Serving the Aging and Disabled: Progress and Issues

John G. Morgan
Comptroller of the Treasury
Office of Research
State of Tennessee

December 2003

STATE OF TENNESSEE

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Comptroller

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December 15, 2003

The Honorable John S. Wilder
Speaker of the Senate
The Honorable Jimmy Naifeh
Speaker of the House of Representatives
and
Members of the General Assembly
State Capitol
Nashville, Tennessee 37243

Ladies and Gentlemen:

Transmitted herewith is a report about in-home services to aging and disabled Tennesseans. The report describes the state's efforts to provide services that give our citizens choices other than nursing homes for their care. The report also makes recommendations for further improvement.

Sincerely,

John G. Morgan
Comptroller of the Treasury

Serving the Aging and Disabled: Progress and Issues

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Executive Summary

Families face tough choices as their relatives age or become disabled. Parents, children, grandchildren, brothers, sisters, or other kin who are caretakers often find themselves challenged with making the difficult decision to place their loved ones in nursing homes or other institutional care. Most elderly and disabled people wish to remain in their homes and maintain their independence as long as possible.

A 1997 report by the Office of the Comptroller pointed out the lack of a comprehensive long-term plan for the care of the elderly and disabled. Tennessee nursing homes provide most long-term care services even though most people would prefer to remain in their homes. Few home and community-based services are available.

Since the release of the 1997 report, the General Assembly has allocated funds for home and community-based services for both Medicaid eligible and non-Medicaid eligible populations. Funds for serving Medicaid eligible individuals come from the Centers for Medicare and Medicaid, with a state match, through a Medicaid 1915 (c) waiver for home and community-based services. The Tennessee Commission on Aging and Disability (the Commission) administers both programs, as well as federally funded Older Americans Act services.

Some service providers raised concerns about the Commission's implementation of the home and community-based services programs. The Commission accomplishes most of its work through contracts with area agencies on aging and disability (area agencies). *TCA* §71-2-105 requires the Commission to designate planning and service areas and area agencies in accordance with the Older Americans Act.

The report concludes:

The state has not served any clients through the 1915(c) home and community-based services program, even though the Centers for Medicaid and Medicare (CMS) approved Tennessee's application in May 2002. The Bureau of TennCare contracts with the Commission on Aging for $2.1 million to be the administrative lead agency to implement the waiver. Although the program has not served any clients, the Commission and the area agencies spent $610,821 from November 2002 through June 2003 in preparing to implement services.

According to TennCare staff, the following unresolved issues caused the delay:

1. TennCare's billing system could not initially accommodate payments to multiple providers under the program (this issue has now been resolved).
2. The Commission and TennCare staff could not agree on a method to collect patient liability payments required by Medicaid rules. The CMS requires states to reduce Medicaid payments to medical and remedial care institutions and to HCBS waiver service providers by the amount remaining after specified deductions are made from the income of the client. Remaining income is applied to the amount persons are liable to pay for services (this issue has now been resolved.)

3. The Commission had not recruited sufficient providers for an adequate network. Some area agencies had enough to implement services by the middle of October 2003; others did not.

The Bureau of TennCare has begun the process to amend the Medicaid home and community-based waiver to allow the state to phase in the program county by county. (See pages 13-14.)

Multiple state agencies provide direct or indirect services to elderly and disabled Tennesseans, resulting in some duplication and fragmentation. Tennessee agencies providing services to elderly and disabled Tennesseans include the Commission, the Tennessee Council on Developmental Disabilities, the Department of Health, the Bureau of TennCare, the Division of Adult Protective Services in the Department of Human Services, the Division of Mental Retardation Services within the Department of Finance and Administration, the Department of Labor, the Department of Veterans Affairs, and the Department of Mental Health and Developmental Disabilities. Having multiple providers leads to fragmented services; clients may be overlooked and unserved. Making the entire long term care system more streamlined could help to free up resources to eliminate waiting lists and provide services for those who qualify. (See page 15.)

In spite of the allocations made by recent General Assemblies for home and community-based programs, Tennessee ranks low nationally in providing alternative services for its elderly and disabled citizens. Tennessee has the 16th largest elderly population, yet is 46th in the nation in the amount of funds spent on home and community-based services and 46th in per capita funding for the elderly. As a result, these Tennesseans have little choice except nursing homes for their long-term care needs. Even though 16.6 percent of Tennesseans are aged 60 and older, the state projects that it will have spent only 4.26 percent of its public long-term care dollars on home and community-based services during FY2002-03. (See pages 15-16.)

A single manual containing standards of care would be more understandable to both consumers and service providers than having the standards scattered throughout several documents. *TCA §*71-5-1402(e) suggests that standards of care be developed. Standards of care safeguard clients from inappropriate assessments and substandard services as well as shield them from abuse and fraud. They also help protect the rights of consumers.

Commission staff have included policies related to quality of care in several materials being developed for the home and community-based services program. These documents include an enrollee handbook, a provider operations manual, a quality assurance manual, and other documents such as the contracting guide for the Commission's programs. Both consumers and service providers could better understand a single manual containing standards of care than several documents. (See pages 16-17.)

The Commission is changing its payment methods from grant awards to unit cost reimbursement, which will allow the Commission to control spending. Unit cost reimbursement will allow the Commission to more readily assess its performance

measures under performance based budgeting. The Commission intends to place all its in-home services, including state funded Options, Title III, and the Medicaid HCBS waiver on the same type of reimbursement system. No authority requires the Commission to use unit cost reimbursement for non-Medicaid programs, nor is it forbidden. A grant based approach has the disadvantage of lacking punitive damages for not meeting goals and is not conducive to performance based budgeting.

The Bureau of TennCare set a fee structure for the Medicaid HCBS waiver that includes unit cost reimbursement for all services, including case management. The Commission has not yet established a unit cost for case management under state funded Options or Title III programs. Commission staff told researchers they will set unit rates for case management and plan for unit cost reimbursement for all home and community-based services to be used by all area agencies by July 1, 2004. (See page 17.)

Some area agencies may pay Options providers rates higher than allowed by law, which may result in fewer funds available and fewer clients served. *TCA* §71-5-1408(e) mandates that unit rates paid to providers for services under the Options program not exceed 20 percent above the average statewide unit cost for each specific service under any federal waiver. Commission staff interpret the statute to mean that area agencies may pay over 120 percent of the Medicaid waiver rate to a provider as long as the average for all providers for that service does not exceed 120 percent. The area agencies use a "straight" average to calculate unit rates to determine if providers exceed the statutory limit. In other words, the area agencies average the reimbursements to all providers rather than account for each individual provider.

However, a weighted average illustrates the amount the state actually pays because it includes the quantity of each type of service rendered by providers and the total state expenditures for each service in its formula. Office of Research staff calculated the weighted average, using information provided by Commission staff. This calculation reveals that the area agencies are collectively awarding contracts higher than the 120 percent standard. (See pages 17-19.)

The increased staff at the area agencies on aging and disability enables them to provide all assessments, provide case management services for clients who choose them, and otherwise administer the single portal of entry model for home and community-based services programs. As a result, clients will not receive multiple assessments; they will have a choice of service providers; and they will be able to access services in a "one-stop shop."

Because some providers believe the area agencies hired unnecessary staff, Office of Research staff reviewed staffing patterns as well as job descriptions and concluded that the increase in staff is likely needed to implement all programs for the elderly and disabled once waiver services are available. Contrary to an allegation that nurses are not required to implement the waiver, TennCare officials confirmed that area agencies need to hire registered nurses to conduct in-home visits, to review plans of care at least every 90 days, and to be case managers for individuals who are medically fragile or have complex medical conditions (See pages 19-20.)

The Commission's decision to establish a central intake system with assessments and consumer choice of providers through the area agencies complies with state law, follows the recommendations of the Administration on Aging, and is in keeping with promising practices identified by the National Conference of State Legislatures. *TCA* §71-5-1402(e) (9) states that in any waiver program there should be a single point of entry for case management services in each region for assessment, assistance in developing plans of services, and referral to qualified service providers. *TCA* §71-5-1402(e) (10) states that case managers should not also be service providers.

The Commission decided to include all its in-home programs in this system of central intake. The new system places entry into the network at the nine area agencies. The area agencies have used central intake for the Options program since its inception, intend to use central intake for the Medicaid waiver, and will convert all Title III programs by July of 2004. The area agencies will perform all assessments for the clients and may provide case management if the client prefers. The new structure effectively sets controls which prevent case management providers from delivering services. The former system yielded numerous assessments for a single client. For example, two separate providers administering services to the same client would both perform assessments instead of sharing the information with one another. The former system also allowed one provider to deliver all the services to a particular area without consumer input. The new system will give consumers choice and create competition among providers.
(See pages 21-22.)

Tennessee is one of only three states whose state unit on aging is a commission. Forty-seven other states' units on aging are cabinet level departments or divisions within cabinet level departments. Eighteen states' units on aging are cabinet level agencies and 29 states' units are divisions within departments. Most interviewees and staff from other states believe that adopting a new structure would enhance Tennessee's elderly and disabled populations' influence as well as boost the staff's ability to coordinate services with other state departments or divisions.

Several interviewees questioned the ability of the Commission in its present form to administer the home and community-based services program, especially if the program grows to accommodate an increasing elderly population. Some interviewees expressed concern that Commission members do not take an active role in setting policy and direction, but merely hear presentations from staff about developments. One person interviewed, however, told researchers that the immediate past and the current chairmen of the Commission actively work with the executive director and stay involved with the Commission's operations. (See pages 22-23.)

The Commission did not include some major stakeholders when developing the central intake system. Most interviewees expressed concern that the Commission did not formally prepare providers and consumers for the policy change that created the central intake system. The change to a central intake through the area agencies alters the familiar way services have previously been rendered which affects providers, clients, and advocates. A policy change of this scale requires considerable planning and reorganizing

for stakeholders. This may place some stakeholders at a disadvantage in organizational structure, marketing, and operating revenue. (See page 23.)

Recommendations begin on page 24. The Commission's comments are in Appendix J. The Bureau of TennCare response is in Appendix K. The response states that the information contained in the report that pertains to TennCare accurately reflects the information they provided when interviewed by Comptroller's staff.

The General Assembly may wish to consider merging functions of various agencies serving elderly and disabled Tennesseans into a single cabinet-level department or a division within a cabinet-level department.
The Commission concurs in part and states that there is a need to study and better coordinate services to older individuals and persons with disabilities.

The General Assembly may wish to consider allocating more funds for home and community-based services for the elderly and disabled.
The Commission concurs.

The Commission should incorporate into one manual the standards of care suggested by *TCA* §71-5-1402(e)(14).
The Commission concurs.

The Commission should ensure unit cost reimbursement for all its in-home services is in place by July 1, 2004.
The Commission concurs.

The area agencies should make every effort to recruit sufficient providers to serve clients in every county.
The Commission concurs.

The Commission should request an opinion from the Attorney General and Reporter as to its compliance with *TCA* §71-5-1408(e) related to allowable unit costs of services in the Options program.
The Commission concurs in part, but differs in its interpretation of the statute.

The Commission should proceed with its plans for a central intake system for all its home and community-based programs, including the statewide waiver, Options, and Title III in-home services.
The Commission concurs.

Commission staff should ensure that major stakeholders are included when changes affecting them are considered.
The Commission concurs.

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The duty of caring for failing elderly relatives is more than a family matter, a personal dilemma, or a sex equity issue. Basically, it is a problem of how our society views old and disabled people. With the growing numbers of chronically ill, it can no longer be some other family's tragedy. Eventually we must face hard questions, as individuals and as a nation.

Tish Sommers, "Who
Takes Care of Our Parents?"

Introduction

Families face tough choices as their relatives age or become disabled. Parents, children, grandchildren, brothers, sisters, or other kin who are caretakers often find themselves challenged with making the difficult decision to place their loved ones in nursing homes or other institutional care. However, most elderly and disabled wish to remain in their homes and maintain their independence as long as possible.

A 1997 report by the Office of the Comptroller pointed out the lack of a comprehensive long-term plan for the care of the elderly and disabled. Tennessee nursing homes provide most long-term care services even though most people would prefer to remain in their homes. Few home and community-based services are available.[1] This report describes Tennessee's efforts to increase opportunities for these services.

The elderly population is increasing and the numbers will soon swell dramatically. Approximately 943,000 Tennesseans (16.6 percent) are 60 years old and over, falling under the provisions of the federal Older Americans Act.[2] Nationwide, approximately one in eight persons was elderly in 1994, but one in five will be elderly by the year 2030. In addition, people are living longer, increasing the average number of years the elderly will require long-term care.

The care needs of the elderly also increase as they age.[3] Tennesseans are in worse health than those in most other states, increasing the likelihood that they will rely on public assistance for their long-term care. For example, approximately eight percent of adult Tennesseans report being diagnosed with diabetes, compared to 6.5 percent nationally. The lifetime prevalence of diabetes increases with age, affecting 16.5 percent of Tennesseans aged 65 and over. About 29 percent of adult Tennesseans report diagnoses of high blood pressure, compared to 26 percent nationally. High blood pressure affects 56 percent of those aged 65 and older. In addition, about 47 percent of Tennesseans aged 65 and older report that they are physically inactive.[4]

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[1] Comptroller of the Treasury, Office of Research, *Long-Term Care of Tennessee's Elderly,*1997.
[2] Census 2000 data on Aging, Compiled by the Administration on Aging.
[3] *Tennessee Comprehensive Plan for the Delivery of Long-Term Care Services to Elderly and Disabled Persons,* March 15, 1999, p.13.
[4] Tennessee Department of Health and the Community Health Research Group, The University of Tennessee, *Tennessee Health Status Report, 2001-2002*, June 2003.

Tennessee's senior citizens are also poorer than those in most other states. In 2001, 13 percent of Tennesseans aged 65 and over fell below the poverty rate, compared to almost 10 percent nationally. Only Alabama, Arkansas, Louisiana, Mississippi, New Jersey, and North Carolina have more seniors living below the poverty rate.[5]

The University of Tennessee's Department of Sociology forecasted the number of Tennesseans needing long-term assistance, ranging from occasional household assistance to round-the-clock nursing. They estimated:

- 7,191 children under the age of 18,
- 95,870 working aged adults, and
- 136,515 elderly persons.[6]

State-level policymakers across the nation are looking to expand access to home and community-based services to both elderly and disabled populations. A 1999 Supreme Court ruling in *L.C. & E.W. vs. Olmstead* interpreted the Americans with Disabilities Act to mean that states must provide services in the most integrated setting appropriate to the needs of individuals with disabilities. The ruling directs states to make "reasonable modifications" in programs and activities.[7]The *Newberry et.al. v Nancy Menke et.al.* case filed in Tennessee deals with the state's actions to reduce home-health care visits and eliminate private duty nurses to disabled TennCare recipients. The lawsuit does not directly involve all of Tennessee's population eligible to receive home and community-based services, but the plaintiffs in the case are seeking an order to make integrated services available so they won't be forced into nursing homes or other institutions. [8] The plaintiffs' attorney reached a settlement with the state in October 2003. The *Newberry* agreement calls for the state to provide more in-home services and will ensure that TennCare pays home health care costs for some services not previously covered.

Since the release of the 1997 Comptroller's report, the General Assembly has allocated funds for home and community-based services for both Medicaid eligible and non-Medicaid eligible populations. Funds for serving Medicaid eligible individuals come from the Centers for Medicare and Medicaid, with a state match, through a Medicaid 1915 (c) waiver for home and community-based services. The Tennessee Commission on Aging and Disability (the Commission) administers both programs, as well as federally funded Older Americans Act services.

Some service providers raised concerns about the way in which the Commission chose to implement the home and community based services programs. Two pieces of legislation, House Bills 975 and 976, introduced in the 2003 General Assembly would significantly

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[5] Compiled by the Administration on Aging, Profile of General Demographic Characteristics for the United States: 1999-2001.
[6] Ibid, p.4.
[7] Wendy Fox-Grage, Donna Folkemer, and Jordan Lewis, *The States' Response to the Olmstead Decision. How are States Complying?,* Accessed at www.ncsl.org/programs/health/forum/olmsreport.htm,, June 16, 2003.
[8] Interview with Gordon Bonnyman, Managing Attorney, Tennessee Justice Center, May 22, 2003.

impact the Commission's role in service delivery to the elderly. The General Assembly passed House Bill 976 to transfer the Title V Senior Community Service Employment Program from the Commission to the Department of Labor and Workforce Development.

House Bill 975, as originally introduced, would have allowed the Commission and local area agencies on aging and disabilities to provide only advocacy; regional and state planning; facilitate development of needed services; and monitor funded contracts. The bill further would have required the Commission and the area agencies to contract with community agencies for all services, including the ombudsman program, case management, in-home care, information and referral, employment services, home delivered meals, congregate meals, respite, client intake, senior centers, adult day care, transportation, long term care and guardianship services. The area agencies would be allowed to provide services in locations where no local community agency is willing and able to provide services.

A proposed amendment to the bill would have stripped all its original language and substituted language to attach the Commission administratively to the Department of Finance and Administration. A second proposed amendment would have allowed the Governor, by executive order, to transfer the functions of the Commission to the Department of Finance and Administration, the Department of Human Services, or the Department of Health. Neither amendment passed. The Public Health Subcommittee of the House Health and Human Resources Committee heard several weeks of testimony on HB 975 and ultimately decided to take no action until the release of this report.

The objectives of this report respond to concerns about the Commission. They are to:

- determine what programs the Commission on Aging and Disability administers;
- determine the funding sources and allocation methods for the programs administered by the Commission;
- identify agencies receiving grants from the Commission, determine the grant amounts, and identify services/activities involved with each;
- identify subcontracts involved in the service delivery system, the subcontracted amounts, and the services/activities involved with each;
- determine the administrative costs associated with each grant and the amount devoted to direct client services;
- identify new staff employed by the Area Agencies on Aging and Disability to administer the federal Family Caregiver Funds, the state-funded Home and Community Based Services program, and the Home and Community Based Medicaid Waiver;
- determine the role of new staff hired under the programs above to ascertain whether the Area Agencies have hired appropriate staff to implement new programs; and
- recommend the most appropriate model for delivering services funded through these programs to assist the General Assembly in its decisions about House Bill 975.

Methodology

The conclusions reached and recommendations made in this report are based on:

- review of relevant state and federal statutes and regulations related to services to the elderly and disabled,
- interviews with state officials in the Commission on Aging and Disability, the Bureau of TennCare, the Council on Developmental Disability, the Office of Program Accountability Review, and the Governor's Office,
- interviews with area agency on aging and disabilities staff, service providers, and advocates for the aging and disabled,
- interviews with officials in other states and the Administration on Aging,
- review of audit reports,
- review of financial reports related to contracts with the area agencies and their subcontracts with service providers,
- review of staffing increases by the area agencies, and
- literature review.

Background

Legislative History of Home and Community-Based Long-Term Care Services

Year	Event
1986	Bureau of Medicaid contracts with Senior Services, Inc. to administer Medicaid 1915 (c) demonstration home and community-based services project to serve 400 people yearly in Shelby County.
1995	Commissioner of Finance & Administration establishes TennCare Long-Term Care Committee to review issue of long-term care for the elderly.
1995	General Assembly passes Senate Joint Resolution 58, calling for the Departments of Health and Finance & Administration to study feasibility of increasing use of home and community-based services.
1996	TennCare Long-Term Care Committee disbands without offering any public recommendations.
1996	Bureau of TennCare contracts with Senior Services, Inc. to administer Medicaid home and community-based services project, called ADAPT, serving 150 people yearly in Davidson, Hamilton, and Knox Counties.
1997	Departments of Health and Finance & Administration submits feasibility study complying with SJR 58 to General Assembly.
1997	Legislature enacts Resolution creating committee to study methods for increasing home and community-based long-term care services for elderly and disabled persons and options for allocating public resources for services.
1997	Report by Comptroller points out lack of a comprehensive long-term care plan for care of elderly and disabled persons.
1998	General Assembly passes Public Chapter creating long-term care planning council, composed of the Commissioners of Health, Finance & Administration, and Human Services; one member each from Senate and House of Representatives; and the executive director of the Commission on Aging. Council to formulate comprehensive plan to guide future funding, coordination, and delivery of long-term care services. Statute creates 18-member advisory council appointed by governor to assist council in formulation of plan and to review and make recommendations on long-term care services plan, due by January 1, 1999. General Assembly incorporates many of the planning council's recommendations into law (Public Chapter 477 of 1999.)
2001	General Assembly appropriates $5 million in state funds to provide home and community-based services for individuals who are at least 60 years old or adults with physical disabilities who do not qualify for long-term care services under TennCare program. Individuals must be at risk of losing their independence and have no other resources available. Commission on Aging and Disability administers program, commonly known as Options.
May 2002	Centers for Medicare and Medicaid Services give Bureau of TennCare approval for statewide 1915 (c) waiver for home and community-based services. TennCare Bureau, in turn, contracts with the Commission on Aging and Disability for $2.1 million to be administrative lead agency for waiver. Statewide Medicaid waiver is intended to serve 2,871 elderly and disabled persons yearly. Services include case management, homemaker services, personal care services, minor home modifications, personal emergency response systems, home delivered meals, and respite care.

Sources:Interview with Gail Y. Thompson, Manager of Elderly and Disabled Waivers, Bureau of TennCare, and Office of the Comptroller, Long-Term Care of Tennessee's Elderly, October 1997.

Tennessee Commission on Aging and Disability

The General Assembly created the Tennessee Commission on Aging in 1963 to plan, develop, and administer programs for the elderly in this state. The Commission administers the Older Americans Act, which provides federal funds matched with state resources to serve the elderly. The Act requires each state to designate a state agency, known as the state unit on aging, to administer its Title III and Title VII programs:

- Title III, Part B programs consist of supportive programs including access to care, in-home services, and community services.
- Title III, Part C programs include congregate and home-delivered meals.
- Title III, Part D provides health promotions such as screenings, fitness, and medication management.
- Title III, Part E is a new family caregiver program, funded for the first time in 2000, to help people who provide primary care for spouses, parents, older relatives, and friends. The program provides information to caregivers about available services, assistance to caregivers in accessing services, individual counseling, organization of support groups and caregiver training, and supplemental services.
- Title VII of the Older Americans Act provides funds for elder abuse prevention and the nursing home ombudsman program.

The Commission also administers two home and community-based care programs:

- Options – state funded services for elderly and disabled Tennesseans who need in-home assistance and who are not Medicaid-eligible; begun in 2001.
- 1915(c) Medicaid waiver – state and federally funded services for elderly and disabled Tennesseans who are medically and financially Medicaid-eligible for nursing home care, but who could be served at home; not yet implemented.

The U.S. Department of Labor administers the Title V program (the Senior Community Service Employment Program) in the Older Americans Act. Until the passage of HB 976, the Commission contracted directly with six service providers to foster and promote part-time employment opportunities in community service activities for persons with low incomes who are 55 years old or older**.** As of July 1, 2003, the Tennessee Department of Labor and Workforce Development administers this program.

The 2001 General Assembly passed Public Chapter 397, re-naming the agency the Commission on Aging and Disability and expanding the Commission's authority to include services to disabled persons over age 18. The Commission had previously served only persons aged 60 and over in the Title III program and age 55 and older in the Title V program of the Older Americans Act. When the General Assembly was discussing new home and community-based programs as long-term care alternatives to nursing homes, advocates for the disabled convinced legislators that populations other than the elderly need the same alternatives.

TCA §71-2-104 establishes a 25 member policy-forming and decision-making board. The Governor appoints 18 members, including a member of his personal staff. The

Commissioners of Health, Mental Health/Developmental Disabilities, Human Services, and Veterans Affairs and the Director of the Council on Developmental Disabilities are ex-officio members; and the General Assembly appoints two non-voting representatives. The citizen members must include:

- A member of a chartered, statewide organization which advocates exclusively for older persons;
- An active member of a federally chartered organization which advocates exclusively for older persons having membership statewide with chapters chartered in this state; and
- An active member of a chartered, statewide organization which advocates exclusively for disabled persons.

The Commission's activities include advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring, and evaluation designed to lead to the development or enhancement of comprehensive and coordinated community-based systems. In 2001, the Administration on Aging awarded the state a federal demonstration grant to improve ways to support families caring for persons with Alzheimer's disease. The model includes dementia training and outreach for providers to expand their capacity to care for persons with dementia. At least 50 percent of the funds must be used for respite care for the caregivers.

TCA §34-7-101 et seq. establishes the Public Guardianship for the Elderly Law and names the Commission to administer the program, requiring it to provide public guardians within each development district. Public guardians serve as conservators for disabled persons 60 years old or older who have no family members or other person, bank, or corporation willing and able to serve as conservator. The program is totally state funded.

The Commission's FY 2003-04 budget is $34,538,900, of which $8,669,100 is state funding, $23,764,800 is federal, $5,000 is current services, and $2,100,000 is interdepartmental. Exhibit 1 shows the Commission's budget as originally proposed and the budget as passed with mandatory reductions. The Commission has 29 employees.

Exhibit 1: Commission Revenues 2003-04

			FY 2003-2004 Base Budget	Budget Reduction Amount[9]	FY 2003-2004 Base Budget
Federal Funds:					
	Title III-B	Supportive Services	$7,362,600		$7,362,600
	Title III-C	Congregate Meals	3,653,300		3,653,300
		Home Delivered Meals	4,424,400		4,424,400
		State Administrative Services	967,400	16,500	950,900
		AAAD Administrative Services	1,521,000		1,521,000
	Title III-D	Preventive Health	507,900		507,900
	Title III-E	Nat'l Family Caregiver Support	2,052,100		2,052,100
		State Administrative Services	120,000		120,000
		AAAD Administrative Services	228,000		228,000
	Title VII	Ombudsman	261,700		261,700
		Elder Abuse	167,100		167,100
	USDA/NISP Meal Supplement		1,940,000		1,940,000
	Alzheimer's Demonstration Grant		350,000		350,000
	Insurance Counseling & Assistance		225,800		225,800
		Total Federal Funds	**23,781,300**		**23,764,800**
State Funds:					
	Guardianship Program		995,300		995,300
	Home & Community Based Services:				
		State Administrative Services	105,000		105,000
		Contracted to AAAD's	4,895,000	500,200	4,394,800
	Senior Center Operations		1,351,700	351,700	1,000,000
	Homemaker Services		358,800		358,800
	Family Caregiver Match Funds		480,100		480,100
	Home Delivered Meals		661,700		661,700
	RSVP Services			100,000	100,000
	State Administrative Services		578,900	5,500	573,400
		Total State Funds	**9,426,500**	**957,400**	**8,669,100**
Inter-Departmental Funds: Medicaid Waiver Funds					
	Administrative Funds Contracted to AAAD's		1,800,000		1,800,000
	State Administrative Funds		300,000		300,000
		Total Waiver Funds	2,100,000		2,100,000
Other Current Revenue:					
	Registration Fees on Training		5,000		5,000
Total Revenue			**35,312,800**		**34,538,900**

Source: Commission on Aging and Disability.

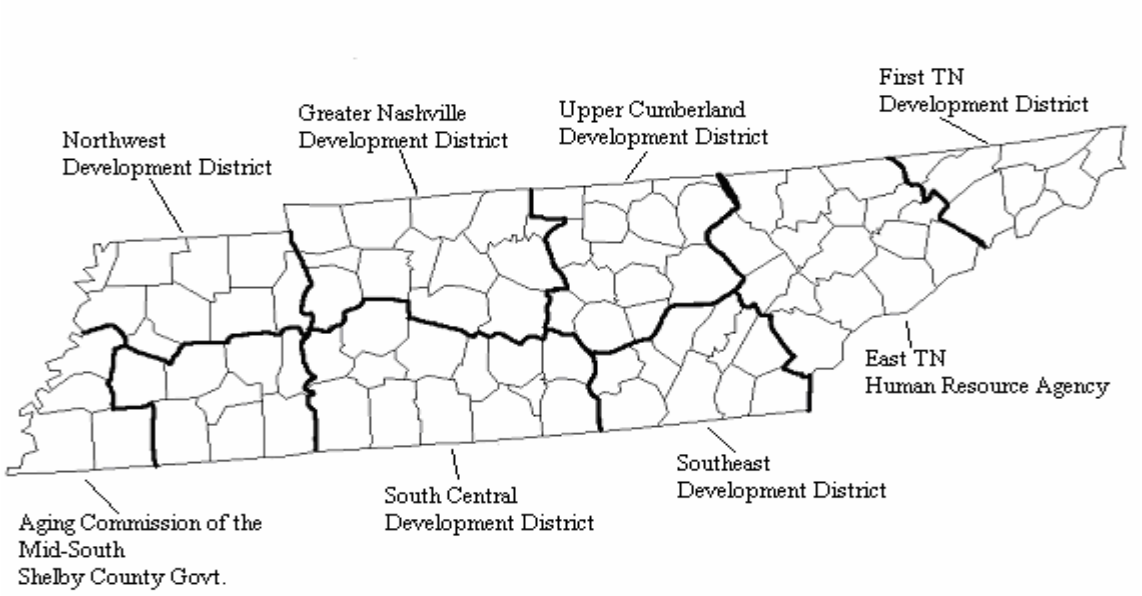
Appendix A shows expenditures for FY 2001-02 and FY 2002-03.

[9] The budget reduction amounts reflect mandatory budget cuts in FY 2003-04.

Area Agencies on Aging and Disability

The Commission accomplishes most of its work through contracts with area agencies on aging and disability (area agencies). *TCA* §71-2-105 requires the Commission to designate planning and service areas and area agencies in accordance with the Older Americans Act. The planning and service areas are the same as those of the development districts created by *TCA* §13-14-101 et seq. Area agencies are located in development district offices in all regions except East Tennessee, where it is located with the East Tennessee Human Resource Agency, and Delta, where it is part of Shelby County government. (See Exhibit 2.)

Exhibit 2: Area Agencies on Aging and Disability



With the recent addition of new funds for home and community-based services for the elderly and disabled, the Commission has changed its guidelines for funding programs in several respects. The Commission's goal is to establish a seamless system for clients needing home and community-based services by blending Title III funding from the Administration on Aging, the state-funded home and community-based services program (commonly known as Options), and the statewide 1915(c) Medicaid waiver.

Before the advent of home and community-based services, area agencies awarded Title III grants to service providers in each region. The service provider would conduct assessments to determine client eligibility and needs. In some instances, providers performed multiple assessments for the same client who needed various services. Now the Commission is phasing in a new procedure, called central intake or single point of entry, that will require the area agencies to perform all client assessments for those seeking in-home services through the Title III, Options, and Medicaid waiver programs in their regions (avoiding duplication of assessments), to provide information and assistance to all clients, and to recruit additional providers. The area agency may also provide case management services if the client prefers. The First Tennessee area agency has

successfully used a central intake system for several years. Exhibit 3 compares the former system to the single point of entry system.

Some service providers believe that area agencies should not conduct assessments and perform case management, describing these functions as direct services. However, Bureau of TennCare staff and the Comptroller's General Counsel advise that assessment and case management are coordination tasks rather than direct services.[10] The Bureau of TennCare describes case management as "services which will assist individuals who receive waiver services in gaining access to needed waiver and other State plan services, as well as needed medical, social, educational and other services, regardless of funding source for the services to which access is gained. Case managers shall be responsible for development of the plan of care and for monitoring provision of services."[11]

Contact information for all area agencies is in Appendix B**.**

During FY 2002-03, area agencies paid providers a total of $22,505,314 on client services as follows:

- First TN $ 2,077,955
- East TN $ 4,497,964
- Southeast TN $ 2,114,162
- Upper Cumberland $ 1,360,992
- Greater Nashville $ 4,169,874
- South Central $ 1,986,857
- Northwest $ 1,609,137
- Southwest $ 1,092,879
- ACMS $ 3,595,494

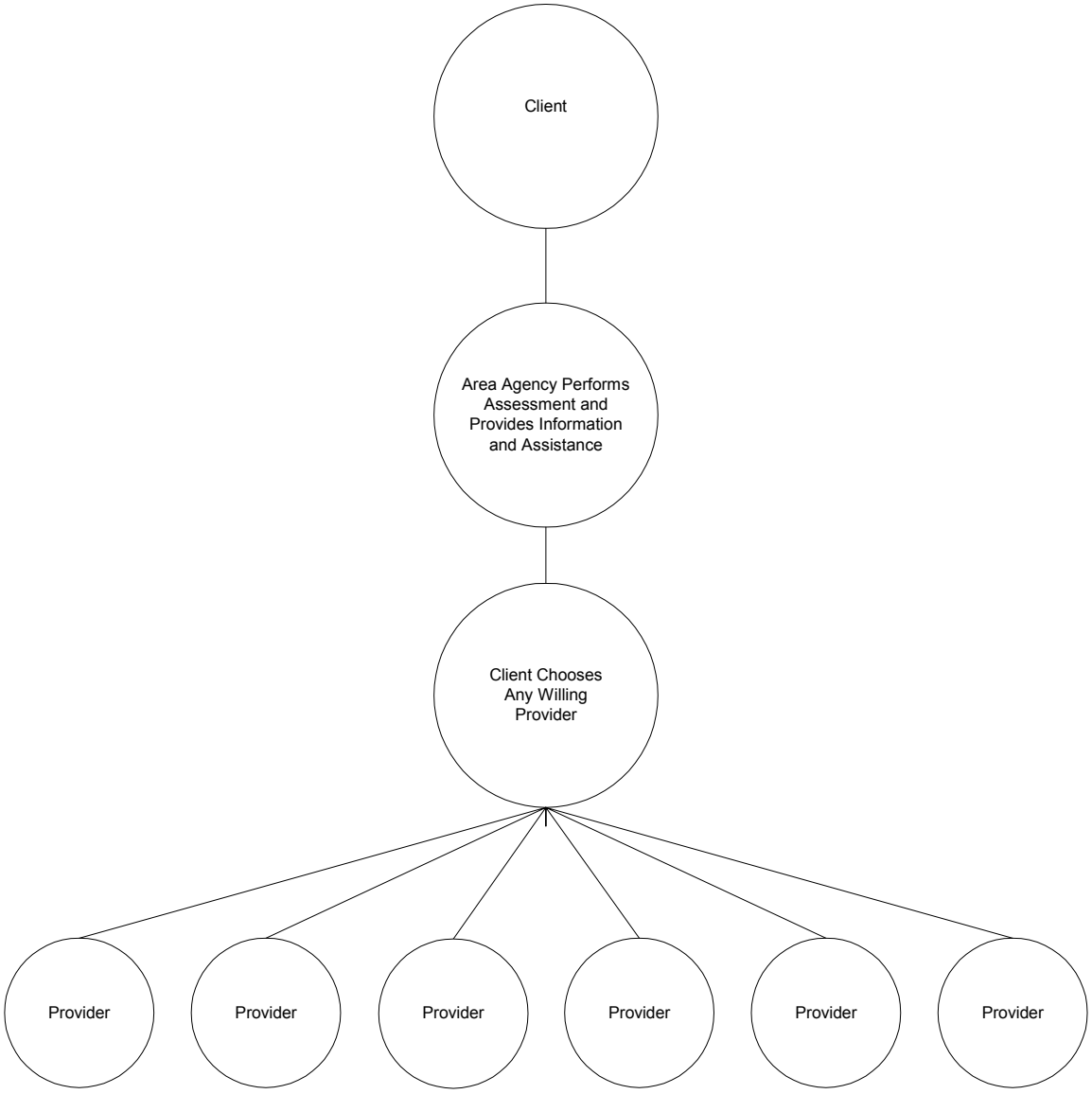
The Commission paid the area agencies an additional $7.6 million for Title III-B coordination, information and assistance, service coordination, and guardianship services.

Appendix C contains a list of providers, services, and expenditures by area agencies during FY2002-03.

[10] Interview with Steve Hopper, Director of Long-Term Care, Bureau of TennCare, October 6, 2003 and Memorandum from Robert Lee, General Counsel, Office of the Comptroller, October 13, 2003**.**
[11] Bureau of TennCare, "Fact Sheet, Statewide 1915(c) Home and Community Based Waiver for the Elderly and Disabled."

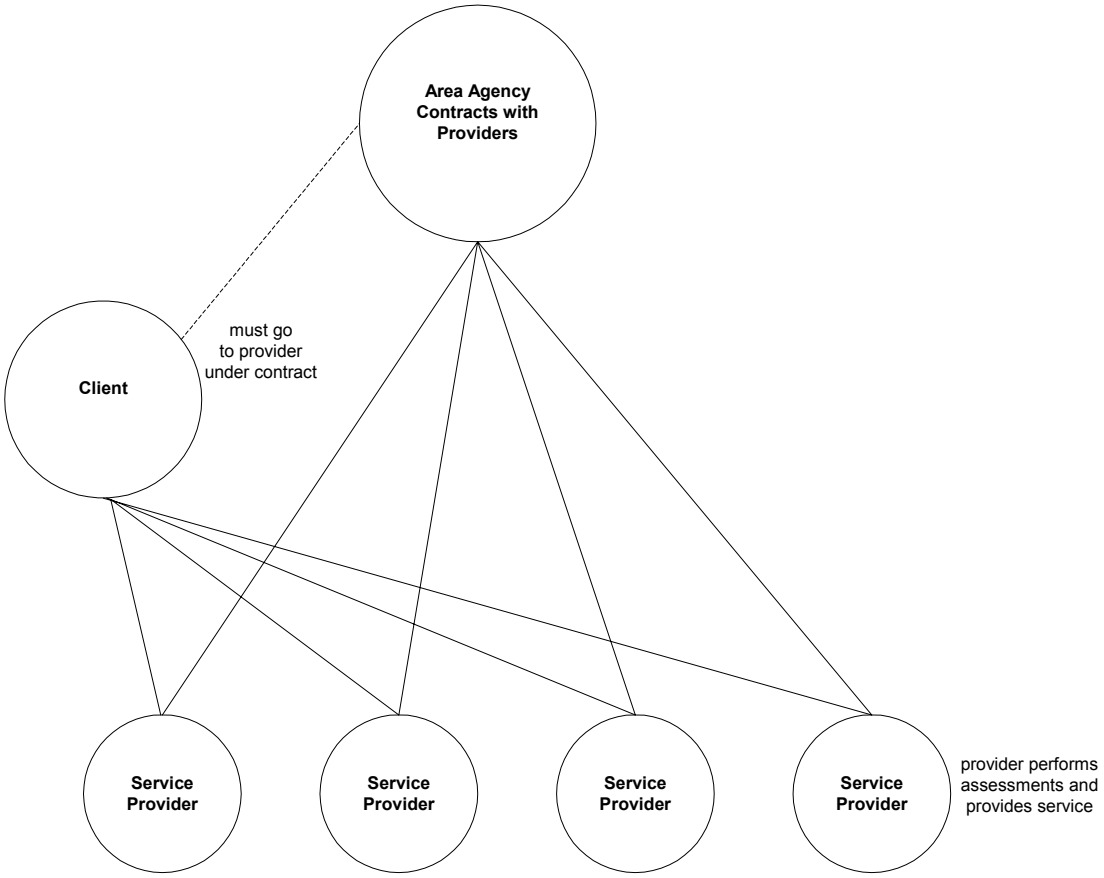
Exhibit 3: Comparison of Former System and Single Point of Entry System

Single Point of Entry System



Note: This flow chart does not reflect the actual number of providers; rather, it illustrates relationships between area agencies, providers, and clients.

Former System



Note: This flow chart does not reflect the actual number of providers; rather, it illustrates relationships between area agencies, providers, and clients.

Analysis and Conclusions

Service Issues

The state has not served any clients through the 1915(c) home and community-based services program, even though the Centers for Medicaid and Medicare (CMS) approved the Bureau of TennCare's application in May 2002. Because the program has not started, some clients have had to enter nursing homes and others are still without needed services. The Bureau of TennCare contracts with the Commission on Aging for $2.1 million to be the administrative lead agency to implement the waiver. The area agencies on aging and disability have responsibility to provide assessments for all clients and recruit willing providers. Potential providers apply to the Bureau of TennCare for approval to participate in the program and will submit their bills to the Bureau for payment on a fee for service basis.

The waiver requires the state to have statewide coverage one year from the time the waiver begins. Commission staff incorrectly interpreted this to mean that they had one year to have statewide coverage from the time the first services are provided.[12] The one year allowance actually started when CMS approved the waiver in 2002. In early October 2003, Bureau of TennCare staff began the process to amend the waiver, requesting that CMS allow the state to implement the program on a county-by-county basis. Phasing in the services by county will accelerate implementation by not requiring services statewide at startup. Bureau staff said they will not approve a county for the program until the area agency has a provider for each waiver service.[13]

Although the program has not served any clients, the Commission and the area agencies spent $610,821 from November 2002 through June 2003 preparing to implement services. (See Exhibit 4.)

As of July 17, 2003, 37 individuals in four area agencies had been certified as eligible for waiver services. However, some clients died, others entered nursing homes, and some certifications expired before services were available. Some of the other eligible clients had received services through the state-funded Options program, some through Title III funding. Some remain on waiting lists.

According to TennCare staff, the following unresolved issues caused the delay:

1. TennCare's billing system could not initially accommodate payments to multiple providers under the program (this issue has now been resolved).
2. The Commission and TennCare staff could not agree on a method to collect patient liability payments required by Medicaid rules. The CMS requires states to reduce Medicaid payments to medical and remedial care institutions and to HCBS waiver service providers by the amount remaining after specified deductions are made from the client's income. Remaining income is applied to the amount persons are liable to pay for services (this issue has now been resolved.)

[12] Interview with Charles Hewgley, Assistant Director, Commission on Aging and Disabilities, July 22, 2003.
[13] Interview with Steve Hopper, Director of Long-Term Care, Bureau of TennCare, October 6, 2003.

3. The Commission had not recruited sufficient providers for an adequate network to provide services. Some area agencies had enough to implement services by the middle of October 2003; others did not. [14]

Exhibit 4: Administrative Expenditures for the Medicaid Waiver Program FY2002-03

	November	December	January	February	March	April	May	June	Total
First Tenn AAAD	$25,000	$10,000			$28,750		$35,090	$12,060	$110,900
East Tenn AAAD									
Southeast Tenn AAAD	12,500	8,930	8,930	8,920		23,980	6,120	5,620	75,000
Upper Cumberland AAAD	31,250	6,250	6,250	6,250	25,000	42,000			117,000
Greater Nashville			23,300				4,200		27,500
South Central Tenn AAAD		10,000	8,000	5,000			20,000		43,000
Northwest Tenn AAAD							12,700		12,700
Southwest Tenn AAAD		10,900		21,970		8,000		5,130	46,000
Aging Commission of the Mid-South					25,000				25,000
	$68,750	**$46,080**	**$46,480**	**$42,140**	**$78,750**	**$73,980**	**$78,110**	**$22,810**	**$457,100**
TCAD Expenses Applied to Waiver									**153,721**
Total									**$610,821**

Source: Information provided by the Commission on Aging and Disability.

Some of the area agencies had sufficient providers to implement services by the middle of October 2003 and others did not. According to information provided by the Commission, as of September 30, 2003, only the First Tennessee and Upper Cumberland agencies had recruited providers for all services in all counties. The Southeast TN area agency had all services, except home delivered meals in all counties. The Greater Nashville Regional Council area agency had service providers for case management services in all counties and for homemaker and personal care services in all counties except one. Other area agencies face challenges in recruiting sufficient providers because of the rural nature of their regions and/or delay by prospective providers in submitting documentation required by the Bureau of TennCare.

As of September 30, 2003, the Bureau of TennCare had approved 24 providers statewide. Appendix D contains a chart with approved providers and their services by county.

Three waiver services (emergency response, respite care, and minor home modifications) could not be provided by the end of July 2003 because the Bureau of TennCare's proposed rule amendments were still under review in the Office of the Attorney General and Reporter.

[14] Ibid.

Multiple state agencies provide direct or indirect services to elderly and disabled Tennesseans, resulting in some duplication and fragmentation. Tennessee agencies providing services to elderly and disabled Tennesseans include the Commission, the Tennessee Council on Developmental Disabilities, the Department of Health, the Bureau of TennCare, the Division of Adult Protective Services in the Department of Human Services, the Division of Mental Retardation Services within the Department of Finance and Administration, the Department of Labor, the Department of Veterans Affairs, and the Department of Mental Health and Developmental Disabilities. Having multiple providers leads to fragmented services; clients may be overlooked and unserved. Making the entire long term care system more streamlined could help to free up resources to eliminate waiting lists and provide services for those who qualify.

Other states are initiating systematic reforms to design, organize, and manage community-based supports rather than rely on uncoordinated individual services. For example, Wisconsin's new program, called Family Care, creates flexibility that integrates multiple program authorities into a single delivery system.[15]

The HCBS waiver administered by the Commission on Aging and Disability provides the same services as the Shelby County waiver and ADAPT waiver in Davidson, Hamilton, and Knox Counties, except for respite care. The statewide HCBS waiver should serve 2,871 clients statewide, the Shelby County waiver 400 clients, and the ADAPT waiver 50 clients each in Hamilton, Knox, and Davidson Counties.[16]

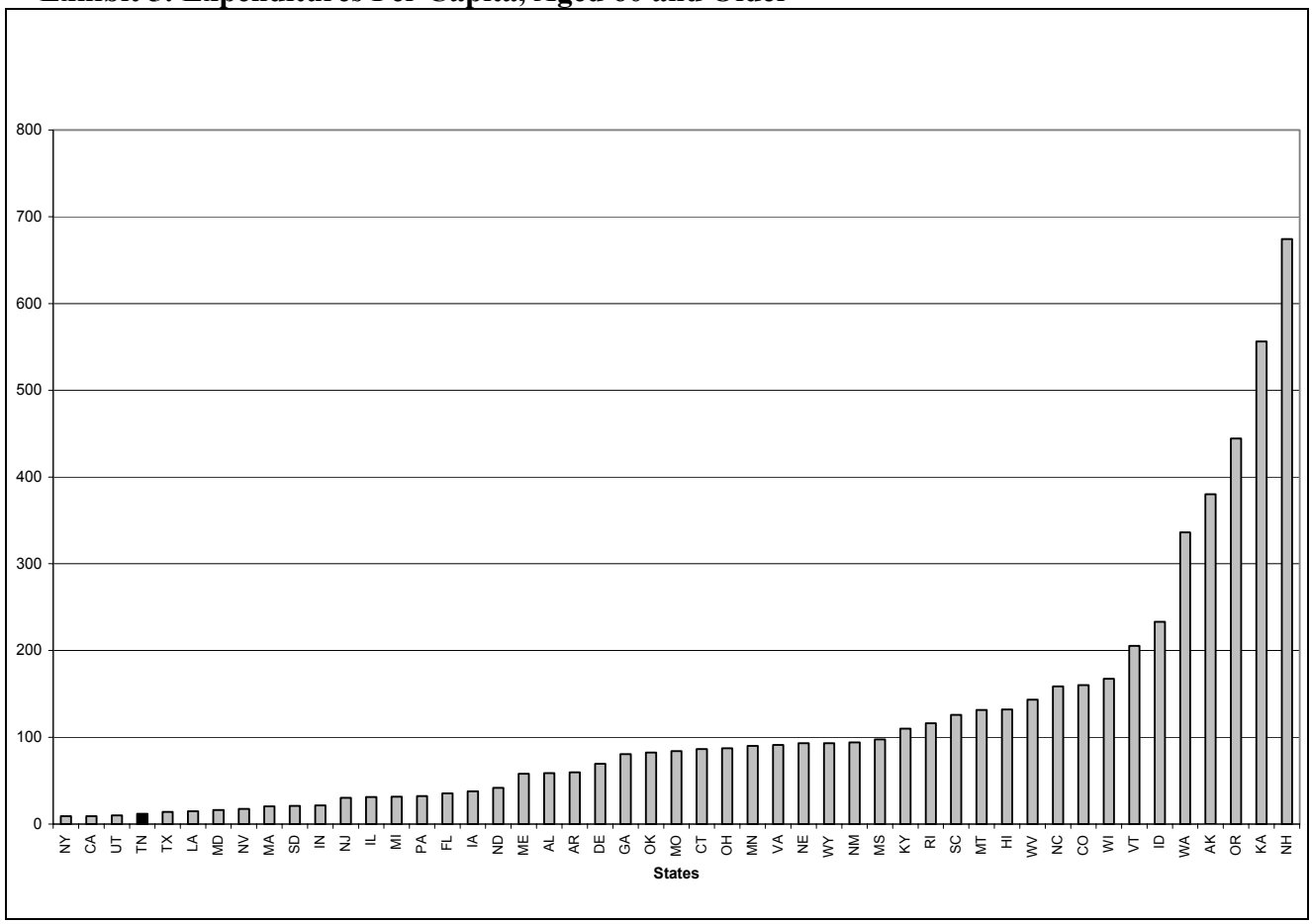
Under the single point of entry model, clients will contact the area agency in their regions for an assessment. This model reduces some duplication of services, blends funding for elderly and disabled services, and establishes accountability by prohibiting the same providers from performing case management and providing the resulting services. The Shelby County and ADAPT waivers will not take part in the central intake system, but will provide similar services in five of the same counties in which the statewide services will be administered.

In spite of the allocations made by recent General Assemblies for home and community-based programs, Tennessee ranks low nationally in providing alternative services for its elderly and disabled citizens. Tennessee has the 16th largest elderly population, yet is 46th in the nation in the amount of funds spent on home and community-based services and 46th in per capita funding for the elderly population. (See Exhibit 5.) As a result, these Tennesseans have little choice except nursing homes for their long-term care needs. Even though 16.6 percent of Tennesseans are aged 60 and older, [17] the state projects that it will spend only 4.26 percent of its public long-term care

[15] Diane Justice, *Promising Practices in Long Term Care Systems Reform: Wisconsin Family Care,* March 2003, p. 1-22.
[16] Interview with Joanna Damons, former Director of Long-Term Care, Gail Y. Thompson, Manager of Elderly and Disabled Waivers, and Shirley Lawrence, Waiver Coordinator, Division of Long-Term Care. Bureau of TennCare, July 17, 2003.
[17] Census 2000 data on Aging, Compiled by the Administration on Aging.

dollars on home and community based services during FY2002-03.[18] The waiting list for the state-funded Options program included 2,180 individuals on June 30, 2003.[19]

Exhibit 5: Expenditures Per Capita, Aged 60 and Older



Source:Steve Eiken and Brian Burwell, Medicaid HCBS Waiver Expenditures, FY 1997 through 2002, MedStat, May 15, 2003 and Census 2000 data on Aging complied by the Administration on Aging

Appendix E illustrates amounts spent for home and community-based services in each state. Appendix F shows the numbers of U.S. citizens aged 60 and older by state.

A single manual containing standards of care would be more understandable to both consumers and service providers than having the standards scattered throughout several documents. *TCA §*71-5-1402(e) suggests that standards of care be developed. Standards of care safeguard clients from inappropriate assessments and substandard services as well as shield them from abuse and fraud. They also help protect the rights of consumers.

[18] Calculations determined by research staff based on FY2002-03 data provided by Comptroller's Division of TennCare and the Bureau of TennCare.
[19] Email to the author from Charles Hewgley, Assistant Director, Tennessee Commission on Aging and Disabilities, October 7, 2003.

Commission staff have included policies related to quality of care in several materials being drafted for the home and community-based services program. These documents include an enrollee handbook, a provider operations manual, a quality assurance manual, and other documents such as the contracting guide for all the Commission's programs.

The statute lists 14 principles the General Assembly stated for the long-term care services plan. The principles include provisions that the long-term care programs and services should enhance independence, dignity, choice, and well-being and that elderly and disabled Tennesseans will receive the care and services that are most appropriate for their needs and aspirations. Subdivision (e)(14) calls for the development of standards of care. A complete list of the principles are in Appendix G.

Funding and Financial Issues

The Commission is changing its payment methods from grant awards to unit cost reimbursement, which will allow the Commission to control spending. Unit cost reimbursement will allow the Commission to more readily assess its performance measures under performance based budgeting. The Commission intends to place all its in-home services, including state funded Options, Title III, and the Medicaid HCBS waiver on the same type of reimbursement system. No authority requires the Commission to use unit cost reimbursement for non-Medicaid programs, nor is it forbidden. A grant based approach has the disadvantage of lacking punitive damages for not meeting goals and is not conducive to performance based budgeting.

The Bureau of TennCare set a fee structure for the Medicaid HCBS waiver that includes unit cost reimbursement for all services, including case management. The Commission has not yet established a unit cost for case management under state funded Options or Title III programs. Commission staff told researchers they will set unit rates for case management and plan for unit cost reimbursement for all home and community-based services to be used by all area agencies by July 1, 2004.

Some area agencies may pay Options providers rates higher than allowed by law, which may result in fewer funds available and fewer clients served. *TCA* §71-5-1408(e) mandates that unit rates paid to providers for services under the Options program not exceed 20 percent above the average statewide unit cost for each specific service under any federal waiver. Commission staff interpret the statute to mean that area agencies may pay over 120 percent of the Medicaid waiver rate to an individual provider as long as the average for all providers for that service does not exceed 120 percent. The area agencies use a "straight" average to calculate unit rates to determine if providers exceed the statutory limit.[20] In other words, the area agencies average the reimbursements to all providers rather than account for each individual provider. Exhibit 6 shows an example from the Upper Cumberland Area Agency, using the straight averaging method.

[20] Interview with James Whaley, Executive Director, Tennessee Commission on Aging and Disabilities, June 25, 2003.

Exhibit 6: Unit Rates As Determined by Straight Averaging

Provider	Service	Unit Rate Paid	120% of Medicaid Rate
Friendship Home Health	Personal Care	$20.00	
Home Caregivers	Personal Care	18.00	
PALS	Personal Care	9.00	
Quality Care	Personal Care	16.00	
Sunshine	Personal Care	18.21	
UCHRA	Personal Care	25.00	
Volunteer Staffing	Personal Care	20.50	
Calculation (Average)		(20+18+9+16+18.21+ 25+20.50)/7=	
		$18.10	**$19.42**

Source: Data provided by the Commission on Aging and Disability..

However, a weighted average illustrates the amount the state actually pays because it includes the quantity of each type of service rendered by providers and the total state expenditures for each service in its formula. Office of Research staff calculated the weighted average, using information provided by Commission staff. This calculation reveals that the area agencies are collectively awarding contracts higher than the 120 percent standard. Exhibit 7 shows the weighted average calculation, again using an example from the Upper Cumberland Area Agency.

Exhibit 7: Unit Rates As Determined by Weighted Averaging

Provider	Service	Units	Unit Rate Paid	Total Costs	120% of Medicaid Rate
Friendship Home Health	Personal Care	181	$20.00	181 x 20= 3,620	
Home Caregivers	Personal Care	2	18.00	2 x 18= 36	
PALS	Personal Care	52	9.00	52 x 9= 468	
Quality Care	Personal Care	364	16.00	364 x 16= 5,824	
Sunshine	Personal Care	549	18.21	549 x 18.21= 9,997.29	
UCHRA	Personal Care	1,555	25.00	1,555 x 25= 38,875	
Volunteer Staffing	Personal Care	487	20.50	487 x 20.50= 9,983.50	
Total		**3,190**		**68,803.79**	
Weighted Avg.				68,803.79/3,190= **$21.57**	**$19.42**

Source: Data provided by the Commission on Aging and Disability..

Area Agency Staffing Issues

The increased staff at the area agencies on aging and disability enables them to provide all assessments, provide case management services for clients who choose them to do so, and otherwise administer the single portal of entry model for home and community-based services programs. As a result, clients will not receive multiple assessments, but will have a choice of service providers, and will be able to access services in a "one-stop shop."

Because some providers believe the area agencies hired unnecessary staff, Office of Research staff reviewed staffing patterns as well as job descriptions and concluded that the increase in staff is likely needed to implement all programs for the elderly and disabled once waiver services are available. Contrary to an allegation that nurses are not required to implement the waiver, TennCare officials confirmed that area agencies need to hire registered nurses to conduct in-home visits, to review plans of care at least every 90 days, and to be the case manager for individuals who are medically fragile or have complex medical conditions.[21]

The section below describes the area agency staff increases. Appendix H lists all positions. Some of the original and new positions are part-time.

[21] Email from Gail Y. Thompson, Manager of Elderly and Disabled Waivers, Division of Long-term Care Services, Bureau of TennCare, July 22, 2003.

- The First Tennessee area agency staff grew from nine to 15 by adding an information and assistance specialist, a family caregiver manager, an aging fiscal assistant, a nurse coordinator, a program specialist, and a part-time Medicare information specialist.

- The East Tennessee area agency staff increased from nine positions to 16 by adding an information and assistance specialist, four service coordinators for case management, a data entry specialist, and a contract services coordinator.

- The Southeast area agency extended its staff from six to 18 with the addition of a lead service coordinator, a service coordinator, a lead RN case manager, a lead information and assistance coordinator, an information and assistance coordinator, a family caregiver support coordinator, a financial assistant, a nutrition program specialist, a program planner, and two nutrition coordinators.

- The Upper Cumberland area agency had ten positions before the Options program began. The agency added a quality assurance coordinator/monitor, an information and assistance coordinator, four service coordinators, a family caregiver coordinator, and an aging and disability assistant. The agency eliminated two original positions and re-named two others.

- The Greater Nashville Regional Council area agency staff grew from 12 to 26 by adding an information and assistance coordinator, a service coordinator supervisor, eight service coordinators, a quality assurance coordinator, two data clerks, and a family caregiver support program coordinator.

- The South Central area agency extended its staff from seven to 13 by adding a contract developer/monitor, an RN manager, a support services coordinator, an information and assistance specialist, a data clerk, and a Medicaid waiver manager/case manager.

- The Northwest area agency staff expanded from nine to 15 with the addition of a service coordinator, an information and assistance specialist, a family caregiver medical service coordinator, a data entry clerk, an Obion County service coordinator, and a Dyer County service coordinator.

- The Southwest area agency had seven positions before the Options program began. New staff include an information and assistance specialist, four service coordinators, a fiscal assistant, and a data entry clerk. The agency eliminated one original position.

- The Aging Commission of the Mid-South increased its staff from 11 to 18 when it added an information and assistance specialist, a budget analyst, a nurse manager, three service coordinators, and a data entry specialist. The agency also added four other, unrelated positions.

Model for Services

The Commission's decision to establish a central intake system with assessments and consumer choice of providers through the area agencies complies with state law, follows the recommendations of the Administration on Aging, and is in keeping with promising practices identified by the National Conference of State Legislatures. *TCA* §71-5-1402(e) (9) states that in any waiver program there should be a single point of entry for case management services in each region for assessment, assistance in developing plans of services, and referral to qualified service providers. *TCA* §71-5-1402(e) (10) states that case managers should not also be service providers.

The Commission decided to include all its in-home programs in this system of central intake. The new system places entry into the network at the nine area agencies. The area agencies have used central intake for the Options program since its inception, intend to use central intake for the Medicaid waiver, and will convert all Title III programs by July of 2004. The area agencies will perform all assessments for the clients and may provide case management if the client prefers. The new structure effectively sets controls which prevent providers performing case management from delivering services. The former system yielded numerous assessments for a single client. For example, two separate providers administering services to the same client would both perform assessments instead of sharing the information with one another. The former system also allowed one provider to deliver all the services to a particular area without consumer input. The new system will give consumers choice and create competition among providers.

The primary purpose of the Older Americans Act information and referral responsibility is for the area agencies to assess needs, identify the most appropriate services to meet the needs, and link the elderly and their caregivers to agencies providing these services.[22]

The national Administration on Aging is committed to keeping chronically impaired older people out of nursing homes by offering them affordable choices and options to promote their independence and dignity. The Administration is also working to ensure that the aging networks in each state are partners in the President's New Freedom Initiative, including a "Money Follows the Individual Rebalancing Demonstration." Additionally, the Administration on Aging plans to issue a grant announcement to support the work of area agencies and service providers to develop integrated services.[23]

The National Conference of State Legislatures (NCSL) recognized Wisconsin in 2002 for creating a single source for information and services. The Wisconsin legislature created a pilot program of Aging and Disability Resource Centers in 1999 to offer one-stop shopping for community support programs. The program is designed to ensure better access to long-term care services and give people more choice of services and providers. The centers provide a single point of entry for people who seek access to home and

[22] Fact Sheet, Administration on Aging, Accessed at www.aoa.gov/press/fact/alpha/fact_information_assist.asp. on April 28, 2003.

[23] Remarks by Josephina Carbonell, Assistant Secretary for Aging, to the n4a and CAP Annual Legislative Briefing, Washington, D.C., March 31, 2003.

community-based programs and publicly financed care in nursing facilities, residential settings, and adult family homes.

Wisconsin's resource centers:

- Connect people with long-term care services, resources, and programs;
- Offer information, advice, counseling, and access to a wide variety of long-term care services;
- Provide pre-admission consultations to all individuals entering nursing homes, community-based residential facilities, and adult family homes; and
- Respond to urgent situations, such as the sudden loss of a caregiver, when an individual is at risk.

NCSL also acknowledged Illinois' Local Case Coordination Units for creating a single point of entry for multiple funding sources to eliminate the need for people to go to different program offices to obtain services. Illinois simplifies access to home and community-based programs through case coordination units that provide:

- In-home assessments to determine each person's needs;
- Information about available services to meet those needs;
- Development of an appropriate plan of care; and
- Follow-up care through individual case managers.[24]

Other states' staff, including personnel from Wisconsin, Georgia, Indiana, and Florida, affirmed that their area agencies perform central intake and assessment duties for home and community-based services programs.

Tennessee is one of only three states whose state unit on aging is a commission. Forty-seven other states' units on aging are cabinet level departments or divisions within cabinet level departments. Eighteen states' units on aging are cabinet level agencies and 29 states' units are divisions within departments. Program locations in all states are in Appendix I.[25]

Most interviewees and staff from other states believe that adopting a new structure would enhance Tennessee's elderly and disabled populations' influence as well as boost the staff's ability to coordinate services with other state departments or divisions.

Several interviewees questioned the ability of the Commission in its present form to administer the home and community-based services program, especially if the program grows to accommodate an increasing elderly population. Some interviewees expressed concern that Commission members do not take an active role in setting policy and direction, but merely hear presentations from staff about developments. One person interviewed, however, told researchers that the immediate past and the current chairmen

[24] "Promising Practices", Home and Community-Based Services for the Elderly and People with Disabilities, National Conference of State Legislatures, August 2002.
[25] Information provided by Teresa Lambert, Deputy Director, National Association of State Units on Aging, May 2, 2003.

of the Commission actively work with the executive director and stay involved with the Commission's operations.

The Commission did not include some major stakeholders when developing the central intake system. Most interviewees expressed concern that the Commission did not formally prepare providers and consumers for the policy change to create the central intake system. The change to a central intake through the area agencies alters the familiar way services have previously been rendered which affects providers, clients, and advocates. A policy change of this scale requires considerable planning and reorganizing for stakeholders. This may place some stakeholders at a disadvantage in organizational structure, marketing, and operating revenue.

Recommendations

Legislative

The General Assembly may wish to consider merging functions of various agencies serving elderly and disabled Tennesseans into a single cabinet-level department or a division within a cabinet-level department. Tennessee is one of only three states in which the state unit on aging is a commission.

The General Assembly might wish to appoint a task force to review functions of the various departments related to the protection and provision of long-term care needs of the elderly and disabled. The task force should include representatives of

- the Governor's office;
- the Commission on Aging and Disability;
- the Council on Developmental Disabilities;
- the Departments of Health, Human Services, Mental Health and Developmental Disabilities;
- Labor;
- Veterans Affairs;
- the Bureau of TennCare;
- the Mental Retardation Services Division of Finance and Administration;
- the Tennessee Bureau of Investigation; and
- one person each from statewide advocacy groups for the elderly and the disabled.

Commission on Aging and Disability Response (The Commission's response letter may be found in Appendix J.)

The Commission concurs in part. The commission agrees there is a need to study and better coordinate services to older individuals and persons with disabilities. Any change should heighten the visibility of aging and disabilities issues and programs within state government and with the public. One possible approach may be the creation of an adult and disabilities cabinet like the one created for children. The U.S. Department of Health and Human Service's Administration on Aging and the Center for Medicare and Medicaid Services are encouraging states to create Aging and Disability Resource Centers involving state agencies serving persons with disabilities and older persons.

The General Assembly may wish to consider allocating more funds for home and community-based services for the elderly and disabled. Tennessee is 46th in the nation in the amount of funds allocated for in-home services, leaving this population with little choice for publicly-funded long-term care services except nursing homes. Tennessee is also 46th in per capita spending for home and community based services for its elderly citizens. Tennessee has the 16th largest elderly population nationally.

Commission on Aging and Disability Response

The Commission concurs.

Administrative

The Commission should incorporate into one manual the standards of care suggested by *TCA* §71-5-1402(e)(14). Standards of care safeguard consumers from

inappropriate assessments and substandard services as well as shield them from abuse and fraud. Standards of care also help protect the rights of consumers. The manual should distinguish those aspects of the program that address quality and the protection of consumers of home and community-based services from administrative procedures.

Commission on Aging and Disability Response
The Commission concurs. The intent of the commission from the beginning is to combine the standards into one manual after all the waiver standards are finalized.

The Commission should ensure unit cost reimbursement for all its in-home services is in place by July 1, 2004. The Commission is converting its payment methods for in-home services from grant awards to unit cost reimbursement. The use of unit cost reimbursement permits the Commission to control spending and operate using performance based budgeting. The Bureau of TennCare set a fee structure for the Medicaid home and community-based services waiver that includes unit cost reimbursement for all services, including case management. The Commission has not yet established such a fee structure for case management for state funded Options and Title III programs. Unit cost reimbursement should be used to measure the efficiency and effectiveness of the system.

Commission on Aging and Disability Response
The Commission concurs.

The area agencies should aggressively recruit sufficient Medicaid waiver providers for every county. Bureau of TennCare staff plan to request the Centers for Medicare and Medicaid Services' approval to modify the Medicaid home and community-based services waiver to allow the state to phase in the program on a county-by-county basis. TennCare staff will not allow a county to participate unless the area agency has providers for each waiver service in the county.

Commission on Aging and Disability Response
The Commission concurs.

The Commission should request an opinion from the Attorney General and Reporter as to its compliance with *TCA* §71-5-1408(e) related to allowable unit costs of services in the Options program. The legislation requires the Commission to take into account the unit cost of service rate permitted under any federal waiver if services are also provided under the federal waiver, and in no case can it be more than 20 percent above the average statewide unit cost for a specific service.

Commission on Aging and Disability Response
The Commission concurs in part. The weighted methodology as suggested in the report is difficult operationally: 1) under the multiple provider-consumer choice model there is no way of knowing which provider will be selected by a consumer or to know how many units of service will be provided by each provider during the program year; 2) the implementation of this will result in the final rate determination being made after the close of the program year; 3) a provider may be required to refund monies paid during the

program year; and 4) there is a concern that with a hard cap of 20% of the Medicaid waiver rate, all providers will want the maximum rate lessening the competition among providers.

Office of Research Response
Office of Research staff did not suggest that the Commission should use a weighted methodology to determine payments to providers. TCA § 71-5-1408(e) mandates that unit rates paid to providers for services under the Options program not exceed 20 percent above the average statewide unit cost for each specific service under any federal waiver.

Office of Research staff used the weighted methodology to illustrate how the Commission may be paying more both individually and collectively to Options providers than allowed by this law. For example, the rate for personal care services for an individual provider should be no more than $19.42, which is 120 percent of the Medicaid rate for that service. The rates paid to providers in the Upper Cumberland region range from $9 to $25 for personal care. The straight average paid to all providers is $21.57. Because Commission staff and Office of Research staff interpret the law differently, we suggest that the Commission seek the advice of the Attorney General and Reporter.

The Commission should proceed with its plans for a central intake system for all its home and community-based programs, including the statewide waiver, Options, and Title III in-home services. *TCA* §71-5-1402(e) (9) states that in any home and community-based waiver there should be a single point of entry for case management services in each region to help persons find appropriate long-term care services.

Commission on Aging and Disability Response
The Commission concurs.

Commission staff should ensure that major stakeholders are included when changes affecting them are considered. Most interviewees expressed concern that the Commission did not formally prepare providers and consumers for the policy change that created the central intake system. The change to a central intake through the area agencies alters the familiar way services have previously been rendered which affects providers, clients, and advocates. A policy change of this scale requires considerable planning and reorganizing for stakeholders. This may place some stakeholders at a disadvantage in organizational structure, marketing, and operating revenue.

Commission on Aging and Disability Response
Concur with the understanding that major stakeholders include consumers, potential consumers, family caregivers and advocacy organizations in addition to the area agencies on aging and disability and service providers.

Appendix A: Expenditures by Region, FY 2000-01

Fiscal Year 2000-2001	First	East	Southeast	Upper Cumberland	GNRC	South Central	Northwest	Southwest	ACMS
Federal									
Support Svcs. - IIIB	$546,627	$883,139	$592,519	$404,610	$1,280,665	$413,380	$412,489	$236,405	$1,050,955
Congregate Meals - III C1	315,401	1,466,217	417,096	316,838	1,563,482	381,784	170,414	238,585	719,309
Home Delivered Meals - III C2	526,093	3,048,129	520,330	347,155	2,555,710	515,280	393,546	254,743	740,114
Disease Prevention and Health Promotion - III D	29,941	77,958	33,092	25,344	55,962	29,132	17,432	0	69,390
Family Care Giver III E	0	0	0	8,661	4,423	21,345	0	0	0
Ombudsman VII	17,299	33,791	19,264	12,826	35,452	15,060	12,199	10,198	29,628
Elder Abuse VII	2,990	13,355	7,261	6,430	19,446	1,901	1,696	1,262	8,769
Administration	164,549	193,975	168,939	154,933	212,833	158,714	145,782	140,164	185,909
Federal Total	**$1,602,900**	**$5,716,564**	**$1,758,501**	**$1,276,797**	**$5,727,973**	**$1,536,596**	**$1,153,558**	**$881,357**	**$2,804,074**
State									
Guardian	$92,529	$95,039	$100,609	$104,960	$114,081	$100,216	$95,108	$85,612	$109,512
Home maker	48,278	89,274	50,164	34,176	85,338	38,414	34,496	27,136	0
Senior Centers	129,962	265,071	141,787	125,347	226,331	129,947	115,504	70,124	168,259
Nutrition	103,005	380,946	107,027	72,917	364,148	81,960	66,239	57,897	160,098
HCBS Options	199,730	173,367	172,933	259,791	271,700	98,839	113,365	142,361	246,237
Title IIIE Service Match	29,925	12,112	6,918	10,399	42,665	13,007	4,594	4,030	23,953
R.S.V.P.	9,654	6,097	11,871	14,455	15,321	5,831	20,786	12,251	8,110
Total State	**$613,083**	**$1,021,906**	**$591,309**	**$622,045**	**$1,119,584**	**$468,214**	**$450,092**	**$399,411**	**$716,169**
Match Provided	2,311,781	3,857,771	1,464,305	845,177	1,480,650	728,413	748,505	993,943	1,562,768
Total State Expenditures	**$2,924,864**	**$4,879,677**	**$2,055,614**	**$1,467,222**	**$2,600,234**	**$1,196,627**	**$1,198,597**	**$1,393,354**	**$2,278,937**
Total State and Federal	**$4,527,764**	**$10,596,241**	**$3,814,115**	**$2,744,019**	**$8,328,207**	**$2,733,223**	**$2,352,155**	**$2,274,711**	**$5,083,011**

Source; Information provided by Commission on Aging and Disability.

Expenditures by Region, FY2001-02

Fiscal Year 2001-2002	First	East	Southeast	Upper Cumberland	GNRC	South Central	Northwest	Southwest	ACMS
Federal									
Support Svcs. - IIIB	$501,930	$986,451	$603,736	$413,333	$931,869	$460,973	$373,613	$292,184	$1,065,538
Congregate Meals - III C1	224,767	1,531,356	425,971	321,950	1,592,643	408,605	200,814	306,599	722,894
Home Delivered Meals - III C2	639,699	3,232,277	519,609	339,243	2,404,181	496,410	448,808	238,926	756,747
In-home Services for frail - III D	38,102	79,233	48,204	30,581	70,303	24,853	36,608	15,787	75,618
Family Care Giver III E	84,397	0	267,732	119,282	110,359	0	20,337	37,412	55,133
Ombudsman VII	21,500	42,000	24,000	16,000	43,863	18,700	15,197	13,695	36,800
Elder Abuse VII	3,341	10,000	7,900	5,200	13,200	2,000	0	1,640	8,660
Administration	158,800	166,833	162,700	150,000	202,800	153,400	141,700	131,073	187,869
Total Federal	**$1,672,536**	**$6,048,150**	**$2,059,852**	**$1,395,589**	**$5,369,218**	**$1,564,941**	**$1,237,077**	**$1,037,316**	**$2,909,259**
State									
Guardian	$92,861	$104,571	$101,414	$106,081	$115,880	$101,083	$95,201	$85,517	$110,867
Home maker	48,278	89,274	50,164	34,176	85,338	38,414	34,496	27,136	75,038
Senior Centers	129,962	267,700	141,787	125,347	279,960	129,947	131,301	93,308	166,679
Nutrition	103,005	380,946	107,027	72,917	364,148	81,960	66,318	57,897	160,098
HCBS Options	445,099	600,591	443,098	365,048	845,827	259,615	297,452	295,896	559,302
Title IIIE Service Match	0	12,112	0	0	0	0	0	2,995	0
R.S.V.P.	10,900	6,574	12,211	14,131	21,254	5,885	8,962	12,955	6,000
Total State	**$830,105**	**$1,461,768**	**$855,701**	**$717,700**	**$1,712,407**	**$616,904**	**$633,730**	**$575,704**	**$1,077,984**
Match Provided	1,045,572	4,398,738	1,563,695	1,104,939	1,884,371	846,630	826,172	878,598	1,943,550
Total State Expenditures	**$1,875,677**	**$5,860,506**	**$2,419,396**	**$1,822,639**	**$3,596,778**	**$1,463,534**	**$1,459,902**	**$1,454,302**	**$3,021,534**
Total State and Federal	**$3,548,213**	**$11,908,656**	**$4,479,248**	**$3,218,228**	**$8,965,996**	**$3,028,475**	**$2,696,979**	**$2,491,618**	**$5,930,793**

Source; Information provided by Commission on Aging and Disability.

Appendix B: Area Agencies on Aging and Disability

First Tennessee
Kathy T. Whitaker, Director
First TN Development District
207 North Boone St.
Suite 800
Johnson City, TN 37604-5699
423 928-0224

East Tennessee
Aaron Bradley, Administrator
East TN Human Resource Agency
9111 Cross Park Drive
Suite D100
Knoxville, TN 37923-4517
865 691-2551 ext. 216

Southeast Tennessee
Phyllis Casavant, Director
Southeast TN Development District
25 Cherokee Blvd.
PO Box 4757
Chattanooga, TN 37405-0757
423 266-5781

Upper Cumberland
Nancy Peace, Director
Upper Cumberland Dev. Dist.
1225 South Willow Avenue
Cookeville, TN 38506-4194
931 432-4111

Greater Nashville
Ernestine Bowers, Director
Greater Nashville Regional Council
501 Union St., 6th Floor
Nashville, TN 37219-1705
615 862-8828

South Central
Ed Brooks, Aging Program Director
South Central TN Development District
815 South Main St.
PO Box 1346
Columbia, TN 38402-1346
931-381-2040

Northwest
Susan Hill, Director
Northwest Development District
124 Weldon Drive
PO Box 963
Martin, TN 38237-0963
731 587-4213

Southwest
Wanda Simmons, Director
Southwest TN Development District
27 Conrad Drive
Suite 150
Jackson, TN 38305-2850
731-668-7112

Aging Commission of the Mid-South
Marilyn Wilson, Acting Director
Delta Area Agency on Aging
2670 Union Avenue Extended
Suite 1000
Memphis, TN 38112-4428
901 324-6333

Appendix C: Providers, Services, and Expenditures by Area Agency, FY 2002-03
First Tennessee

Provider	Program Funded	Expenditures
1st Tennessee HRA	in-home and community services, meals, USDA,	$1,194,955
Balance forwarded to new year	Options, family caregiver program, in-home and community services	296,296
Bristol Slater Senior Center	Options, in-home and community services, family caregiver program, health promotions, senior center operations	45,038
Clinchfield Senior Center	in-home and community services, family caregiver program, health promotions, Options, senior center operations	49,224
Elizabethton Senior Center	in-home and community services, family caregiver program, health promotions, Options, senior center operations	50,514
Hancock County Senior Center	in-home and community services, family caregiver program, health promotions, Options, senior center operations	26,394
Johnson City Senior Center	in-home and community services, family caregiver program, health promotions, Options, senior center operations	60,950
Johnson County Senior Center	in-home and community services, family caregiver program, health promotions, Options, senior center operations	38,987
Jonesboro Area Senior Center	Options, in-home and community services, family caregiver program, health promotions	61,482
Kingsport Senior Center	in-home and community services, health promotions, senior center operations	36,043
Legal Services	in-home and community services, elderly abuse and ombudsman	90,043
Mt. Carmel Senior Center	in-home and community services, health promotions, senior center operations	21,719
Roby-Fitzgerald Center	in-home and community services, family caregiver program, health promotions, Options	52,451
Rogersville Senior Center	in-home and community services, family caregiver program, health promotions, Options, senior center operations	42,881
Shepherd Center	Options, family caregiver program	2,338
UETHDA	RSVP	8,640

Source: First Tennessee Area Agency.

East Tennessee

Provider	Program Funded	Expenditures
Blount County CAA	Options, in-home and community services, meals	$340,087
Blount County Parks and Rec.	health promotions, senior center operations	25,270
Campbell County Government	health promotions, senior center operations	12,781
Caring Hearts	Options	22,890
City of Clinton	health promotions, senior center operations	21,546
Clinch River Home Health	Options, family caregiver program, in-home and community services	34,334
Douglas Cherokee Economic Authority	Options, in-home and community services, meals, health promotions	689,672
East Tn Alzheimer's Assoc.	Options, in-home and community services, ombudsman, meals, health promotions, senior center operations	6,500
East TN HRA	elderly abuse and ombudsman,	945,931
Family Support Services	family caregiver program	1,404
Jeffeson County Government	family caregiver program	50,393
Keystone Adult Day Care	family caregiver program	360
Knoxville-Knox County CAA	Options, family caregiver program, in-home and community services, meals, health promotions, senior center operations, RSVP	1,336,991
Loudon County Government	in-home and community services, health promotions, RSVP	51,117
Medi Home Private Care	Options	179,886
Mid-East CAA	in-home and community services, meals, health promotions, senior center operations	7,329
Mid-East Community Action Comm.	in-home and community services, health promotions, senior center operations	275,468
Monroe county Senior Citizens	Options, in-home and community services	42,321
Mountain Valley Economic Auth.	Options, in-home and community services	15,059
Options Home Delivered Meals	Federal USDA	24,048
Paula Nelson, RD	Options, in-home and community services	27,970
Primecare Network of Knox County	Options, in-home and community services	13,335
Scott County Government	in-home and community services, health promotions, senior center operations	22,890
Senior Citizens Center Inc.	Options, family caregiver program, in-home and community services, senior center operations	66,484
Senior Citizens Home Assistance Services	Options, family caregiver program, in-home and community services, health	164,666

	promotions	
Senior Citizens Information and Referral	in-home and community services	6,500
Smoky Mountain Home Health and Hospice	Options, in-home and community services	80,084
Tommy Carpenter Electrical Services	family caregiver program	160
Town of Oneida	health promotions, senior center operations	7,799
Union County Government	in-home and community services, health promotions, senior center operations	24,315
Valued Relationships	family caregiver program	377

Source: East Tennessee Area Agency

Southeast

Provider	Program Funded	Expenditures
All Care Health Services	Options	$7,059
Assisted Technologies	Options Supplemental Svcs.	53,041
Bledsoe County Senior Center	disaster program, meals	21,255
Bradley County Government	in-home and community services	49,836
Bradley County Health Dept.	Options	9,946
Bradley/Cleveland Community Svs.	senior center operations, meals	50,088
Care Plus Home Health Services	Options	4,035
City of Gruetli- Laager	senior center operations, meals	15,056
City of Soddy Daisy	senior center operations	7,502
City of Whitwell	senior center operations, meals	14,271
Family/Child Services	in-home and community services, ombudsman	209,221
Good Neighbors Inc.	in-home and community services, meals	198,113
Hamilton County	transportation	3,500
Home Instead	Options	70,463
Kelly's Personal Care Service	Options	8,168
McMinn Senior Center	disaster program, senior center operations, meals	48,458
Meigs County Government	RSVP, senior center operations, Meals	22,281
Partnership For Families	Options	53,116
Polk County Government	in-home and community services, senior center operations, meals	85,278
Rhea County Activity Center	senior center operations, disaster program, meals	33,913
Rob Summit	Options	3,877
SETHRA	Transportation, meals	180,135
Senior Neighbors	Meals	22,469
Senior Neighbors Inc.	RSVP, senior center operations, disaster program	53,944
Sequatchie Valley Senior Center	senior center operations, disaster program, meals	21,389
SETHRA	Options	65,354
Sharon's Adult Day Care	Options	5,077
Southeast TN Legal Svs.	legal assistance	46,317
STS	transportation	1,000
Valley Foods	meals	750,000

Source: Southeast Area Agency.

Upper Cumberland

Provider	Program Funded	Expenditures
Aging Services for U. Cum.	legal assistance, elderly abuse and ombudsman	$97,098
Alexandria Senior Center	senior center operations	6,182
Algood Senior Center	senior center operations	3,461
Cannon County Senior Center	senior center operations	12,342
Care Plus Home Health	in-home and community services	3,615
Clay County Senior Center	senior center operations	13,098
Fair Park Senior Center	senior center operations, in-home and community services	30,122
Fentress County Senior Center	senior center operations	16,342
Friendship Home Health	in-home and community services	15,656
Home Caregivers	in-home and community services	17,110
Jackson County Senior Center	senior center operations	13,148
LBJ&C	RSVP	6,660
Liberty Senior Center	senior center operations	6,196
Macon County Senior Center	senior center operations	16,542
McMinnville Warren County Senior Center	in-home and community services, senior center operations, adult day care	43,148
Monterey Senior Center	senior center operations	5,701
Overton County Senior Center	adult day care, senior center operations, in-home and community services	23,638
Pickett County Senior Center	senior center operations	16,545
Putnam County Senior Center	senior center operations	15,512
Quality Health Care	in-home and community services	18,496
Smith County Senior Center	senior center operations	15,069
Smithville Senior Center	senior center operations	3,730
Sunshine Unlimited	in-home and community services	26,518
Tennessee Opportunities Prgm.	RSVP	5,220
Upper Cumberland HRA	meals, in-home and community services, transportation	900,826
Van Buren Senior Center	senior center operations	11,943
White County Senior Center	senior center operations	17,073

Source: Upper Cumberland Area Agency.

Greater Nashville Regional Council

Provider	Program Funded	Expenditures
Alzheimer's Association	in-home and community services, family caregiver program	$8,790
Better Health Services	Options, in-home and community services, family caregiver program	29,970
Buddies of Nashville	RSVP	3,300
Byrum Porter Senior Center	senior center operations, in-home and community services, health promotions	25,724
Carefinders	family caregiver program	15,930
Carefinders (Home Instead – Goodlettsville)	in-home and community services, Options	4,634
Centennial Adult Care Center	in-home and community services, Options	9,875
City of Lavergne	in-home and community services, health promotions, senior center operations	23,122
City of Dickson	family caregiver program, Options	12,210
City of Dickson (Dickson Senior Center)	in-home and community services, health promotions, senior center operations	41,319
City of Lebanon (Lebanon Senior Center)	in-home and community services, health promotions, senior center operations	29,605
City of Murfreesboro (St. Clair St. Center)	in-home and community services, health promotions, senior center operations	38,670
City of Waverly (Torrey Johnson Sr. Ctr.)	in-home and community services, health promotions, senior center operations	28,727
Clarksville CAA	RSVP	3,500
Clarksville/Montgomery Co. Sr. Ctr.	in-home and community services, Option, health promotions, senior center operations	45,062
Council on Aging	in-home and community services	10,000
Elderly Services	in-home and community services, family caregiver program, Options	62,352
Family and Children Services	family caregiver program	80
Friendship Home Health	in-home and community services, health promotions, senior center operations	58,786
Gallatin Senior Citizens	in-home and community services, family caregiver program, Options	35,568
Healthcare Staffers	in-home and community services, health promotions, senior center operations	89,248
Hendersonville Senior Citizens	in-home and community services, health promotions, Options	26,568
HI-Goodlettsville (Carefinders)	Options	7,613
Home Instead – Nashville	family caregiver program, in-home and community services, Options	28,866
Home Instead – Murfreesboro	in-home and community services,	12,710

	Options	
J.D. Lewis Senior Center	in-home and community services, health promotions, senior center operations	35,137
Legal Aid of Middle Tenn.	in-home and community services	40,713
Mental Health Association	in-home and community services, family caregiver program	33,186
Metro Social Services	meals, Options, in-home and community services, family caregiver program,	1,092,402
Mid-Cumberland HRA	Options, meals, in-home and community services, ombudsman	1,681,187
Mid-Cumberland CAA	RSVP	5,900
Mt. Juliet/West Wilson Co. Senior Center	senior center operations	30,825
Northcrest Home Health	Options, in-home and community services, family caregiver program	14,780
Ponciana Ridge	in-home and community services, health promotions, Options	96,142
Quality Care	in-home and community services, Options	22,160
Robertson County Senior Center	in-home and community services, health promotions, senior center operations	46,516
Rochelle Center	in-home and community services, family caregiver program	8,875
SCI – College Grove Senior Center	in-home and community services, health promotions, senior center operations	33,080
SCI – Donelson Station Senior Center	in-home and community services, health promotions, senior center operations	45,799
SCI – Hadley Park Senior Center	in-home and community services, health promotions, senior center operations	28,709
SCI – J.B. Knowles Senior Center	in-home and community services, health promotions, senior center operations	62,808
SCI – Madison Station Senior Center	in-home and community services	20,000
SCI – Martin Senior Center	in-home and community services	20,000
Senior Citizens Inc.	in-home and community services, meals, family caregiver program, Options, RSVP	74,883
Sitters Etc, Inc.	in-home and community services, family caregiver program, Options	10,050
Stewart County Senior Center	in-home and community services, health promotions, senior center operations	36,100
Supplies	family caregiver program, in-home and community services, Options	3,256
Town of Ashland City	in-home and community services, health promotions, senior center operations	24,865
Trousdale County Senior Center	in-home and community services, health promotions, senior center	24,691

	operations	
Vanderbilt	in-home and community services, Options	24,428
VRI	Options	1,153

Source: Greater Nashville Regional Council.

South Central

Provider	Program Funded	Expenditures
Alzheimer's Association	respite care	$8,329
Bedford County Senior Citizens	health promotions, information and referral, senior center operations, transportation	23,360
Care Plus Home Health	Options	8,183
Coffee County Senior Citizens	health promotions, information and referral, senior center operations, transportation	26,795
Franklin County Senior Citizens	health promotions, information and referral, senior center operations, transportation	22,687
Friendship Home Health	Options	7,854
Geriatric Angels	Options	4,557
Giles County Senior Citizens	health promotions, information and referral, senior center operations, transportation	23,501
Hickman County Senior Citizens	health promotions, information and referral, senior center operations, transportation	21,881
Home Instead Senior Care	Options	25,096
Lawrence County Senior Citizens	health promotions, information and referral, senior center operations, transportation	21,603
Legal Aid Society of Middle TN	Legal Assistance	35,573
Lewis County Senior Citizens	health promotions, information and referral, senior center operations, transportation	18,655
Lincoln County Senior Citizens	health promotions, information and referral, senior center operations, transportation	22,662
Marshall County Senior Citizens	health promotions, information and referral, senior center operations, transportation	24,353
Maury County Senior Citizens	health promotions, information and referral, senior center operations, transportation	39,464
Moore County Senior Citizens	health promotions. information and referral, senior center operations, transportation	16,682
Perry County Council on Aging	health promotions, information and referral, senior center operations, transportation	19,480
Rural Mass Transit	Transportation	13,840
Sitters, Etc.	Options	4,217
South Central HRA	meals, in-home and community services, ombudsman, RSVP, transportation	1,579,339
Wayne County Senior Citizens	information and referral, senior center operations, transportation	18,746

Source: South Central Area Agency.

Northwest

Provider	Program Funded	Expenditures
Benton County	in-home and community services, health promotions, family caregiver program	$62,272
Carroll County	in-home and community services, health promotions, family caregiver program	49,368
Crockett County	in-home and community services, health promotions, family caregiver program	87,423
Dyer County	RSVP	52,984
Gibson County	in-home and community services, senior center operations, health promotions, family caregiver program	84,827
Henry County	in-home and community services, senior center operations, health promotions, family caregiver program	33,933
Humboldt Senior Center	senior center operations, in-home and community services, health promotions, family caregiver program	10,370
Lake County	in-home and community services, health promotions	35,955
Martin Senior Center	in-home and community services, health promotions	10,404
Milan Senior Center	in-home and community services, health promotions	9,276
NWT HRA	in-home and community services, meals, elderly abuse and ombudsman, RSVP, transportation	1,061,615
Obion County	in-home and community services, senior center operations, health promotions, family caregiver program	45,261
Reelfoot Rural Ministries	in-home and community services, health promotions	10,395
Ridgely Senior Center	in-home and community services, health promotions	13,038
Sharon Senior Center	in-home and community services, senior center operations, health promotions, family caregiver program	13,160
Weakley County	in-home and community services, senior center operations, health promotions, family caregiver program	63,617
West Tennessee Legal Services	in-home and community services	10,500

Source: Northwest Area Agency.

Southwest

Provider	Program Funded	Expenditures
Chester County Senior Center	Transportation, family caregiver program, senior center operations, in-home and community services	$21,358
Decatur County Senior Center	Transportation, in-home and community services, senior center operations	12,079
Hardin County Senior Center	Transportation, in-home and community services, senior center operations	16,928
Haywood County Senior Center	in-home and community services, senior center operations	11,459
Henderson County Senior Center	in-home and community services, senior center operations	20,161
Jackson Recreation and Parks	Transportation, in-home and community services, senior center operations	25,832
McNairy County Senior Center	Transportation, in-home and community services, family caregiver program, senior center operations, health promotions	24,441
Sardis Senior Center	in-home and community services, transportation, senior center operations	9,149
Selmer Senior Center	in-home and community services, family caregiver program, senior center operations, health promotions	22,311
Town of Scotts Hill Senior Center	Transportation, in-home and community services, senior center operations	15,165
West Madison Senior Center	Transportation, in-home and community services, senior center operations	6,010
Southwest HRA	Transportation, in-home and community services, family caregiver program, meals, USDA, Options	805,762
West TN Legal Services	in-home and community services, elderly abuse and ombudsman	69,696
Henderson County	RSVP	5,159
McNairy County	RSVP	8,041
Friends “R” Us	Options	19,328

Source: Northwest Area Agency.

Aging Commission of the Mid-South

Provider	Program Funded	Expenditures
Alzheimer's Day Services	in-home and community services	$31,555
Fayette County COA	senior center operations	64,563
Goodwill Homes	senior center operations, meals	75,948
Memphis Housing Authority	in-home and community services	21,964
Memphis Legal Services	in-home and community services	52,926
MIFA	meals, ombudsman, transportation, senior center operations, RSVP	2,354,724
Senior Leaders	health promotions	21,396
Senior Services	senior center operations, in-home and community services health promotions	377,539
Tipton County COA	senior center operations. health promotions	87,848
Town of Halls	senior center operations, health promotions	58,007
Arcadia Health Services	Options	37,128.50
Caregivers Inc.	Options	1,584
Companion Plus	Options	1,785
Elder Care	Options	124,754.20
Family Services	Options	10,194
Friends R Us	Options	103,916
Home Care Solutions	Options	62,183
Maxim	Options	1,439
MIFA	meals	49,410
Senior Services	Options	16,325
Town of Halls	Options	21,763
Arcadia Health Service	family caregiver program	248
Alzheimer's Association	family caregiver program	6,098
Alzheimer's Day Services	family caregiver program	2,246
Friends R Us	family caregiver program	168
MIFA	family caregiver program	5,969
Tipton County COA	family caregiver program	3,814

Source: Aging Commission of the Mid-South.

Appendix D: Number of Approved Waiver Providers by County and Service

September 30, 2003

	Case Management	Homemaker	Personal Care	Home delivered Meals
First TN				
Carter	1	3	2	1
Greene	1	3	2	1
Hancock	1	3	2	1
Hawkins	1	3	2	1
Johnson	1	3	2	1
Sullivan	1	4	3	1
Unicoi	1	3	2	1
Washington	1	4	3	1
East TN				
Anderson	1	0	0	0
Blount	1	0	0	0
Campbell	0	0	0	0
Claiborne	0	1	1	0
Cocke	0	1	1	0
Grainger	1	1	1	0
Hamblen	0	1	1	0
Jefferson	1	1	1	0
Knox	1	0	0	0
Loudon	1	1	1	0
Monroe	0	1	1	0
Morgan	0	1	1	0
Roane	1	1	1	0
Scott	0	0	0	0
Sevier	1	1	1	0
Union	1	0	0	0
Southeast TN				
Bledsoe	1	4	4	0
Bradley	2	3	3	0
Grundy	1	4	4	0
Hamilton	2	4	3	0
McMinn	1	3	3	0
Marion	2	3	3	0
Meigs	2	3	3	0
Polk	1	3	3	0
Rhea	2	3	3	0
Sequatchie	2	4	4	0
Upper Cumberland				
Cannon	1	3	3	1
Clay	1	2	2	1
Cumberland	1	4	4	1
DeKalb	1	4	4	1
Fentress	1	2	3	1
Jackson	1	4	4	1
Macon	1	2	2	1
Overton	1	2	4	1
Pickett	1	2	2	1
Putnam	1	4	4	1
Smith	1	3	3	1
Van Buren	1	4	3	1
Warren	1	4	3	1
White	1	5	5	1

	Case Management	Homemaker	Personal Care	Home Delivered Meals
Greater Nashville				1
Cheatham	2	1	1	1
Davidson	2	0	0	1
Dickson	2	1	1	1
Houston	1	1	1	1
Humphreys	1	1	1	1
Montgomery	1	1	1	1
Robertson	2	1	1	1
Rutherford	2	1	1	1
Stewart	1	1	1	1
Sumner	2	1	1	1
Trousdale	1	1	1	1
Williamson	2	1	1	1
Wilson	2	1	1	1
South Central TN				
Bedford	2	0	0	0
Coffee	1	2	2	0
Franklin	1	1	1	0
Giles	1	0	0	0
Hickman	1	0	0	0
Lawrence	1	0	0	0
Lewis	1	0	0	0
Lincoln	1	0	0	0
Marshall	2	0	0	0
Maury	2	0	0	0
Moore	1	0	0	0
Perry	1	0	0	0
Wayne	1	0	0	0
Northwest TN				
Benton	0	0	0	0
Carroll	0	0	0	0
Crockett	0	0	0	0
Dyer	0	0	0	0
Gibson	0	0	0	0
Henry	0	0	0	0
Lake	0	0	0	0
Obion	0	0	0	0
Weakley	0	0	0	0
Southwest TN		0	0	0
Chester	0	0	0	0
Decatur	0	0	0	0
Hardeman	1	0	0	0
Hardin	0	0	0	0
Haywood	0	0	0	0
Henderson	1	0	0	0
McNairy	0	0	0	0
Madison	1	0	0	0
Mid-South	0	0	0	0
Fayette	2	0	0	0
Lauderdale	2	0	0	0
Shelby	2	1	1	0
Tipton	2	0	0	0

Source: Waiver Status Report by County, Provided by Tennessee Commission on Aging and Disability, September 30, 2003.

Appendix E: Expenditures for Aged/Disabled Home and Community-Based Services

States	FY 2002 Expenditures
WA	$293,544,866
OR	253,081,798
KA	253,065,221
NC	205,384,679
OH	171,746,914
WI	152,021,343
NH	131,472,636
FL	125,458,791
VA	96,967,296
CO	89,776,345
GA	86,479,007
MO	82,687,375
SC	81,977,926
PA	78,736,322
KY	74,106,904
MN	69,600,794
IL	61,140,276
CT	52,154,924
WV	52,000,084
MI	50,388,839
OK	49,368,982
AL	45,257,761
ID	45,107,403
MS	44,676,685
NJ	43,421,099
CA	43,045,523
TX	38,696,006
AR	29,296,505
NY	29,012,534
NE	27,632,806
HI	27,351,997
NM	26,690,666
MA	22,348,831
RI	22,262,068
IN	21,231,212
VT	20,909,136
MT	20,896,909
IA	20,859,785
AK	20,154,908
ME	13,802,964
MD	13,063,599
LA	10,153,511
DE	9,314,950
WY	7,217,564
TN	**6,094,289**
NV	5,311,461
ND	4,977,329
SD	2,896,081
UT	2,542,843
Total	$3,135,387,747

Source:Steve Eiken and Brian Burwell, Medicaid HCBS Waiver Expenditures, FY 1997 through 2002, MedStat, May 15, 2003.

Appendix F: U.S. Population Aged 60 and Over by State

States	Age 60+
CA	4,742,499
FL	3,545,093
NY	3,204,331
TX	2,774,201
PA	2,430,821
OH	1,963,489
IL	1,962,911
MI	1,596,162
NJ	1,443,782
NC	1,292,553
MA	1,096,567
GA	1,071,080
VA	1,065,502
IN	988,506
MO	983,704
TN	**942,620**
WI	907,552
WA	873,223
AZ	871,536
MD	801,036
MN	772,278
AL	769,880
LA	687,216
KY	672,905
SC	651,482
CT	601,835
OK	599,080
OR	569,557
CO	560,658
IA	554,573
AR	491,409
MS	457,144
KA	454,837
WV	362,795
NV	304,071
NE	296,151
NM	283,837
UT	252,677
ME	238,099
HI	207,001
NH	194,965
ID	193,421
RI	191,409
MT	158,894
SD	136,869
DE	133,925
ND	118,985
VT	101,827
DC	91,878
WY	77,348
AK	53,026

Source：Census 2000 data on Aging complied by the Administration on Aging.

Appendix G: *TCA* §71-5-1402(e)

(e) The plan submitted by the governor to the general assembly by January 1, 1999, as well as any recommendations made by the council, shall be consistent with the following principles:

(1) Long-term care programs and services should enhance independence, dignity, choice, and individual well-being;

(2) Elderly and disabled Tennesseans will receive the care and services which are most appropriate for their needs and aspirations;

(3) Long-term care services should be provided at the most economical cost and in the least restrictive setting;

(4) Funding for long-term care services should follow the consumer regardless of delivery method utilized, and without regard to whether such services are categorized as medical care;

(5) Appropriate consumer safeguards, including quality of care standards, should be instituted as part of the home-based and community-based services system;

(6) Long-term care policy should foster wellness and prevention;

(7) Long-term care policy should be coordinated with TennCare and Medicare acute care services in a rational and financially prudent manner;

(8) State long-term care policy should make maximum use of available public funding, including federal financial assistance;

(9) In any HCBS waiver there should be a single point of entry for case management services in each geographical region where persons in need of long-term care can obtain case management services for the purpose of helping them assess their needs, assisting them in developing a plan of services, and referring them to providers who are qualified to implement the plan of services;

(10) Case managers should not also be service providers for their clients;

(11) Case management should seek to maximize the use of voluntary and existing services;

(12) Long-term care services should be available on the basis of functional need, rather than on the basis of age, diagnosis or other arbitrary criteria unrelated to individual capacity and need;

(13) The commission on aging should act as a clearinghouse that collects and analyzes data from the agency in each geographical region. On the basis of such data and analysis, the commission should at least annually make a report and recommendations to the long-term care services advisory council, the speakers of each house of the general assembly and the governor, regarding the amount and type of long-term care services needed in each geographical region; and

(14) The commissioner of health, in consultation with the commissioner of human services, the executive director of the commission on aging, and consumer and advocacy organizations representing the elderly and persons with disabilities, should develop standards of care to ensure quality and protect consumers of home-based and community-based services.

[Acts 1998, ch. 1093, § 4; 1999, ch. 477, §§ 4, 5.]

Appendix H: Area Agencies on Aging and Disability Staffing Patterns

Area Agency	All Positions Before Options	New Positions to Support HCBS	Comments
First Tennessee	• Director • Fiscal Manager • Program Coordinator • Public Conservator • Assistant to the Public Conservator • Data Entry Operator • Data Entry Operator • ACCESS program Manager • Management Information Specialist	• Information & Assistance Specialist • Family Caregiver Manager • Aging Fiscal Assistant • Nurse Coordinator • Program Specialist • Medicare Information Specialist (Part-time)	
East Tennessee	• Administrator • Assistant Administrator • ElderCare Manager • MIS Coordinator • Public Guardian • Public Guardian Specialist • Public Guardian Volunteer Coordinator (PT- 20 hrs./week) • NFCS Manager • Secretary	• Information & Assistance Specialist • Service Coordinator (Case manager) • Service Coordinator (Case manager) • Service Coordinator (Case manager) • Service Coordinator (Case manager) • Data Entry Specialist • Contract Services Coordinator	
Southeast Tennessee	• Director • Assistant Director • Program Developer • Financial Manager • Administrative Assistant • Public Guardian Assistant	• Options Program Manager (An existing position, Program Developer, was reclassified as Options Program Manager) • Lead Service Coordinator • Service Coordinator • Lead RN Case Manager • Lead Information & Assistance Coordinator • Information & Assistance Coordinator • Family Caregiver Support Coordinator • Financial Assistant (PT)	• A Nutrition Program Specialist, a Program Planner, and two Nutrition Coordinators were added as a result of the transitioning of the Title III program administration from one centralized provider to a network of 12 providers across the region. • The Family Caregiver Support Coordinator's only connections to the Options program are supervision of the two Information & Assistance positions. • The Financial Manager and Administrative Assistant positions are now 1/2 time each with the section.

Area Agency	All Positions Before Options	New Positions to Support HCBS	Comments
Upper Cumberland	• Director • Assistant Director • Financial/MIS Coordinator • Assistant MIS Coordinator • Volunteer Coordinator • Community Coordinator • Public Conservator • Public Conservator Program Asst. • Public Conservator Program Asst • Secretary	• Quality Assurance Coordinator/Monitor • Information & Assistance Coordinator • Service Coordinator • Service Coordinator • Service Coordinator (PT) • Service Coordinator (PT) • Family Caregiver Coordinator • Aging & Disability Assistant	• Since the Options program began, the Community Coordinator and one of the Public Conservator Program Assistant positions have been eliminated. The Financial/MIS Coordinator position was renamed to Contracts Manager and the MIS Assistant Coordinator has been changed to MIS Coordinator. • Also created Senior Patrol Project Coordinator position (unrelated to Options and Medicaid waiver)
Greater Nashville Regional Council	• Director • Assistant Director • MIS Coordinator • Administrative Assistant • Senior Program Specialist • Senior Program Specialist • Public Guardian • Assistant Public Guardian • Guardian Fiscal Assistant • Information Specialist • Information Specialist • Information Specialist	• Information & Assistance Coordinator • Service Coordinator Supervisor • Service Coordinator • Service Coordinator • Service Coordinator • Service Coordinator • Service Coordinator • Service Coordinator • Service Coordinator - RN • Service Coordinator (PT) • Quality Assurance Coordinator • Data Clerk • Data Clerk • Family Caregiver Support Program Coordinator	• Also Employed Additional PT Public Guardian in March 2001 and Fiscal Specialist in May 2001. These were existing positions filled after February 2001. • Some new positions are funded through a combination of funding sources, including Older Americans Act, State Options, and local resources.
South Central	• Director • Fiscal Specialist • Services Coordinator • MIS Specialist • Public Guardian • Guardian Specialist • Aging Contract Developer/Monitor (PT)	• HCBS Contract Developer/Monitor (PT) • HCBS RN Manager • HCBS Support Services Coordinator • HCBS Information & Assistance Specialist • HCBS Data Clerk (PT) • Medicaid Waiver Manager/Case Manager	
Northwest Tennessee	• Director • Program Coordinator • Database & Computer Systems Manager • Budget Analyst • Office Manager/Secretary • Program Monitor (PT) • Guardianship Director • Guardianship Assistant • Guardianship Volunteer Coordinator (PT)	• OPTIONS Service Coordinator • OPTIONS Information & Assistance Specialist • OPTIONS Family Caregiver Medical Service Coordinator • OPTIONS Data Entry Clerk (PT) • Title III Obion County Service Coordinator (PT) • Title III Dyer County Service Coordinator (PT)	• Program Monitor and Guardianship Volunteer Coordinator positions are currently vacant

Area Agency	All Positions Before Options	New Positions to Support HCBS	Comments
Southwest Tennessee	• Director • Special Projects Coordinator • Management Information Specialist • Program Specialist • Fiscal Manager • Public Conservator • Assistant Public Conservator/volunteer Coordinator	• Information & Assistance Specialist • Service Coordinator (RN) • Service Coordinator (LPN) • Service Coordinator (BSW) • Service Coordinator • Fiscal Assistant (PT) • Data Entry Clerk (PT)	• The Information & Assistance Specialist provides information and assistance to callers under Title III programs to include he National Family Caregivers Program, the State Help Insurance Information Program (SHIIP), and state-funded services and is paid from all relevant funding sources • The Program Specialist position in existence prior to implantation of the Options Program has been eliminated. • The area agency conducts long-term care assessments for Title III services and services under the auspices of the Options Program. Service coordinators are paid from all relevant funding sources. • The part-time Data Entry Clerk position is split between data entry responsibilities under Title III and Options programs and is paid from all relevant funding sources • The Fiscal Assistant position employed part-time to support Options also assists with duties under Title III financial reporting responsibilities and is from both sources.

Aging Commission of the Mid-South	• Executive Director
	• Secretary
	• MIS Specialist
	• Contracts Manager
	• Program Coordinator
	• Services Monitor
	• District Public Conservator
	• Public Conservator
	• Secretary
	• Public Conservator Fiscal (PT)
	• Public Conservator Specialist (PT)
		• Information & Assistance Specialist
		• Budget Analyst
		• HCBS Nurse Manager
		  • Service Coordinator (Case manager)
		  • Service Coordinator (Case manager)
		• Service Coordinator (Case manager)
		• Data Entry Specialist
			• New positions unrelated to Options filled in the last two years include Family Caregiver Manager, Data Entry Specialist, Information & Assistance Specialist, and Volunteer Outreach Coordinator.

Appendix I: Locations of State Units on Aging

STATE	LOCATION WITHIN STATE GOVERNMENT
Alabama	Department of Senior Services
Alaska	Alaska Commission on Aging Division of Senior Services Department of Administration
Arizona	Aging and Adult Administration Department of Economic Security
Arkansas	Division of Aging and Adult Services Arkansas Department of Human Services
California	Department of Aging
Colorado	Aging and Adult Services Department of Human Services
Connecticut	Division of Elderly Services Department of Social Services
Delaware	Division of Services for Aging and Adults with Physical Disabilities Department of Health and Social Services
Florida	Department of Elder Affairs
Georgia	Division for Aging Services Department of Human Resources
Hawaii	Executive Office on Aging Department of Health
Idaho	Commission on Aging Department of Health and Welfare
Illinois	Department on Aging
Indiana	Bureau of Aging and In-Home Services Division of Disability, Aging, and Rehabilitative Services Family & Social Services Administration
Iowa	Department of Elder Affairs
Kansas	Department on Aging
Kentucky	Office for Aging Services Cabinet for Health Services
Louisiana	Governor's Office of Elderly Affairs Elderly Protective Services
Maine	Bureau of Elder and Adult Services Department of Human Services
Maryland	Department on Aging
Massachusetts	Executive Office of Elder Affairs
Michigan	Commission on Services to the Aging
Minnesota	Board on Aging
Mississippi	Division of Aging and Adult Services Department of Human Services
Missouri	Division of Senior Services Department of Health & Senior Services
Montana	Senior and Long Term Care Division Department of Public Health and Human Services
Nebraska	Division on Aging Department of Health & Human Services
Nevada	Division for Aging Services Department of Human Resources
New Hampshire	Division of Elderly and Adult Services Department of Health and Human Services

New Jersey	Division of Aging and Community Services Division of Senior Affairs Department of Health & Senior Services
New Mexico	State Agency on Aging
New York	State Office for the Aging
North Carolina	Division of Aging Department of Health and Human Services
North Dakota	Aging Services Division Department of Human Services
Ohio	Department of Aging
Oklahoma	Aging Services Division Department of Human Services
Oregon	Senior and Disabled Services Division Department of Human Services
Pennsylvania	Department of Aging
Rhode Island	Department of Elderly Affairs
South Carolina	Office of Senior and Long Term Care Services Department of Health and Human Services
South Dakota	Office of Adult Services and Aging Department of Social Services
Tennessee	Commission on Aging and Disability
Texas	Department on Aging
Utah	Division of Aging and Adult Services Department of Human Services
Vermont	Department of Aging and Disabilities
Virginia	Department for the Aging
Washington	Aging and Disability Services Administration Department of Social and Health Services
West Virginia	Bureau of Senior Services
Wisconsin	Bureau of Aging and Long Term Care Resources Department of Health and Family Services
Wyoming	Office on Aging Department of Health

Appendix J: Comments from Commission on Aging and Disability

STATE OF TENNESSEE
COMMISSION ON AGING AND DISABILITY
Andrew Jackson Building
500 Deaderick Street, Suite 825
Nashville, Tennessee 37243-0860

James S. Whaley
Executive Director

TDD 615-532-3893

Voice 615-741-2056
Fax 615-741-3309

November 19, 2003

Ethel Detch, Director
Office of Research
Comptroller of the Treasury
505 Deaderick Street, Suite 1700
Nashville, Tennessee 37243-0268

Dear Ms. Detch:

The Commission's management staff and the Commission's executive committee have reviewed the draft report on aging and disability program issues.

Our response to the recommendations follows:

Legislative

The General Assembly may wish to consider merging functions of various agencies serving the elderly and disabled Tennesseans into a single cabinet-level department or a division within a cabinet-level department.

Concur in part. The commission agrees there is a need to study and better coordinate services to older individuals and persons with disabilities. Any change should heighten the visibility of aging and disabilities issues and programs within state government and with the public. One possible approach may be the creation of an adult and disabilities cabinet like the one created for children. The U.S. Department of Health and Human Service's Administration on Aging and the Center for Medicare and Medicaid Services are encouraging states to create Aging and Disability Resource Centers involving state agencies serving persons with disabilities and older persons.

The General Assembly may wish to consider allocating more funds for home and community-based services for the elderly and disabled.

Concur.

Administrative

The Commission should incorporate into one manual the standards of care suggested by TCA 71-5-1402(e) (14).

Concur. The intent of the commission from the beginning is to combine the standards into one manual after all the waiver standards are finalized.

The Commission should ensure unit cost reimbursement for all its in-home services is in place by July 1, 2004.

Concur.

The area agencies should aggressively recruit sufficient Medicaid waiver providers for every county.

Concur.

The Commission should request an opinion from the Attorney General and Reporter as to its compliance with TCA 71-5-1408(e) to allowable unit costs of services in the Options program.

Concur in part. The weighted methodology as suggested in the report is difficult operationally: 1) under the multiple provider-consumer choice model there is no way of knowing which provider will be selected by a consumer or to know how many units of service will be provided by each provider during the program year; 2) the implementation of this will result in the final rate determination being made after the close of the program year; 3) a provider may be required to refund monies paid during the program year; and 4) there is a concern that with a hard cap of 20% of the Medicaid waiver rate, all providers will want the maximum rate lessening the competition among providers.

The Commission should proceed with its plans for a central intake system for all its home and community based programs, including the statewide waiver, Options, and Title III in-home services.

Concur.

Commission staff should ensure that major stakeholders are included when changes affecting them are considered.

Concur with the understanding that major stakeholders include consumers, potential consumers, family caregivers and advocacy organizations in addition to the area agencies on aging and disability and service providers.

Please contact us if you have questions about our responses.

Sincerely,

James S. Whaley
Executive Director

JSW/jsw

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Appendix K: Comments from Bureau of TennCare

STATE OF TENNESSEE
BUREAU of TENNCARE

729 Church Street
NASHVILLE, TENNESSEE 37247-6501

December 8, 2003

Ethel Detch
Director, Office of Research
Comptroller of the Treasury
505 Deadrick Street, Suite 1700
Nashville, TN 37243-0268

Dear Ms. Detch:

I have reviewed the draft copy of the report on aging and disability program issues that was provided by your office.

According to my staff, the information contained in the report that pertains to TennCare accurately reflects the information they provided when interviewed by your staff.

I appreciate an opportunity to review and comment on the report.

Sincerely,

Steven G. Hopper
Director
Division of Long Term Care Services

Appendix L: Persons Interviewed

Doug Beebe
Director of the Bureau of Aging and In-Home Services
Indiana Family and Social Services Administration

Kari Benson
Policy Analyst
U. S. Administration on Aging

Gordon Bonnyman
Managing Attorney
Tennessee Justice Center

Ernestine Bowers
Director
Area Agency on Aging and Disability
Greater Nashville Regional Council

Aaron Bradley
Director
East Tennessee Area Agency on Aging and Disability

Ed Brooks
Director
South Central Area Agency on Aging and Disability

Phyllis Casavant
Director
Southeast Area Agency on Aging and Disability

Greg Case
Policy and Planning Development
U.S. Administration on Aging

Ludell Coffey
Chief Executive Officer
Senior Citizens Home Assistance Services

Deborah Cotney
President
Senior Services, Inc.

Joanna Damons
Former Director of Long-Term Care
Bureau of TennCare

Nancy Dunn
ADAPT Waiver Coordinator
Senior Services

Gale Gibson
Division of Older Worker Programs
U.S. Department of Labor

Maria Greene
Director, Division of Aging Services
Georgia Department of Human Resources

Tam Gordon
Special Assistant to the Governor for Projects
Office of the Governor

Charles Hewgley
Assistant Director
Commission on Aging and Disability

Susan Hill
Director
Northwest Area Agency on Aging and Disability

Steve Hopper
Director of Long-Term Care
Bureau of TennCare

Bonnie Howard
Chair
Commission on Aging and Disability

Teresa Lambert
Deputy Director
National Association of State Units on Aging

Steve Landkamer
Program Director
Wisconsin Department of Health and Family Services
Division of Disability and Elderly Services

Shirley Lawrence
Waiver Coordinator
Division of Long-term Care Services
Bureau of TennCare

Ron Maupin
Director
Program Accountability Review
Department of Finance and Administration

Brian McGuire
Advocacy Representative
AARP

Bob McFalls
Director
Aging Commission of the Mid-South

James Neeley
Commissioner
Department of Labor and Workforce Development

Nancy Peace
Director
Upper Cumberland Area Agency on Aging and Disability

Larry Polivka, PhD
Director
Florida Policy Exchange Center on Aging

David Poteat
Executive Vice President
Senior Services, Inc.

Perry Register
Supervisor of Fiscal and Administrative Services
Commission on Aging and Disability

Wanda Simmons
Director
Southwest Area Agency on Aging and Disability

Harold Shackelford
Administrator of Administration

Department of Labor and Workforce Development

Ron Taylor
Director for Statewide Home and Community Based Services
Florida Department of Elder Affairs

Gail Y. Thompson
Manager of Elderly and Disabled Waivers
Division of Long-term Care Services
Bureau of TennCare

Roy Tipps
Executive Director
South Central Human Resources Agency

Carol Westlake
Executive Director
Tennessee Disability Coalition

James S. Whaley
Executive Director
Commission on Aging and Disability

Kathy Whitaker
Director
First Tennessee Area Agency on Aging and Disability

Wanda Willis
Executive Director
Tennessee Council on Developmental Disabilities

Offices of Research and Education Accountability Staff

Director
◆Ethel Detch

Assistant Director (Research)
◆Douglas Wright

Assistant Director (Education Accountability)
Jason Walton

Principal Legislative Research Analysts
◆Phillip Doss
◆Kim Potts

Senior Legislative Research Analysts
Denise Denton
◆Margaret Rose
Greg Spradley
Emily Wilson

Associate Legislative Research Analysts
Bonnie Adamson
Brian Doss
Kevin Krushenski
Russell Moore
Bintou Njie
Melissa Jo Smith

Executive Secretary
◆Sherrill Murrell

◆indicates staff who assisted with this project