoneal dialysis	2	
Tube feeding, enteral	2	
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 injections	0	
Other	0	
** Patient requires certain daily skilled nursing or rehabilitative services at a greater frequency, duration, or intensity than, for practical purposes, would be provided through a daily home health visit. The above criteria should reflect the member's capabilities on an ongoing basis and not isolated, exceptional, or infrequent limitations of function in a generally independent person who is able to function with minimal supervision or assistance.	<b>Maximum Possible Skilled services Acuity Score: 5</b>	<b>Total patient score:</b> (highest of any skilled nursing needs)

<b>FINAL TOTALS:</b>		<b>Maximum possible</b>	<b>Patient scores</b>
Total ADL Score:		21	
Total Skilled Services Score:		5	
<b>TOTAL:</b>		<b>26</b>	

\_\_\_\_\_ (signature)

\_\_\_\_\_ (signature)

\_\_\_\_\_  
 (*Print Name and Credential*)  
 Primary Treatment Provider

\_\_\_\_\_  
 (*Print Name and Credential*)  
 Supervising M. D.

Date: \_\_\_\_\_

Date: \_\_\_\_\_



# Safety Determination Request Form

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

*This form is to be used only by an entity submitting a PAE for NF LOC and requesting a Safety Determination in accordance with requirements set forth in TennCare Rule. This form must be completed in its entirety and included with the PAE submission, along with all required documentation as specified below. An incomplete Safety Determination Request Form, or a Safety Determination Form submitted without documentation as specified below, will be denied.*

Total Acuity Score of PAE as submitted: \_\_\_\_\_

## Current Living Arrangements:

**Applicant residence** (if applicant currently resides in a NF, housing status prior to admission):

- ☐ Lives in own home/apt (alone)
- ☐ Lives in own home/apt (with spouse/partner)
- ☐ Lives in own home/apt (with others)—specify relationship \_\_\_\_\_
- ☐ Lives in other's home—specify relationship \_\_\_\_\_
- ☐ Assisted living facility
- ☐ Other community-based residential (i.e., group home) setting—specify \_\_\_\_\_
- ☐ Other—specify \_\_\_\_\_

If the applicant would not be able to return to or continue living in this residence, please explain why:

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## Justification for Safety Determination Request:

Please note that documentation as specified below 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.

Please check and complete **all** that apply. (While a single justification is sufficient for review of a Safety Determination request, it is critical that TennCare has benefit of all available information pertaining to safety concerns that could impact the applicant's ability to be safely served in the community.)

- ☐ The applicant has an approved 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.
  - ☐ 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.



# Safety Determination Request Form

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

(Attach additional explanation if needed and any other documentation which would support the safety concerns detailed below. Label attachment(s) as **"Score 5-8 with Safety Concerns."**)

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Description of documentation attached: \_\_\_\_\_

- ☐ 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. (Attach additional explanation if needed and any other documentation which would support safety concerns pertaining to the applicant's mobility or transfer deficit. Label attachment(s) as **"Mobility or Transfer Deficit."**)

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Description of documentation attached: \_\_\_\_\_

- ☐ 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. (Attach additional explanation if needed and any other documentation which would support safety concerns pertaining to the applicant's toileting deficit. Label attachment(s) as **"Toileting Deficit."**)

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Description of documentation attached: \_\_\_\_\_

- ☐ 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.



# Safety Determination Request Form

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

- 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. (Attach additional explanation if needed and any other documentation which would support safety concerns pertaining to the applicant's orientation deficit. Label attachment(s) as "**Orientation Deficit.**")

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Description of documentation attached: \_\_\_\_\_

- ☐ 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). (Attach additional explanation if needed and any other documentation which would support safety concerns pertaining to the applicant's behavior deficit. Label attachment(s) as "**Behavior Deficit.**")

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Description of documentation attached: \_\_\_\_\_

- ☐ **The applicant** has experienced a significant change in physical or behavioral health or functional needs.
  - Provide a detailed description of the change(s), and how such changes impact the applicant's need for assistance. (Attach additional explanation if needed and any other documentation which would support that these change(s) occurred and/or concerns pertaining to the applicant's safety as a result of the change(s). Label attachment(s) as "**Change in Needs.**")

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Description of documentation attached: \_\_\_\_\_



# Safety Determination Request Form

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

- ☐ 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.

- Provide a detailed description of the change(s), and how such changes impact the availability of needed assistance for the applicant. (Attach additional explanation if needed and any other documentation which would support that these changes occurred and/or concerns pertaining to the applicant's safety as a result of the change(s). Label attachment(s) as "**Change in Primary Caregiver Status.**" )

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Description of documentation attached: \_\_\_\_\_

- ☐ 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.

- Provide a detailed description of the fall(s) including the date of each incident, circumstances surrounding each fall, injury sustained as a result of the fall (if applicable) or significant potential for injury or risk for further falls, treatment received (if applicable), and interventions implemented to mitigate the risk of falls and injury from falls, and whether these interventions have been successful. (Attach additional explanation if needed and any other documentation pertaining to fall(s), including documentation of any treatment received. TennCare developed Fall Form may be used to assist. Label attachment(s) as "**Documentation of Falls.**")

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Description of documentation attached: \_\_\_\_\_

- ☐ 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).

- Document below and provide detailed explanation of any circumstances pertaining to such inpatient admission(s) or ER visit(s) which indicate that the person may not be capable of being safely maintained in the community, along with records from each admission or ER visit, e.g., discharge papers. Label attachment(s) as "**Inpatient Admissions/ER Visits.**"





# Safety Determination Request Form

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Recent (last 365 days) hospital admissions		
Admit Date	Discharge Date	Reason for Admission

Recent (last 365 days) ER visits (for emergent condition <i>only</i> )	
Date	Reason for ER visit

Recent (last 365 days) nursing facility admissions		
Admit Date	Discharge Date	Reason for admission

Description of documentation attached: \_\_\_\_\_

- ☐ 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.

- ☐ Provide a detailed description of the behaviors and/or pattern of self-neglect, the frequency of each such behavior or self-neglect, the risk to personal health, safety and/or welfare, the date of involvement by law enforcement or Adult Protective Services, and any actions taken by such agency to ensure the person's safety. Attach supporting documentation, including the APS/ Police reports, where available. Label attachment(s) as "**APS/Police Involvement.**"

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Description of documentation attached: \_\_\_\_\_



# Safety Determination Request Form

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

- ☐ 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 safety met in that setting.
- Document below and attach documentation detailed description of the circumstances leading to discharge, including documentation from the CBRA. Include explanation regarding any other previous settings from which the applicant has been discharged due to safety concerns, including the date(s) of such admissions and discharge. Label attachment(s) as “**CBRA Discharge.**”

Name of CBRA facility: \_\_\_\_\_

Date of discharge: \_\_\_\_\_

Safety concerns leading to discharge \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of documentation attached: \_\_\_\_\_

- ☐ 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.
- Document below (attach additional explanation if needed) and attach current (last 365 days) medical records documenting each condition, including ongoing treatment prescribed, and the name, professional title, and contact information of the primary treating practitioner for each such condition:

Medical Condition	Acute or Chronic	Intervention Required	Licensed staff required

Description of documentation attached: \_\_\_\_\_

- ☐ 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.

Acute event: \_\_\_\_\_

Treatment required: \_\_\_\_\_

Duration of time needed: \_\_\_\_\_



# Safety Determination Request Form

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

- ☐ 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.
- ☐ 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. (Attach additional explanation if needed and any other documentation which would support the safety concerns detailed below. Label attachment(s) as "**Other Safety Concerns.**")

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Description of documentation attached: \_\_\_\_\_

- ☐ 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.

## Additional Required Documentation:

**In addition** to the information specified above to support each of the safety concerns identified, you must attach:

- ✓ A comprehensive needs assessment, including:
  - ✓ 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

Label attachment(s) as "**Comprehensive Needs Assessment.**"

- ✓ A detailed description of 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



# Safety Determination Request Form

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Label attachment(s) as **"Prior 6 Months."**

- ✓ 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

Label attachment(s) as **"Recent Events."**

- ✓ 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) which specifies 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; and 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. (A plan of care is not required for a Safety Determination submitted by the AAAD.) In the case of a Safety Determination request submitted by an MCO or AAAD 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, please 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.

✓ Label attachment(s) as **"Plan of Care."**

- ✓ A detailed explanation regarding why the array of covered services and supports, including CHOICES HCBS up to the Expenditure Cap of \$15,000 and non- CHOICES HCBS (e.g., home health), services available through Medicare, private insurance or other funding sources, and unpaid supports provided by family members and other caregivers would not be sufficient to safely meet the applicant's needs in the community

Label attachment(s) as **"Safety Explanation."**

## Submitting Entity Attestation

**Completed Attestation, printed name, signature, credentials and date of form completion are required.**

**Please read and check at least one of the statements below (check all that apply):**

- ☐ I do **not** believe this individual can be safely served in the community in CHOICES Group 3.
- ☐ I believe this individual **can** be safely served in the community in CHOICES Group 3.



# Safety Determination Request Form

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

☐ This safety determination form was completed at the request of the applicant/representative.

By signing below, I, as a licensed professional, take responsibility for the information provided in this Safety Determination request and attest that I have personally reviewed the information provided in this Safety Determination Request and it is accurate and true to the best of my knowledge. I understand that this information will be used to determine the applicant's eligibility and/or reimbursement for long-term care services. I understand that any intentional act or omission on my part to provide false information or give a false impression that would potentially result in a person obtaining benefits or coverage to which s/he is not entitled may be considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. I further understand that, under the Tennessee Medicaid False Claims Act, any person who presents or causes to be presented to the State a claim for payment under the TennCare program knowing such claim is false or fraudulent may be subject to federal and state civil and criminal penalties.

\_\_\_\_\_  
Printed Name of person making this decision

\_\_\_\_\_  
Signature of person making this decision

\_\_\_\_\_  
Credentials

\_\_\_\_\_  
Date



# Safety Determination Request Form

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Please use this form when the justification for a safety determination request is related to a recent fall(s). Provide any available information for falls occurring within the last 6 months. Most recent fall should be listed first. All fields are not required, but providing all the details available will help ensure that the correct LOC is approved for this person.

Fall #	Date of fall:	Time of Fall:	AM / PM
Location of Fall:			
What was applicant doing prior to fall?			
List factors contributing to fall (environment, meds, etc...)			
Was an injury sustained related to fall? YES / NO		If yes, describe:	
What mechanisms are in place to prevent falls?			
Why were these prevention mechanisms unsuccessful?			
Fall #	Date of fall:	Time of Fall:	AM / PM
Location of Fall:			
What was applicant doing prior to fall?			
List factors contributing to fall (environment, meds, etc...)			
Was an injury sustained related to fall? YES / NO		If yes, describe:	
What mechanisms are in place to prevent falls?			
Why were these prevention mechanisms unsuccessful?			
Fall #	Date of fall:	Time of Fall:	AM / PM
Location of Fall:			
What was applicant doing prior to fall?			
List factors contributing to fall (environment, meds, etc...)			
Was an injury sustained related to fall? YES / NO		If yes, describe:	
What mechanisms are in place to prevent falls?			
Why were these prevention mechanisms unsuccessful?			
Fall #	Date of fall:	Time of Fall:	AM / PM
Location of Fall:			
What was applicant doing prior to fall?			
List factors contributing to fall (environment, meds, etc...)			





# Safety Determination Request Form

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Was an injury sustained related to fall? YES / NO	If yes, describe:
What mechanisms are in place to prevent falls?	
Why were these prevention mechanisms unsuccessful?	

Please Allow 20  
Business Days  
for Response



As Required by TCA 71-5-116(c)(2)

Si usted necesita esta forma en Español,  
por favor llame al 1-866-389-8444

STATE OF TENNESSEE  
BUREAU OF TENNCARE  
TPL Division  
310 Great Circle Road, 4<sup>th</sup> Floor  
NASHVILLE, TENNESSEE 37243  
Toll Free: 866-389-8444 • FAX: (615) 413-1941

**TENNCARE ELIGIBILITY VERIFICATION/  
REQUEST FOR RELEASE OF ESTATE RECOVERY COST CLAIM**

**A COPY OF THE DEATH CERTIFICATE MUST ACCOMPANY THIS REQUEST**

\_\_\_\_\_  
Probate Case No.      County of Probate      Date Probate Opened

**Decedent's Information:**

\_\_\_\_\_  
Decedent's Last Name      Decedent's First Name      Decedent's Middle Name or Maiden Name  
\_\_\_\_\_  
[Married] [Divorced] [Single] [Never Married]  
\_\_\_\_\_  
Decedent's Social Security No.      Decedent's Marital Status      Decedent's Date of Birth      Decedent's Date of Death

**YOU MUST PROVIDE INFORMATION REGARDING THE DECEDENT'S SPOUSE IF APPLICABLE:**

Is the Decedent's Spouse Pre-Deceased    Yes ☐ No ☐    Spouse's Date of Death if Pre-Deceased \_\_\_\_\_  
[mm-dd-yyyyy]

\_\_\_\_\_  
Spouse First Name      Spouse Last Name      Spouse Middle Name      Spouse Date of Birth  
or Maiden Name

\_\_\_\_\_  
Spouse Social Security No.

The person completing this document is the: [ ] Executor  
[ ] Representative  
[ ] Legal Counsel for the Estate.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Person Completing This Document**

1. ARE YOU REQUESTING AN EXEMPTION DUE TO SURVIVING SPOUSE. IF YOU ARE, YOU MUST PROVIDE THE FOLLOWING INFORMATION AND/OR DOCUMENTATION IN ADDITION TO WHAT IS INDICATED ABOVE:

\_\_\_\_\_ A copy of your marriage license.

2. ARE YOU REQUESTING AN EXEMPTION DUE TO A CHILD 18 YEARS OF AGE ?

\_\_\_\_\_ A copy of the birth certificate of the minor child.

3. ARE YOU REQUESTING AN EXEMPTION FOR A DISABLED CHILD? IF YOU ARE, YOU MUST PROVIDE:

\_\_\_\_\_ A copy of the Social Security Administration determination of permanent total disability prior to the age 18.

\_\_\_\_\_ A copy of the birth certificate of the disabled child.

The person completing the Request for Release of Cost Claim is executing the request as the estate representative and TennCare is relying upon this representation when advising the value of TennCare's claims and/or executing a release or deferral of TennCare's claim. TennCare shall be held harmless of any action brought by heirs or other interested parties due to the payment of TennCare's claim by the person presenting themselves as the estate representative.

#### **Notice:**

**CONFIDENTIAL INFORMATION REGARDING A TENNCARE RECIPIENT, DECEASED TENNCARE RECIPIENT AND/OR NON-TENNCARE DECEASED PERSON WILL NOT BE RELEASED WITHOUT PRIOR AUTHORIZATION FROM THE EXECUTOR/EXECUTRIX, ESTATE REPRESENTATIVE and/or LEGAL COUNSEL FOR THE ESTATE.**

#### **INSTRUCTIONS**

1. PROVIDE ALL REQUESTED INFORMATION AND SIGN the TENNCARE ELIGIBILITY VERIFICATION/REQUEST FOR RELEASE FORM.  
You must provide information about the deceased person and the deceased person's spouse even though the spouse may have pre-deceased the decedent and the executor or estate representative must sign the request..
2. PROVIDE ALL REQUESTED DOCUMENTATION IF YOU ARE REQUESTING AN EXEMPTION TO RECOVERY.
3. PROVIDE A COPY OF THE DECEDENT'S DEATH CERTIFICATE OR OTHER DOCUMENTATION AS INDICATED ON THE RELEASE.
4. PROVIDE AN ADDRESS FOR RETURN OF THE RELEASE FORM. THE RELEASE FORM WILL NOT BE FAXED.
5. THE FORM MAY BE RETURNED WITHOUT A COVER LETTER BUT YOU MUST PROVIDE A RETURN ADDRESS.
6. IF YOU HAVE QUESTIONS REGARDING THE COMPLETION OF THE REQUEST FOR RELEASE FORM PLEASE CALL (866) 389-8444.

#### **INFORMATION YOU SHOULD BE AWARE OF**

##### **WHO IS SUBJECT TO RECOVERY?**

ANY PERSON OVER 55 YEARS OF AGE FOR WHOM TENNCARE HAS PAID FOR NURSING FACILITY SERVICES OR CARE RECEIVED FROM HOME & COMMUNITY BASED SERVICES.

IF THE ESTATE IS **NOT BEING PROBATED**, YOU DO NOT HAVE TO PROVIDE THE PROBATE COURT INFORMATION BUT YOU MUST OBTAIN A RELEASE OF TENNCARE'S CLAIM PRIOR TO DISBURSEMENT OF FUNDS AND/OR ASSETS.

##### **HOW MUCH WILL THE PERSON'S ESTATE HAVE TO PAY BACK TO TENNCARE?**

THE ACTUAL VALUE OF ALL FUNDS EXPENDED BY TENNCARE FOR THE PERSON'S COST OF SERVICES IN A NURSING FACILITY AND/OR HOME & COMMUNITY BASED SERVICES.

##### **WHAT ARE THE EXEMPTIONS?**

IF THERE IS A SURVIVING SPOUSE, TENNCARE WILL NOT RECOVER FROM THE ESTATE UNTIL THE TIME OF THE SURVIVING SPOUSE'S DEATH IF:

1. THE SURVIVING SPOUSE REQUESTS AN EXEMPTION; **AND**
2. THE SURVIVING SPOUSE PROVIDES DOCUMENTATION OF PROOF OF MARRIAGE, .

IF THERE IS A MINOR CHILD UNDER THE AGE OF 18, TENNCARE WILL NOT RECOVER FROM THE ESTATE UNTIL THE MINOR CHILD REACHES THE AGE 18 IF:

1. THE CHILD OR THE CHILD'S REPRESENTATIVE REQUESTS AN EXEMPTION TO RECOVERY; **AND**
2. THE CHILD OR THE CHILD'S REPRESENTATIVE PROVIDES A COPY OF THE CHILD'S BIRTH CERTIFICATE AS PROOF OF RELATIONSHIP.

IF THERE IS A DISABLED CHILD WHO BECAME DISABLED PRIOR TO THE AGE OF 18, TENNCARE WILL NOT RECOVER FROM THE ESTATE UNTIL THE DEATH OF THE DISABLED CHILD IF:

1. THE DISABLED CHILD OR THE DISABLED CHILD'S REPRESENTATIVE REQUESTS AN EXEMPTION; **AND**
2. THE DISABLED CHILD OR THE DISABLED CHILD'S REPRESENTATIVE PROVIDES A COPY OF THE SOCIAL SECURITY DISABILITY DETERMINATION PROVING DISABILITY AND ONSET PRIOR TO THE AGE OF 18; **AND**
3. THE DISABLED CHILD OR THE DISABLED CHILD'S REPRESENTATIVE PROVIDES A COPY OF A BIRTH CERTIFICATE PROVING RELATIONSHIP.

##### **WHAT HAPPENS WHEN THE SURVIVING SPOUSE, MINOR CHILD OR DISABLED CHILD DIES?**

AT THE TIME OF THE DEATH OF THE SURVIVING SPOUSE, TENNCARE WILL RECOVER FROM THE ESTATE ASSETS THE VALUE OF ALL EXPENSES PAID UP TO THE TOTAL AMOUNT EXPENDED FOR CARE IN A NURSING FACILITY OR HOME & COMMUNITY BASED SERVICES.

##### **HOW MAY I OBTAIN A RELEASE OF TENNCARE'S INTEREST IN AN ESTATE?**

1. COMPLETE THE REQUEST FOR RELEASE FORM; **AND**
2. PROVIDE ALL DOCUMENTATION REQUESTED; **AND**
3. IF THE ESTATE IS SUBJECT TO RECOVERY, YOU MUST PAY TENNCARE'S CLAIM TO OBTAIN A RELEASE.

This booklet is not meant to take the place of legal advice. Each case is different and needs individual attention. We updated this booklet in May 2015. The law may change from time to time.

# **Legal Aid Society**

of Middle Tennessee and the Cumberland

**1-800-238-1443**

It's a free call.

On the internet at **[www.las.org](http://www.las.org)**