



LONG-TERM SERVICES & SUPPORTS PRIMER

A GUIDE TO LTSS IN TENNESSEE



GUIDE TO LONG-TERM SERVICES AND SUPPORTS

INTRODUCTION:

Nearly one in three Tennesseans lives with a disability. Some of these individuals need assistance with activities of daily living, others may need help with transportation and still others may need support for housing or employment. These types of support allow Tennesseans with disabilities to live in their communities, to be included in our society and to lead lives of their choice.

To provide this help, the state of Tennessee offers Long-Term Supports and Services (LTSS) programs. Tennessee's LTSS offerings are part of several Medicaid waivers that provide Home- and Community-Based Services (HCBS) for Tennesseans with disabilities.

These waivers represent a partnership between the state of Tennessee and the federal Centers for Medicare and Medicaid (CMS). CMS matches state funding for programs that provide HCBS for people with disabilities, and the agency sets some general guidelines about how states should provide HCBS. Ultimately, however, each state has a great deal of flexibility in designing the programs, determining who is eligible, deciding what services will be available and how they should be delivered.

Tennessee's HCBS programs are the result of the movement to deinstitutionalize individuals with disabilities by developing alternative means of community living with support. The state's first HCBS waiver for individuals with intellectual disabilities (ID) was approved in 1986. A small waiver for children, and the conversion of state-funded services for adults with ID eventually became what is now known as the "Statewide Waiver". In the following years, the state would expand access to HCBS by creating other waiver programs.

TennCare is the state agency responsible for Tennessee's Medicaid programs and for the HCBS waivers. TennCare contracts with the Tennessee Department of Intellectual and Developmental Disabilities (DIDD) to implement three of the waiver programs for people with ID.

Over the years, there have been changes to the ID waivers for a variety of reasons, including a moratorium placed on services by the federal government because of deficiencies in the system, civil rights lawsuits, state comptroller report findings and changes in federal rules for HCBS settings.

During the same time, TennCare also developed HCBS waiver services for adults with physical disabilities and seniors. Limited HCBS waivers in a few areas of the state were eliminated when the General Assembly directed TennCare to develop a more comprehensive system. In 2010 the CHOICES program began implementation.

Following a 2013 Tennessee Comptroller's audit report, DIDD collaborated with TennCare to redesign the state's ID services delivery system which addressed issues identified by the Comptroller's office. Tennessee developed and submitted a new waiver program to CMS, called the Employment and Community First (ECF) CHOICES program, which was approved in 2016. On June 30th, 2016, the state closed enrollment in the three existing DIDD Medicaid waivers and directed new referrals to the ECF CHOICES program.

The ECF CHOICES program is designed differently than the closed Medicaid waivers. TennCare administers the program, but it has delegated key functions to DIDD and three private managed care organizations. Today, the state offers services across three waiver programs and one state-funded support program. They are: ECF CHOICES, CHOICES and the Katie Beckett program, and the state-funded Family Support Program. Each program is intended to support an individual's independence and their integration into the community. The programs use a person-centered planning process to identify services to be included in each waiver participant's Individual Service Plan (ISP), which is based on the individual's goals and the supports necessary to achieve those goals.

KATIE BECKETT PROGRAM

The Tennessee Katie Beckett Program provides supports and services to children with complex medical needs whose parents have income and/or assets above the eligibility level for Medicaid. Katie Beckett serves Tennessee children below the age of 18 with a variety of needs and diagnoses. The program provides levels of services and supports that depend on the group—Part A or Part B—to which a Pre-Admissions Evaluation (PAE) assigns the child.

Part A: for children with the highest level of need (“Institutional Level of Care”) as determined by the PAE. Children in Part A receive full TennCare Medicaid benefits as well as up to \$15,000 to be used for Home- and Community-Based Services (HCBS)

- Part A requires families to pay a premium for enrollment in the program and requires that the child have a private health insurance policy as well
- The cost of the premium is determined by a table on the backside of this document

BENEFITS: [Full TennCare Medicaid benefits](#) and \$15,000/year for Home- and Community-Based Services

Part B: for children who meet the criteria for “at-risk” of requiring an Institutional Level of Care. Children in Part B have access to up to \$10,000 per year to spend on medical care, private insurance premiums, community services, non-traditional therapies or to hire staffing for respite or home care.

BENEFITS: \$10,000/year in flexible funds to provide care

WAITING LIST

As of January 2022, the Katie Beckett program does not have a waiting list for either Part A or Part B

TESTIMONIAL

My name is Laura and my family lives in West Tennessee and my daughter, Cassie, has several chronic medical conditions that require extensive care. We were very excited when enrollment began for Katie Beckett – before enrolling Katie Beckett, we spent tens of thousands of dollars per year on supports Cassie needs that our insurance plan wouldn't pay for. Sometimes, we had to pick and choose what kind of care that we could afford. I even considered quitting my job so that our income level would qualify us for Medicaid. We have been enrolled in Part B since January 2022. We're really happy to get some kind of support because before we were entirely on our own. The Katie Beckett program has allowed us to install a new safety rail for our stairs and to purchase a new power wheelchair for Cassie. One of the most frustrating things about Part B has been trying to navigate the use of the debit card and reimbursement. It's really difficult to know what purchases are covered under the programs and when we can't afford to have a surprise claims denial, we have either forego the purchase or take the chance that we'd have to pay the full cost on our own. Likewise, the debit card/reimbursement approval process is challenging – we purchase the same g-tube food each month, but some months it's approved and some it's denied, forcing us to go through the appeals process to get it covered. Some DIDD case managers are helpful, but sometimes we hear different answers from different people about the same question. Overall, we really appreciate the support that we've been able to get, but we're disappointed that the Tennessee Katie Beckett program is so hard to use.

ENROLLMENT PROCESS

Determination: After completing the application, you will begin the determination process

- This will include a financial and medical eligibility determinations
- Your child's necessary Level of Care (LOC) will be established by these determination processes – LOC's are established in the domains of Medical, Behavioral and Functional
 - This helps to determine your child's eligibility for Part A or B
- If you believe your child would be eligible for Part A, you can request a Part A evaluation at the completion of your Part B process (in some cases the Part A process may begin automatically)
- [See this flow chart for more details about the process](#)

Premiums

- Families enrolled in Part A are required to maintain their own private insurance
- The financial eligibility process will also determine the cost of your Katie Beckett premium which depends on your household income as it relates to the Federal Poverty Line

Planning and Funds: Once you have been found eligible and been enrolled in the Katie Beckett program, a Katie Beckett case manager from TennCare will assist in creating an Independent Support Plan (ISP)

- The ISP will contain supports and services available to participants in the Katie Beckett program and will help determine the allotment of funds for the year
 - Each ISP is valid for one full year, and reevaluated annually
- The state also uses this [non-exhaustive IRS list](#) for determining eligible purchases

Using Part B funds: Katie Beckett Part B provides two different methods to use the allotted funds in the program.

- Health Reimbursement Arrangement: consumers may pay for care up front and submit documentation to be reimbursed from the allotted pool of funds
- Payflex debit card: consumers may also use a debit card provided by the state's contractor for approved purchases
 - Many families already enrolled in the Katie Beckett program have had significant difficulty using the debit card option

RESOURCES

How to get started: Use the [TennCare Connect website](#) to apply for the program – this state-operated website will begin collecting personal and financial information to determine program eligibility

How to get help:

- [Tennessee Justice Center](#)
- [Tennessee Disability Coalition](#)
- [Disability Rights Tennessee](#)
- Local DIDD support numbers:
 - West Regional Office – 866-372-5709
 - Middle Regional Office – 800-654-4839
 - East Regional Office – 888-531-9876

How to find support: Facebook Group (invite/application only): [Katie Beckett Community of Support](#)

FAMILY SUPPORT PROGRAM

The Tennessee Family Support Program is for individuals with severe or developmental disabilities who currently live with family. The program provides up to \$4,000 per year in flexible grant funding available to be used for a variety of purposes to support the family. The program is operated by local "councils", who determine funding priorities and select individuals and families for enrollment.

The Tennessee Family Support Program is designed to serve:

- Families who have school-aged or younger children with severe disabilities
- Adults with severe disabilities who choose to live with their families
- Adults with severe disabilities not supported by other residential programs funded by state or federal funds

POTENTIAL USES OF FUNDS:

Including, but not limited to:

- Respite Care
- Before/after care
- Day care
- Home modification
- Vehicle modification
- Specialized equipment purchase, repair and maintenance

- Nutrition supplies
- Medical supplies
- Clothing
- Personal assistance
- Transportation
- Homemaker services

- Housing costs
- Health-related costs
- Nursing
- Counseling
- Summer Camp
- Evaluation

TESTIMONIAL

My name is Jackie and my son Terrance and I have been a part of the Family Support program for about 2 years. After looking for some help for a couple of years, a friend told me about the Family Support Program in our West Tennessee Area and helped me and Terrance apply. We first applied so that I could install a motorized lift up the stairs and we were approved. However, when we had to abruptly move because of a mold issue at our previous home, I struggled to pay for our new rent and the cost of moving. The Family Support program stepped in and made sure that I could pay for my son's formula AND our rent. We've also been able to use some of the funds to pay for Terrance to receive some therapies that he wasn't getting before. The other thing that I really like about the program is that it has family advisory councils that help to run the program. It is so important that our voices have a say in how the program is run. One downfall about the program is that it is small, and you can't be certain that if you are selected to receive funds one year, you'll be selected the next year too.

ELIGIBILITY SELECTION, AND ENROLLMENT:

How to get started:

- There is a Family Support agency for every county in the state, and the application process may depend on the county and agency. [Find the agency closest to you](#)

Eligibility, Selection and Enrollment:

- Eligibility for families/individuals is determined annually.
 - Applicants must reapply yearly previous enrollment does not guarantee continuing participation.
- Applicants are not eligible for the Family Support Program if they are currently receiving services from some other state or federally funded support programs, such as Medicaid waiver programs
- Selection for participation is often determined based on the primary priorities of the State Council:
 - family needs, including services currently available and in use, informal support systems available to the family, and the condition of family members.
 - the immediacy of need, e.g., crisis or emergency,
 - severity of the family problems,
 - time awaiting services,
 - the impact of the disability on the activities of everyday life for the whole family
- Local councils also develop priority criteria for selection and admission each year, which may change year to year
- If an application is selected for participation, individuals and their families are assigned a Family Support Coordinator who helps write a Plan for Services
 - The Plan for Services includes a statement of needs and preferences, a list of specific services to be provided, details about how services will be provided and paid for and a cap on the funds available for services
- Family Support Coordinators are more supportive than they are directive – families are often ultimately responsible for securing services, including staffing

RESOURCES

- [How to find your Family Support Program Agency](#)
- [Family Support Program Website](#)
- [Family Support Guidelines Document](#)

CHOICES PROGRAM

The Tennessee CHOICES program is a Medicaid program that serves individuals with disabilities who qualify for nursing-home level of care, or are considered “at-risk” for nursing home level of care. There are three different groups within the CHOICES program:

Group 1: for individuals of all ages who have any disability that requires nursing home levels of support AND the individual resides in a nursing home

Group 2: for individuals age 21+ who have physical disabilities that require nursing home levels of support AND the individual chooses to live at home or in the community

Group 3: for individuals age 21+ who have physical disabilities that make them “at-risk” of requiring nursing home levels of support without access to home- and community-based services (HCBS)

BENEFITS:

CHOICES Group 1:

- Nursing home care

CHOICES Group 2-3:

(benefits capped at \$15,000/year)

- | | | |
|--|----------------------------|--------------------------------------|
| • Personal care visits | • Attendant care | • Home-delivered meals |
| • Adult daycare | • In-home respite care | • In-patient respite care |
| • Assistive technology | • Minor home modifications | • Pest control |
| • Benefits counseling | • Enabling technology | • Personal Emergency Response System |
| • Community-Based Residential Alternatives | | |

HOW IT WORKS

Individuals in the CHOICES program can receive their services in two ways. Some participants choose to use a Managed Care Organization (MCO,) and others choose to use Consumer Direction.

- **MCO's** manage a network of health care providers, such as therapists, physicians, home care staff, etc., and participants receive their care and services through these providers. MCO's contract with agencies that hire, train and schedule staff to provide some services. This is similar to how private health insurance companies provide access to care and services.
- **Consumer Direction (CD)** is an option in which participants hire and manage their own support staff and providers. CD provides some flexibility about who provides services (like friends or family members, with some major limitations) and how they are provided. This requires participants to find their own staff, as well as hire, schedule and train them.

WAITING LIST

As of November 2021, CHOICES does not have a waiting list for enrollment.

ENROLLMENT

To qualify for CHOICES, individuals must qualify for Medicaid. This involves monthly income limits, asset limits and the “look-back” rule:

- Pre-tax income earned by the applicant must be less than \$2,382 per month (\$28,584/year)
 - There are certain exceptions for non-applicant spousal income.
- Assets owned by the applicant, excluding things like houses and furnishings and vehicles, must be below \$2,000.
- Applicants may not have given away or sold valuable items for less than their worth within the last 60 months (5 years).

TESTIMONIAL

My name is Mike and I have been in CHOICES Group 2 for four years. I have a disability that makes independent living without some additional assistance very difficult. CHOICES allows me to receive visits from a personal care attendant, who helps me with cleaning, cooking some meals and other household chores. The program has also provided me with some assistive technology, like an emergency alert system and a medication dispenser that reminds me when to take my medication and how much. While the supports I do receive are vital to allowing me to stay in my home, the personal care visits can be unreliable, with some no-shows and major turnover with workers. If I need some more intensive care, like medical care, in the future, CHOICES may struggle to provide me with this service. Overall, CHOICES works well for me right now and allows me to live at my home with a large degree of independence, but it isn't perfect and may not always have the same impact that it does now.

RESOURCES

How to get started: Use the [TennCare Connect website](#) to apply for the program – this state-operated website will begin collecting personal and financial information to determine program eligibility

- If you are deemed eligible, you will be assigned a case manager who may help provide support
- With the support of your case manager, you will create an Independent Support Plan (ISP) which helps determine what services you will get
 - During the ISP process, you will also determine how you would like to receive services (use an MCO or Consumer Direction – see below)
 - Some services in your ISP may be harder to receive than others, depending on the availability of DSP's, specialists and other practitioners in your area
 - Each ISP is valid for one full year and reevaluated annually

How to get help:

- [Tennessee Justice Center](#)
- [Tennessee Disability Coalition](#)
- [Disability Rights Tennessee](#)
- [Local Area Agency on Aging and Disability](#)

EMPLOYMENT AND COMMUNITY FIRST (ECF) CHOICES PROGRAM

The Tennessee ECF CHOICES program is a Medicaid program that serves Tennesseans of all ages who have intellectual and developmental disabilities (IDD). ECF serves individuals with a wide variety of needs and provides services intended to promote independence, including community living and employment. There are 5 groups within the ECF program:

Group 4 ("Essential Family Supports"): for children under age 21 with IDD who live at home with their family.

Group 5 ("Essential Supports for Employment and Independent Living"): for children under age 21 with IDD who don't qualify for the level of care in a nursing home. Individuals age 18-21 cannot live at home with their family in Group 5.

Group 6 ("Comprehensive Supports for Employment and Independent Living"): for adults age 18 and older who qualify for nursing home level of care and live in their community, but need more supports and services to achieve community living and employment goals.

Group 7 ("Intensive Behavior Family Supports"): for children under age 21 with IDD and severe behavior support needs that would put the child at risk of being placed outside the home.

Group 8 ("Comprehensive Behavior Family Supports"): for adults over age 21 with IDD and severe behavior support needs that require significant care and supervision to transition into the community.

BENEFITS

- | | | |
|---|--|---|
| <ul style="list-style-type: none">• Career Exploration• Co-worker supports• Assistive/enabling tech | <ul style="list-style-type: none">• Job development & self-employment planning• Benefits counseling• Minor home modification | <ul style="list-style-type: none">• Job coaching• Integrated employment• Decision-making supports |
|---|--|---|

Groups 1-7:

- Community transportation
- Community integration supports
- Independent living skills training

Group 1:

- Family caregiver stipend
- Supportive home care

Groups 1-3:

- Respite

Groups 5-6:

- Personal assistance
- Family model community living supports

Groups 4 & 7:

- Family caregiver education
- Family to Family support
- Health insurance counseling
- Community support development

Groups 5, 6 & 8:

- Specialized consultation and training
- Individual Education & Training
- Peer-supported planning

Groups 8:

- Intensive behavioral community transition and stabilization services

Groups 4-6 & 8:

- Adult dental

Group 7:

- Intensive behavioral family centered treatment, stabilization and supports

HOW IT WORKS

Individuals in the ECF program can receive their services in two ways. Some participants choose to use a Managed Care Organization (MCO), and others choose to use Consumer Direction.

- **MCO's** manage a network of health care providers, such as therapists, physicians, home care staff, etc., and participants receive their care and services through these providers. MCO's contract with agencies that hire, train and schedule staff to provide some services. This is similar to how private health insurance companies provide access to care and services.
- **Consumer Direction (CD)** is an option in which participants hire and manage their own support staff and providers. CD provides some flexibility about who provides services (like friends or family members, with some major limitations) and how they are provided. This requires participants to find their own staff as well as hire, schedule and train them.

ENROLLMENT

To qualify for CHOICES, individuals must qualify for Medicaid. This involves monthly income limits, asset limits and the "look-back" rule:

- Pre-tax income earned by the applicant must be less than \$2,523 per month (\$30,276/year)
 - This limit is subject to change each year
 - There are certain exceptions for non-applicant spousal income.
- Assets owned by the applicant, excluding things like houses and furnishings and vehicles, must be below \$2,000.
- Applicants may not have given away or sold valuable items for less than their worth within the last 60 months (5 years).

TESTIMONIAL

My name is Ed and my daughter, Jane, has I/DD and has been in the ECF CHOICES program for 3 years. We live in Middle Tennessee and have spent years trying to get Jane, who is now 19, the kind of services that she needs. Jane has some minor behavioral needs, but primarily needs support as she works to transition into the community. The first thing to know about ECF is that it has a long waiting list – we were on the waiting list for 5 years before we got in. Even when you get into the program, it can be really hard to get services. She is in Group 4, and we have been able to get some job planning and independent living skills training, but have struggled to find personal care assistants or to use respite. Jane's Independent Support Plan (ISP) provides us 20 hours of personal care assistance per week, which has been helpful, but the reliability and quality of the workers varies. We use the MCO option to try to find workers, but there is a huge shortage of workers, a lot of turnover and the staff is mostly untrained – it is just not a reliable option. We are considering using the Consumer Direction option so that we can pay workers more, but it is almost a full-time job to go this route. The ECF program really pushes work, and Jane wants to work. Her ISP provides her a job coach, but like DSP's, finding one and keeping one is hard. She had the opportunity to go into a workplace for a day with a job coach and kind of explore how it would work, but we haven't yet been able to find her consistent hours and support to make it work. Ultimately, that's the thing with ECF, there are services that we get that help Jane, the program has a lot of options that would really support Jane and her goals, but it's just unreliable – you can't get some of the services in your ISP, you get a new worker every couple of months and you really have to wait a long time for everything.

RESOURCES

How to get started: Use the [TennCare Connect website](#) to apply for the program – this state-operated website will begin collecting personal information to determine program eligibility

- If you are deemed eligible, you will be assigned a case manager who may help provide support
- With the support of your case manager, you will create an Independent Support Plan (ISP), which helps determine what services you will get
 - During the ISP process, you will also determine how you would like to receive services (use an MCO or Consumer Direction – see below)
 - Some services in your ISP may be harder to receive than others, depending on the availability of DSP's, specialists and other practitioners in your area
 - Each ISP is valid for one full year and reevaluated annually

How to get help:

- [Tennessee Justice Center](#)
- [Tennessee Disability Coalition](#)
- [Disability Rights Tennessee](#)

How to find support:

- o Facebook Group (invite/application only): [ECF CHOICES Community of Support – Middle TN](#)
- o Facebook Group (invite/application only): [ECF CHOICES Community of Support – East TN](#)
- o Facebook Group (invite/application only): [ECF CHOICES Community of Support – West TN](#)

SELF-DETERMINATION WAIVER

The Self-Determination Waiver serves children and adults with ID and children under age six with DD who qualify for and, without receiving services in this waiver, would require placement in a private ICF/IID. People in this waiver direct their own services, including hiring and managing service providers. There are no residential services provided; people live in the community with their family, a non-related caregiver or in their own home. As of November 2021, there are 976 persons served by this waiver.

As of June, 2015, this waiver is not open for enrollment of new participants. Instead, those individuals previously served in this waiver are directed to the Employment and Community First (ECF) CHOICES waiver.

BENEFITS

- Adult dental Services
- Behavior services
- Behavioral respite services
- Community participation supports
- Environmental accessibility modifications
- Facility-based day supports
- Individual transportation services
- Intermittent employment and community integration wrap-around supports

- Non-residential homebound support services
- Nursing services
- Nutrition services
- Occupational therapy services
- Orientation and mobility services for impaired vision
- Personal assistance
- Personal emergency response systems

- Physical therapy
- Respite
- Semi-independent living
- Specialized medical equipment, supplies and assistive technology
- Speech, language and hearing services
- Support Coordination
- Supported Employment – Individual/small group

TESTIMONIAL

Linda lives with her mother and father in the small town in East Tennessee where she was born and raised. Linda has Down Syndrome. She is in her early 30s, has limited language and self-care skills. Her parents helped her enroll in the Self-determination waiver about 10 years ago. Being able to hire personal assistants to help Linda has been very important. It has allowed her parents to maintain their employment so that they can support themselves and their children. It has also helped Linda develop more independence, become more social, and to expand her world beyond that of her family. Being able to hire and schedule staff had been both a blessing and a challenge. It has given Linda and her family more control over who comes into their home and serves their daughter. But it has also created much more work for her parents to essentially manage their own agency.

STATEWIDE HOME AND COMMUNITY BASED SERVICES WAIVER

The Statewide Home and Community Based Services Waiver (sometimes referred to as the “Statewide Waiver”) serves children and adults with Intellectual Disabilities and children under age six with a Developmental Disabilities. Participants must also qualify for the institutional-level care and would require placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), without receiving services in this waiver. As of November 2021, there are 4,179 served by this waiver. In 2015, an Individual Cost Neutrality Cap, based on the average cost of private ICF/IID services in Tennessee, was applied. This cap placed a limit on the cost of services each individual in the waiver program could receive, meaning that the total cost of all services may not exceed the cap. Individuals whose services exceed the cap were transitioned to the Comprehensive Aggregate Cap Waiver. **As of July 1, 2016, TennCare has closed the Statewide Waiver to new participants.**

BENEFITS

- Adult dental services
- Behavior services
- Behavioral respite services
- Community participation supports
- Environmental accessibility modifications
- Facility-based day supports
- Family model residential supports
- Individual transportation services
- Intermittent employment and community integration wrap-around supports

- Medical residential support
- Non-residential homebound support services
- Nursing services
- Nutrition services
- Occupational therapy services
- Orientation and mobility services for impaired vision
- Personal assistance
- Personal emergency response systems
- Physical therapy

- Residential habilitation
- Respite
- Semi-independent living
- Specialized medical equipment, supplies and assistive technology
- Speech, language and hearing services
- Support Coordination
- Supported Employment – Individual/small group
- Supported living
- Transitional case management

TESTIMONIAL

Joyce grew up on a farm in Hickman County. When she was young her family did not worry about her much because she had brothers and sisters who looked out for her. Joyce did not attend school because of her disabilities, but loved being on the farm. When she was 15, and her siblings started to leave home her parents worried that they could not keep her safe and well, or give her the training and support she needed. At that time, their only choice was to send Joyce to Clover Bottom Developmental Center. Joyce lived at Clover Bottom until she was 52 years old. It was not an easy life. At age 52 Joyce had a chance to return to the community because of the state-wide Medicaid waiver. She moved into a supported living setting with three other woman. The transition was challenging for Joyce. Joyce survived years of institutional living by developing skills and behaviors that did not serve her well in her new home. Supportive staff and community friends helped her learn new skills and build trust in her roommates and others. Joyce participated in a community day program, choosing not to work at this stage in her life. As Joyce moved into her 60's her health and interests changed. Although she had come to consider her roommates as family, she simply did not have the same interests in spending time in the community. She preferred to come home, put on her robe and slippers, and relax. Joyce's provider worked to develop an alternative program for Joyce. Working within the waiver, she was able to move into an apartment of her own with the supports she needed to live there. Joyce's joy at having a home of her own, being able to have control over her day was evident to all who knew her. The waiver, and the support her community, helped Joyce live out her life in a manner of her choosing.

TENNESSEE COMPREHENSIVE AGGREGATE CAP HOME AND COMMUNITY BASED SERVICES (CAC) WAIVER

TN Comprehensive Aggregate Cap Home and Community Based Services (CAC) Waiver initially only served lawsuit class members from Arlington Developmental Center. When it was renewed in 2015, it was renamed and now serves individuals with ID who are former members of the certified lawsuit class in the United States vs. the State of Tennessee, et al. (Arlington Developmental Center), former members of the certified class in the United States vs. the State of Tennessee, et al. (Clover Bottom Developmental Center), persons discharged from the Harold Jordan Center following a stay of at least 90 days, and individuals transitioned from the Statewide Waiver upon its renewal on January 1, 2015. As of November 2021, there are 1,367 persons served by this waiver.

As of July 1st, 2016, the waiver is only open for enrollment of individuals who have been discharged from the Harold Jordan Center after a stay of at least 90 days.

BENEFITS

- Behavior Services
- Behavioral Respite Services
- Community Participation Supports
- Dental Services
- Environmental Accessibility Modifications
- Facility-Based Day Supports
- Family Model Residential Supports
- Individual Transportation Services
- Intermittent Employment and Community Integration Wrap-Around Supports

- Medical Residential Support
- Non-Residential Homebound Support Services
- Nursing Services
- Nutrition Services
- Occupational Therapy Services
- Orientation and Mobility Services for Impaired Vision
- Personal Assistance
- Personal Emergency Response Systems
- Physical Therapy

- Residential Habilitation
- Respite
- Semi-Independent Living
- Specialized Medical Equipment Supplies, and Assistive Technology
- Speech, Language, and Hearing Services
- Support Coordination
- Supported Employment – Individual/Small Group
- Supported Living
- Transitional Case Management

TESTIMONIAL

Jeanette, who is 55, lives in a small house in East Nashville with her friend Rosa, who is 58. The two know each other from their time living at Clover Bottom Development Center, which closed for good in 2016. Both Jeanette and Rosa have developmental disabilities and are in participants in the Comprehensive Aggregate Cap (CAC) waiver, which helps them live independently, receive the health care that they need and go into the community to do the things they like to do. On Mondays and Wednesdays, a personal care assistant comes to their house to help them with any chores that they need doing. On Thursdays, a van comes by to pick them up and take them into town. Jeanette likes to go bowling and go shopping at the mall, and Rosa likes to swim at the Y and go hiking at Percy Warner State Park. On Saturdays, Rosa receives employment supports for her job at the farmer's market. The CAC waiver also helps Jeanette and Rosa visit with doctors, specialists and dentists to make sure that they are able to stay healthy. Jeanette and Rosa did not have easy lives at Clover Bottom, but the CAC waiver makes sure that they can live safe and healthy lives of their choosing in the community.