

**AMENDMENT NUMBER 1
STATEWIDE CONTRACT
BETWEEN
THE STATE OF TENNESSEE,
d.b.a. TENNCARE
AND
MCO NAME**

CONTRACT NUMBER: FA- XX-XXXXX-00

Key Caregiver Assessment and Planning Requirements:

Care Coordination Team – If an MCO elects to use a care coordination team, the care coordination team shall consist of a care coordinator and specific other persons with relevant expertise and experience who are assigned to support the care coordinator in the performance of care coordination activities for a CHOICES member as specified in this Contract and in accordance with Section A.2.9.6, but shall not perform activities that must be performed by the Care Coordinator, including needs assessment, caregiver assessment, development of the plan of care, and minimum Care Coordination contacts.

2.9.6.2.5.3 The care coordinator shall, for all other CHOICES members in Groups 2 and 3 not specified in Sections A.2.9.6.2.5.1 – A.2.9.6.2.5.2 above, within ten (10) business days of notice of the member’s enrollment in CHOICES, conduct a face-to-face visit with the member, perform a comprehensive needs assessment (see Section A.2.9.6.5), conduct a caregiver assessment, develop a plan of care (see Section A.2.9.6.6), and authorize and initiate CHOICES HCBS.

2.9.6.2.5.16 Caregiver Assessment

2.9.6.2.5.16.1 For members in Groups 2 and 3

2.9.6.2.5.16.1.1 The care coordinator shall conduct a caregiver assessment using a tool prior approved by TENNCARE and in accordance with protocols specified by TENNCARE as part of its face-to-face visit with new members in CHOICES Groups 2 and 3 (see Section A.2.9.6.2.5) and as part of its face-to-face intake visit for current members applying for CHOICES Groups 2 and 3.

2.9.6.2.5.16.1.2 At a minimum, for members in CHOICES Groups 2 and 3, the caregiver assessment shall include: (1) an overall assessment of the family member(s) and/or caregiver(s) providing services to the member to determine the willingness and ability of the family member(s) or caregiver(s) to contribute effectively to the needs of the member, including employment status and schedule, and other care-giving responsibilities (2) an assessment of the caregiver’s own health and well-being, including medical, behavioral, or physical limitations as it relates to the caregiver’s ability to support the member; (3) an assessment of the caregiver’s level of stress related to care-giving responsibilities and any feelings of being overwhelmed; (4) identification of the caregiver’s needs for training in knowledge and skills in assisting the person needing care; and (5) identification of any service and support needs to be better prepared for their care-giving role.

2.9.6.2.5.16.1.3 The caregiver assessment shall be conducted at least once every 365 days as part of the annual review, upon a significant change in circumstances as defined in Section A.2.9.6.9.2.1.17, and as the care coordinator deems necessary.

2.9.6.2.5.16.1.4 All requirements pertaining to caregiver assessments shall be effective on July 1, 2015.

2.9.56.6.2.4 The plan of care developed for CHOICES members in Groups 2 and 3 prior to initiation of CHOICES HCBS shall at a minimum include: (1) pertinent demographic information regarding the member including the member's current address and phone number(s), the name and contact information of any representative and a list of other persons authorized by the member to have access to health care (including long-term care) related information and to assist with assessment, planning, and/or implementation of health care (including long-term care) related services and supports; (2) care, including specific tasks and functions, that will be performed by family members and other caregivers; (3) caregiver training or supports identified through the caregiver assessment that are needed to support and sustain the caregiver's ability to provide care for the member; (4) home health, private duty nursing, and long-term care services the member will receive from other payor sources including the payor of such services; (5) home health and private duty nursing that will be authorized by the CONTRACTOR; (6) CHOICES HCBS that will be authorized by the CONTRACTOR, including the amount, frequency, duration, and scope (tasks and functions to be performed) of each service to be provided, the schedule at which such care is needed, and the address or phone number(s) that will be used to log visits into the EVV system, as applicable; (7) a detailed back-up plan for situations when regularly scheduled HCBS providers are unavailable or do not arrive as scheduled; the back-up plan may include paid and unpaid supports and shall include the names and telephone numbers of persons and agencies to contact and the services provided by listed contacts; the CONTRACTOR shall assess the adequacy of the back-up plan; and (8) for CHOICES Group 2 members, the projected TennCare monthly and annual cost of home health and private duty nursing identified in (5) above, and the projected monthly and annual cost of CHOICES HCBS specified in (6) above, and for CHOICES Group 3 members, the projected total cost of CHOICES HCBS specified in (6) above, excluding the cost of minor home modifications.