

**RULES
OF
TENNESSEE COMMISSION ON AGING AND DISABILITY**

**CHAPTER 0030-02-01
STATE-FUNDED HOME AND COMMUNITY BASED SERVICES FOR ELDERLY
AND DISABLED ADULTS**

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0030-02-01-.01 PURPOSE.

The purpose of this rule is to implement the state-funded long-term care home and community based services program authorized by T.C.A. Section 71-5-1416 which is intended to serve individuals who are at least sixty (60) years of age or adults who have a disability due to a physical impairment, who do not qualify for long-term care services under the state medical assistance program, who are found to be at risk of losing their independence and for which there is no other resource available. Adult protective service clients have priority for these services.

Authority: T.C.A. §§ 4-5-201, et seq.; 71-2-105(b)(1); 71-5-1408; 71-5-1416; 71-5-1707(i); and 71-5-2007. **Administrative History:** Original rule filed May 4, 2001; effective July 18, 2001. Amendments filed March 11, 2020; effective June 9, 2020.

0030-02-01-.02 COST SHARING AND PARTICIPANT CONTRIBUTION REQUIREMENTS.

- (1) Each Area Agency on Aging and Disability shall adhere to these cost sharing requirements for recipients of services funded in whole or in part through the Home and Community Based Services for Elderly and Disabled Adults Program funded through the Commission on Aging and Disability who can pay all or a portion of the cost of the services rendered.
- (2) Each Area Agency on Aging and Disability shall utilize a sliding fee scale to determine the amount a consumer of service must pay toward the cost of services the recipient receives, except that no cost sharing shall be required for home-delivered meals which are eligible for USDA reimbursement or for services funded in part with monies from a federal funding source that prohibits mandatory cost sharing.
- (3) Except as otherwise provided, the cost sharing policies developed by the Tennessee Commission on Aging and Disability shall utilize the following sliding fee scale:
 - (a) Consumers with income less than two-hundred percent (200%) of the Federal Benefit Rate shall not be required to contribute toward the cost of services they receive.
 - (b) Consumers with income at or above two-hundred percent (200%) of the Federal Benefit Rate shall be required to contribute a percentage of the cost of the services they receive (see Cost Share guidelines), but the cost share requirement shall not exceed forty-five percent (45%) of their income.
 - (c) Recipients with incomes greater than six-hundred (600%) of the Federal Benefit Rate may receive information and assistance, including referrals to service providers, but shall be required to contribute one-hundred (100%) of the cost of any additional services they receive.

(Rule 0030-02-01-.02, continued)

- (4) These cost sharing policies shall ensure that each Area Agency on Aging and Disability will:
 - (a) Provide applicants of service with a written description of the cost sharing guidelines prior to the commencement of any services;
 - (b) Determine the cost share amount based solely on the self-declaration of income with no consideration of assets;
 - (c) Collect consumer's cost share obligations utilizing an invoice format at least quarterly;
 - (d) Issue a receipt of payment to any consumer of service making a payment pursuant to these policies;
 - (e) Safeguard all funds collected through the cost sharing process including a record of accounts receivable for each consumer;
 - (f) Use methods for receiving cost share payments and contributions that protect the privacy of each consumer with respect to the amount contributed;
 - (g) Make a good faith effort to collect cost sharing obligations from consumers of service where feasible and cost effective. If the Area Agency on Aging and Disability finds that collecting a given amount is not cost effective, the Area Agency on Aging and Disability may waive this amount;
 - (h) Be able to adjust the cost share responsibility for a consumer who is unable to comply with the cost share policy. This adjustment will be implemented on a case-by-case basis.
 - (i) Ensure that consumers of service who are not required to pay a part of the cost share amount be given an opportunity to make a voluntary contribution toward the cost of service being provided.
- (5) All income collected in accordance with these rules shall be utilized by Area Agencies on Aging to provide additional home and community-based services.

Authority: T.C.A. §§ 4-5-201, et seq.; 71-2-105(b)(1); 71-5-1404(a); 71-5-1408; 71-5-1416; 71-5-1419(a)(5); 71-5-1707(i); and 71-5-2007 and 42 U.S.C.A. § 3030 c-2. **Administrative History:** Original rule filed May 4, 2001; effective July 18, 2001. Amendment filed May 23, 2005; effective August 6, 2005. Amendments filed March 11, 2020; effective June 9, 2020.

0030-02-01-.03 INTRASTATE ALLOCATION FORMULA.

- (1) Each Area Agency on Aging and Disability shall receive a base award of \$50,000. The remainder of the funds will be equitably distributed between urban and rural areas. The formula for fund distribution will be according to each region's share of the state's population age 18 and over with self-care limitations, and according to the limitations set forth in Rule 0030-01-10-.01(1)(e).
- (2) The formula will be reviewed and updated as often as necessary and reviewed and updated when a state plan is submitted to the Administration for Community Living.

Authority: T.C.A. §§ 4-5-201, et seq.; 71-2-105(b)(1); 71-5-1408; and 71-5-1416. **Administrative History:** Original rule filed May 4, 2001; effective July 18, 2001. Amendment filed June 28, 2002; effective September 11, 2002. Amendments filed March 11, 2020; effective June 9, 2020.

0030-02-01-.04 MAXIMUM UNIT COST FOR SERVICES.

- (1) In each planning and service area (PSA), the contract average cost of a unit of service for home and community based long-term care services authorized by T.C.A. § 71-5-1416 cannot exceed one hundred-twenty percent (120%) of the cost of that unit amount as approved by the Division of TennCare under the Section 1115 Demonstration Waiver of the Medicaid State Plan for an identical service as described by the Waiver.

Authority: T.C.A. §§ 4-5-201, et seq.; 71-2-105(b)(1); 71-5-1408; and 71-5-1416. **Administrative History:** Original rule filed June 28, 2002; effective September 11, 2002. Amendments filed March 11, 2020; effective June 9, 2020.